Fact Sheet

Postnatal Care following Stillbirth

This fact sheet has been developed to help you and your family, navigate the next few weeks following the birth of your baby. It includes a list of things to do and watch out for to help you care for yourselves and each other.

Suggestions to help you recover following the birth of your baby

For You / Mother: What to expect physically in the 6 weeks following birth

- Vaginal blood loss:
  - Day 1-3 bright red loss, changing pads frequently
  - Day 3-10 loss will darken and reduce
  - Week 2-6 loss will transition to pink and then clear; and should stop by 6 weeks - this is different for every person, please seek medical advice if you are concerned
- Do not use tampons for bleeding.
- Shower daily to help keep your perineum clean. Avoid baths until your bleeding has stopped to reduce the risk of infection.
- You may get cramps (‘after pains’) over the next day or so as your uterus goes back to normal size. Take pain relief if needed.
- Wear a firm fitting bra (no wire) to help with breast engorgement. Your doctor/midwife may suggest medication to suppress your breast milk. You can choose to take this. Some women may require another dose of this medication and you can contact your healthcare provider to organise this for you.
- Drink lots of water and include plenty of fibre in your diet. This will help prevent constipation that can sometimes occur after having a baby.
- Continue to do the postnatal exercises as directed by the physio or midwife. This will help your recovery following the birth of your baby.
- If you are worried about anything, call the hospital / midwife / doctor / Aboriginal Healthcare Practitioner (AHP).

For Father / other parent / support person(s):

- Take care of yourself; make time for what you need, whether this is alone or with others.
- Everybody grieves differently – there is never a right or wrong way. Voice your feelings and ask for what you need to help you through this time.
- Ask for resources or guidance on how you can help to support your partner.
- If you are worried about anything call the hospital / midwife / doctor / AHP.

What to look out for

If any of the following occurs, contact your local hospital, midwife or doctor or see your GP as soon as possible:

- Change in bleeding, passing clots or heavy bleeding (full pad every hour or more for more than 2 hours in a row)
- Smell associated with your vaginal loss that is not like a normal period
- Increase in pain or pain that is not relieved with Paracetamol and Ibuprofen
- Painful or full breasts that are not relieved with Paracetamol and Ibuprofen. You may have mastitis
- Temperature/fever, feeling unwell or chills, sweating/clammy skin
- Signs of a urinary tract infection like frequency, burning or feeling like you need to go to the toilet after you have just been
- Nausea and/or vomiting and/or diarrhoea
- Extreme sadness/grief reaction – severe depression or unusual thoughts
Staying mentally well and caring for yourselves

It is important to take the time to mourn the loss of your baby. Everyone grieves in different ways. The important thing is to talk to your partner and/or other family members or support people and ‘check in’ about what you and your family need, and how you are feeling. You know each other best, so make sure that if your partner’s behaviour has changed in a way that concerns you, ask for advice or help.

Things to take notice of and ask for support

- Changes in behaviours or mood swings
- Lack of personal care, lethargy and inability to get out of bed
- Increased consumption of alcohol or recreational drugs
- Extreme sadness and/or crying (more than what you might expect during this sad time)
- Poor appetite
- Socially isolating from everyone for long periods
- Severe alteration in sleep pattern – e.g. sleeping all the time or barely sleeping at all, or talking about wanting to sleep but not wanting to wake up

When to ask for help

You both will have your own friends and family, community or church groups that you may call on to support you. If you want to talk to someone who has experience with stillbirth, but is not connected to you, there are a number of options available. These community support groups can be face to face, online, via social media or through professional counselling services. Only you will know what you need, and this may change from day to day. It is normal to feel many different emotions.

Planning another baby (Contraception)

It is up to you when or if you choose to plan to have another baby. You may wish to take some time to grieve or you may wish to try for another baby quickly. If you have consented to investigations and/or an autopsy for your baby, you may want to wait until these results are available in case there are reasons for your loss that can be managed in future pregnancies. This appointment is usually 10-12 weeks after your baby is born. We recommend using barrier contraception until you have this appointment, where you can discuss other methods that may be right for you if needed.

You may also like to discuss this in a follow-up appointment with your GP. Making a time to see your GP at 2 weeks and 6 weeks post the birth of your baby will provide a good opportunity to discuss your recovery, contraception and future pregnancies.

Resuming Sex

Resuming sexual activity is a personal choice following the birth of a baby. We suggest that you wait until you have stopped bleeding and you have no pain in your perineum. This is usually between 4 and 8 weeks after giving birth.

Resources to help

Please refer to the brochures and lists you were given at the hospital. There are no right or wrong choices. Do what you feel suits you and meets your unique needs during this time. Many parents really value the involvement of bereavement support organisations in the community. Be aware of your feelings and questions. You may want to keep a notebook or your phone by the side of the bed to write down questions as they come to you. This may be helpful to gain all the information you need in the follow-up appointment with your doctor, midwife or AHP.

For more information

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