

Postpartum and follow-up care after assisted delivery



The first hours and days after assisted delivery

Immediately after birth, the clinical team usually assesses maternal vital signs, uterine tone, vaginal bleeding, perineal trauma, bladder function, and pain. The placenta should be delivered and the uterus should contract; clinicians also inspect for lacerations or an episiotomy and repair injuries when indicated. After forceps or vacuum assistance, examination of the birth canal and perineum is particularly important because tissue injury may be more extensive than is apparent from symptoms alone.

Routine analgesia may be offered according to the person's medical history, allergies, feeding plans, and local protocol. Ask the team to explain which medicines are suitable and how to use them safely. Cold packs wrapped in cloth may reduce swelling during the first day or two, while comfortable positioning and regular rest can reduce pressure on tender tissues. Prolonged sitting, strenuous lifting, and activities that increase perineal discomfort may need to be limited temporarily.

Before discharge, confirm how to contact the maternity service, what bleeding and pain are considered expected, whether stitches require review, and when bladder and bowel symptoms should be reported. If urination is difficult,

incomplete, painful, or absent for an unexpectedly long period, tell a clinician promptly. Postpartum urinary retention can follow perineal trauma, regional anesthesia, pain, or swelling and may require bladder assessment and temporary management.

Perineal healing, stitches, and daily comfort

Perineal trauma after assisted birth may include superficial tears, deeper lacerations, or an episiotomy. Soreness, bruising, tightness, and discomfort when sitting or walking can be expected during early healing, but symptoms should gradually improve rather than steadily worsen. Keep the area clean with plain water as advised by the maternity team, change sanitary pads regularly, and wash hands before and after toileting. Avoid inserting products into the vagina unless specifically recommended by a healthcare professional.

Stitches generally dissolve over time. They do not usually need removal, but increasing redness, heat, swelling, pus-like discharge, wound separation, fever, or escalating pain may indicate infection or wound complications and should be assessed. Some people find side-lying positions, a supportive cushion, or a warm shower helpful; comfort measures should not delay evaluation of concerning symptoms.

Constipation and straining can intensify perineal pain. Adequate fluids, fiber-containing foods, gentle mobility, and clinician-advised bowel medication may help. Do not begin laxatives, topical treatments, or supplements without checking that they are appropriate for your circumstances. If there was a third- or fourth-degree tear, ask for specific instructions regarding bowel care, follow-up, activity, and pelvic floor rehabilitation. Obstetric anal sphincter injuries require careful documentation and structured follow-up.

Bleeding, pain, bladder, and bowel symptoms

Lochia, the normal postpartum discharge, is initially blood-stained and usually becomes lighter in color and amount over time. It may temporarily increase with activity or breastfeeding, but the overall pattern should trend toward improvement. Use pads rather than internal menstrual products during the early healing period unless your clinician advises otherwise. A sudden increase in bleeding, soaking pads rapidly, passing unusually large clots, feeling faint,

or developing palpitations warrants urgent medical advice because postpartum hemorrhage can occur after discharge.

Some cramping is caused by uterine contraction, particularly during breastfeeding. Pain from the perineum, vagina, pelvis, or lower abdomen should be manageable with the plan provided by your healthcare team. Severe pain, pain that is worsening, new abdominal tenderness, fever, offensive-smelling discharge, or feeling acutely unwell should not be attributed automatically to normal recovery.

Bladder symptoms deserve direct discussion. Difficulty starting urination, a weak stream, a sensation of incomplete emptying, marked urgency, burning, or leakage may occur after vaginal birth, but persistent or troublesome symptoms need review. A clinician may assess residual urine and consider bladder-management strategies if dysfunction continues. Similarly, inability to control gas or stool, fecal urgency, or new bowel leakage should be reported, especially after a significant tear.

Pelvic floor recovery and returning to activity

The pelvic floor supports the bladder, bowel, and reproductive organs and may be stretched or injured during labor and assisted birth. Pelvic floor recovery after birth is gradual. Once a clinician confirms that it is appropriate, gentle pelvic floor contractions and relaxation exercises can support coordination and continence; technique matters, and repeatedly tightening without relaxing may increase discomfort. A pelvic health physiotherapist can provide individualized assessment, particularly for persistent pain, prolapse sensations, urinary leakage after vaginal birth, bowel symptoms, or difficulty resuming sexual activity.

Early movement is generally encouraged within comfort and safety limits. Short walks, changing position, and avoiding prolonged bed rest may support circulation and general recovery. Progress activity gradually, and stop or seek advice if bleeding becomes markedly heavier, pain increases, dizziness occurs, or the wound feels under strain. Heavy lifting, high-impact exercise, and running may need to wait until tissues have healed and symptoms have settled. The appropriate timeline depends on injury severity, symptoms, general health, and professional assessment.

Sexual activity can resume when bleeding has settled, wounds have healed, and the person feels physically and emotionally ready. Vaginal dryness, fear of pain, tenderness, and reduced desire are common early on. Lubrication, communication, and a gradual approach may help, but ongoing pain should be evaluated rather than pushed through. Discuss contraception before resuming intercourse, because ovulation can occur before the first postpartum period.

Emotional wellbeing and processing the birth

An assisted delivery may feel relieving, frightening, disappointing, or emotionally confusing. People can feel grateful for a healthy baby while also experiencing distress about pain, loss of control, emergency decision-making, or the appearance of instruments. These reactions do not mean that someone is ungrateful or failing to adjust. A birth debrief after assisted delivery can provide an opportunity to review what happened, clarify clinical reasons, and discuss implications for future births.

Short-lived tearfulness, irritability, and emotional sensitivity are common in the first days, particularly with sleep deprivation and hormonal changes. However, persistent sadness, severe anxiety, panic, intrusive memories, nightmares, emotional numbness, difficulty bonding, or inability to function deserve professional support. Tell a maternity clinician, primary care professional, or mental health provider how you are feeling. Urgent help is required for thoughts of self-harm, harming the baby, loss of contact with reality, or extreme confusion.

Practical support is part of medical recovery. Accept help with meals, household tasks, infant care, and transport to appointments. Protect opportunities for sleep where possible, eat and drink regularly, and identify one trusted person who knows which warning signs should prompt a call for help.

Follow-up appointments and specialist review

Follow-up should be planned rather than limited to a single routine check. The Mayo Clinic describes an early postpartum contact around two to three weeks, with a comprehensive postpartum examination by approximately six to twelve weeks; local systems may use different schedules or add appointments according

to clinical need. After assisted delivery, earlier review may be appropriate for substantial perineal trauma, urinary retention, infection concerns, significant pain, heavy bleeding, or emotional distress.

A comprehensive visit may cover blood pressure and general recovery, bleeding, wound healing, anemia concerns, bladder and bowel function, pelvic floor symptoms, sexual health, contraception, lactation or feeding, sleep, mood, and future pregnancy planning. Bring a written list of symptoms and questions. Mention symptoms that feel embarrassing, including incontinence, anal pain, painful intercourse, or fear related to the birth; these are clinically relevant and treatable concerns.

Additional follow-up can involve an obstetrician, midwife, urogynecologist, colorectal specialist, pelvic floor physiotherapist, continence service, or mental health professional. The need for referral depends on examination findings and local pathways. If a tear involved the anal sphincter, structured review is especially important. Recovery may continue for months, and improvement is not always linear, so persistent limitations merit reassessment rather than passive waiting.

When to seek urgent or same-day help

Contact emergency services or attend an emergency department for life-threatening symptoms such as collapse, severe breathing difficulty, chest pain, or sudden neurological changes. Seek urgent maternity or medical advice for heavy or rapidly increasing bleeding, faintness, a racing heartbeat, severe or worsening abdominal or perineal pain, high fever, confusion, or feeling seriously unwell.

Prompt assessment is also needed for a wound that opens, rapidly increasing swelling, pus-like discharge, inability to urinate, severe headache with visual changes, unilateral leg swelling or pain, or symptoms of infection. A clinician should assess persistent loss of bowel control, inability to pass stool or gas with significant pain, or new severe pelvic pressure. These signs have several possible causes and cannot be safely interpreted without clinical context.

When in doubt, call the maternity unit, obstetric team, midwife, or primary care service for advice. It is appropriate to seek help even when a symptom

seems minor if it is new, worsening, or causing concern.