

# &Breathe

## **&Breathe Postnatal Checklist**

**By &B Founder & Women's Health Advocate, Clio Wood**

I know from my own experience and yours that, in the UK at least, postnatal check ups still leave a lot to be desired.

As recently as April 2020 NHS England launched new guidelines for postnatal checks, meaning that you should be asked about your mental health and vaginal discharge. Your blood pressure and episiotomy/caesarean stitches should be checked. So far so basic, and yet for many even these guidelines are still not being met.

April 2021 saw the announcement of new mental health hubs for new and expectant mothers across the country, but sadly our GP contact is currently patchy at best, dire at worst. Some of you will have wonderful, 45-minute long sessions covering your health (mental and physical) as well as your baby's, but for those who don't (or who aren't sure what they can expect) here's a little list to keep you on track.

These are all valid things to be seeking help with/for, so go armed with your questions and experiences to get further help either from your GP, or via a referral, or by seeking private help, if you need it.

### **First up**

GP appointments are usually 10 minutes long, and the 6-8 week postnatal check is technically to assess the baby, rather than you. This means that your health is naturally sidelined in favour of the baby - which is important and all, but usually leaves us, as mothers, neglected.

- Confirm what the set up is at your surgery. Request a double appointment or a separate appointment just for you if necessary.

### **Mental health**

- Feeling blue? Yes, it's completely normal to experience the Baby Blues, usually 3-5 days postnatally as your hormone levels take a dip after birth, but it can also be more than that;
- You might feel: anger, sadness, overwhelm, shame, and more. These feelings can be completely normal (but HARD!) as part of the shift in identity to parenthood, especially coupled with lack of sleep.
- But also more seriously you might be experiencing: postnatal depression, postnatal anxiety, postpartum psychosis and post-traumatic stress disorder (PTSD) from a traumatic birth;

- Your GP, midwife or health visitor should be able to refer you (or help you refer to) to the perinatal mental health service at your hospital. Provision varies but you might get up to 12-16 sessions of 60 minutes;
- Make sure you are honest about your feelings and mental state in any screening calls (especially as a lot of appointments are taking place over zoom currently);
- You can also find private psychology and psychiatry help of course, a good place to start is a recommendation, but you can also use Google, BetterHelp, MyTherapistOnline to find a therapist who suits you. Remember to check out their qualifications and experience too.

### **Stitches**

- Whether it's your caesarean scar, or stitches for an episiotomy or tear, make sure you get these checked, your health professional may not offer to do this;
- Yes these stitches are on your body, but postnatally they're not that easy to see and you may not know what you're looking for, especially in the vaginal/vulval area, so it's best for someone else to take a look;
- Your GP should be able to tell you how the wound is healing and if the stitches need to be taken out (ie not dissolvable) when and how to get that done.
- It's especially important to catch any infections early, so don't be afraid to ask!
- Remember that with any stitches, the scar tissue that forms can affect your muscles, fascia and ligaments in the surrounding areas of the body, so when the time is right you should start to investigate scar desensitisation (you can do this from early on eg 1-2 weeks after birth) and scar massage (wait until a little later) to help your scar sit more comfortably in your body;
- For stitches and exercise, see below.

### **Abdominal separation**

- This is another name for diastasis recti, which is the separation of your rectus abdominus muscles (the up-down abs or 'six-pack' muscles) to accommodate your growing bump through pregnancy;
- This is completely normal and can just take a little time and care to heal. It is useful, however for your GP to check this if they can (I know that many are not comfortable or trained in doing this), so that you know how much separation there is and what steps you need to take to strengthen your core again;
- Having ab separation doesn't automatically mean that you can't do any exercise yet, it all depends on the width of the gap and the underlying strength of other core muscle (particularly transverse abdominus - the 'corset' muscles going round your middle), as well as how active you were before and during pregnancy and what your body is used to;
- In order to ascertain this, I cannot recommend enough going to see a women's health physio who can give you a full check up and let you know where to go from there in terms of healing and exercise plan;
- You can check your own diastasis (there are plenty of videos online) but if you haven't done it before it's worth getting someone else to do it first.

### **Pelvic floor and pelvic pain**

- 6-8 weeks postpartum is still pretty early on in your journey, so don't be overwhelmed if you are having issues with your pelvic floor and any pelvic pain;
- However, DO make it clear to your GP that you are having these issues and need help;
- You might experience: urinary or fecal incontinence, possibly more so when active, coughing or laughing; numbness; pain during sex or whilst active; lower back pain; pelvic pain;
- Please be assured that the likelihood is that you can greatly improve the situation, even many years after birth, but the sooner you deal with it, the better;
- Ask to be referred to a women's health physio, self-refer to your physio department at your birth hospital, or find someone privately (my preferred option as you're more likely to get more in-depth and better continuing treatment). See the POGP for a list of physios, or check my [list of recommendations](#) here.

### **Exercise and activity**

- We often see 6 weeks as the magic sign-off for exercise after birth. Whilst it's a useful time period, it's not ALL we should be looking for;
- We're all different and it will depend on
  - previous activity levels and fitness
  - Your birth - abdominal or vaginal, planned c-section or not, episiotomy, stitches, and any interventions...
  - How your pelvic floor is rehabbing;
  - How your core is rehabbing;
  - How much sleep you're getting and stress levels;
  - How tired you are...

as to how quickly you might want to go back to exercise. So listen carefully to your body and give yourself time if needed.

- Some GPs can be quite gung-ho about telling you you can go straight back to exercise immediately with no rehab. But your body has been through the biggest workout of its life, please make sure you take time to rebuild your foundations before heading straight back to high impact;
- It's worth going to see a Women's Health Physio for a postnatal check up, whatever type of birth you had, and when you head back to exercise, consult with a properly trained and experienced postnatal personal trainer / class which can be tailored to your needs.

### **Breastfeeding issues/tongue tie**

- Breastfeeding is HARD. Massive pat on the back to those who find it easy, but many of us don't. The pain is a shock and how tired it makes you feel - plus drinking all that water!
- Babies can struggle with the latch, and sometimes this can be caused by tongue tie (when the strip of skin attaching the tongue to the bottom of the mouth (lingual frenulum) is shorter than usual). In years gone by most babies would be checked for this and cut if necessary but with the popularity in the 1980s/90s of bottle feeding this became

unnecessary. Not breastfeeding is far more widely encouraged, but tongue tie is still not regularly checked;

- Getting tongue tie cut is quick and simple, is done with a pair of scissors without anaesthetic and you are encouraged to feed straight afterwards;
- See if your GP can check tongue tie or refer to the tongue tie clinic if your GP isn't able to;
- Other options for breastfeeding difficulties: searching for a lactation consultant (try La Leche League); your surgery or hospital should also have some breastfeeding support professionals or groups you can attend;
- Most of all, don't beat yourself up if you're struggling, it can definitely be harder than it looks.

This list may not be exhaustive and you might come across other issues in your postnatal journey. I hope this gives you some support in how you might start to tackle those. My DMs on [Instagram](#) are always open if you've got a problem you don't know how to fix and you can also [book a 1-2-1 consultation](#) with me too.

Big hugs,  
Clio x