



Knowing the Post Birth Body

There are a plethora of books detailing and exploring the changes a woman can expect in her body during pregnancy, what she will experience during birth but little is written about the changes that will occur in her body once she has birthed. There is no provision in the health system at present for all women to access post natal care with a known and trusted health care provider, leaving many women without a health care professional in whom she can ask questions about her post birth body. Most women find that all the attention is on the health and well being of the baby, and fleeting attention is given to how she is healing after birth and adjusting to life with a baby.

While every woman's experience is her own, there are a number of changes that all women will experience. How she experiences them, the intensity, the duration and the feelings she has towards them are what makes her experiences uniquely her own.

After the birth

Immediately after birthing, women may experience feelings of exhilaration and exhaustion. They may be emotionally charged and flooded with hormones that assist with bonding and breastfeeding. They may also feel battered or deflated, depending on their birth experience. One third of women will be recovering from major surgery as the rate of Caesarean sections, edges towards a third of all births, based on the most recent Australian statistics (1)

A woman's body follows an intricate hormonal blueprint throughout pregnancy, labour and birth that requires no conscious effort on her part to make it happen. However, if a woman has made a deliberate effort to prepare her mind and body for birth with nutritious food and supplements; meditations and visualization; pregnancy yoga

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and other gentle exercise such as swimming or walking, filling up on positive birth stories and creating the best chances for an empowered birth, she will not only be in a great space to birth, but to heal and recover – physically, psychologically and emotionally afterwards.

New mothers need to be given time to rest and heal. The myths of *Superwoman* and *SuperMum* are just that – myths. Women who have had a caesarean section will be recovering from major abdominal surgery and women who have birthed vaginally have expended the equivalent energy as running a marathon. Across the world a period of rest and quiet for mother and baby, of between two and six weeks is standard. In the West we have forgotten that new mothers need to rest, to be treated gently and nurtured, so that they may in turn nurture and care for a new baby.

What should a woman expect after she has given birth? Her body begins immediately to return to its pre-birth form. This begins with the birth of the placenta and the closing of the cervix for those women who have birthed vaginally. But many other changes take place over the course of weeks and months.

Lochia

All women will experience a discharge medically termed lochia. It is first mixed with blood, much like a period, that begins as a heavy flow and becomes lighter and brownish over time, ending as a yellowish white discharge. Medical texts state that the initial ‘heavy period’ stage lasts for around ten days, and continuing for around six weeks similar to a normal period. Personal experience changes from individual to individual.

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Lochia is the ‘weeping of the womb’ as it heals the wound on the uterus wall from where the placenta detached. Like any wound, it needs to bleed in order to scab over and heal. Red blood is a sign that the wound has been knocked (just like any other wound) and the healing process is beginning again (2).

Some women experience very heavy bleeding for over two weeks while others have no discharge at all after two weeks. Other women have reported bleeding over the course of months. Based on medical and anecdotal experience it is generally agreed that the more rest a new mother can get in the first month the less violent and protracted the bleeding will be.

The Uterus

The organ that has protected and housed your baby through nine months of pregnancy will rapidly get smaller and until it has contracted back to its normal size (about the size of an orange) and position. This process begins immediately after birth, and feels similar to contractions during labour. Some women may experience after pains as, or more intense than, the actual labour. This is especially true for second and subsequent births. Breastfeeding assists in facilitating this process, as the hormones released during breastfeeding encourage the uterus to contract (3).

Within six weeks of birthing, a woman’s uterus should be back to its pre-pregnancy weight and size. During a woman’s six week postnatal appointment her doctor or midwife should check the size and position of the uterus, as part of the medical assessment of whether or not she is fit to resume a sexual relationship with her partner.

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The Vagina and Perineum

Medical texts will cite that over the first six weeks, the vagina will regain much of its former tone, yet many couples will agree that this is a very optimistic framework. *Minor grazes and tears* to the neck of the womb, the vagina, the labia and the perineum usually heal quickly. Women who have wounds from an episiotomy or a more serious tear will need more time to heal, especially bed rest in the first two weeks and extra care to assist in the healing process. There are many natural remedies to assist in the healing including arnica, honey, calendula and lavender oils. Seek appropriate care your individual situation, from your medical or holistic health professional where necessary.

Many women fear painful sex after the birth of a child. Dyspareunia is the medical term for painful sex after birth and it is more common than most women think. A 1994 study published in *The American Journal of Obstetrics and Gynaecology* found that spontaneous tears were less painful than episiotomies and that sexual functioning was best for women with an intact perineum(4). A 2001 study published in the same journal found that women with 2nd degree perineal trauma were 80% more likely to report having painful sex at three months, and those with third or four degree trauma, 230% more likely at three months than those who had birthed with an intact perineum(5). An English study in 1999 investigating the the sexual health of first time Mums found that 58% of women had experienced painful sex at three months, dropping to 26% at nine months(6).

Painful sex can be attributed not just to physical trauma such as tears and episiotomies. Rapidly declining levels of oestrogen and progesterone after birth causes the vaginal and vulva areas to become more acidic, there is a decrease in lubrication, the tissues thin and become sensitive. The loss of lubrication makes the vaginal and

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vulva areas more prone to irritation and pain before birth. Irritation can be from things such as soap, sanitary pads, tampons and condoms. Vaginal dryness and sensitivity can be more pronounced in breastfeeding women though the short, medium and longer term benefits of breastfeeding to Mum and baby far outweigh the short term sexual complications.

When seeking help for painful sex it is helpful to know if the pain is in one particular area or if it is general pain. This will help a health practitioner to ascertain if the pain is purely physical or if there are also psychological issues contributing to your pain.

The Pelvic Floor

The pelvic floor is the common term describing a group of muscles that form a bowl-like shape within the base of the pelvis. In a woman three openings penetrate this band of muscles – the urethra, the vagina and the anus. The pelvic floor has several important functions including providing vital support for organs such as the stomach, small intestines, bladder, uterus and rectum. The pelvic floor also contributes internal muscular support for the spine and is responsible for bladder and bowel control. The pelvic floor also helps to guide the baby down the birth canal. Finally and most importantly, the pelvic floor muscles are directly responsible for the amount of sensation a woman and her partner feel during intercourse(7).

The pelvic floor like any other muscle group of muscles, need to be regularly toned with exercises. Many women who have only had one baby complain that even a sneeze will cause leakage. Age and multiple births will weaken the pelvic floor if regular, daily exercising of these muscles is not done. The added bonus of this, which you will rarely read, is that with more control of the muscles within your vagina

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and pelvic floor, the more pleasure you are able to receive and give during sex.

New research is challenging the notion that caesarean section protects the pelvic floor and women from incontinence. An American study in 2006 showed that 22% of women who had had a caesarean had urinary incontinence at six months(8).

If you want to learn more about how to tone your muscles beyond the standard kegel, seek out a physiotherapist who specialises in the pelvic floor or a Feldenkrais practitioner.

The Breasts

After birth (and for some women in the days or weeks leading up to birth) the breasts produce colostrum, a thick yellow precursor to breast milk. A woman's breasts can swell up to half their size again, be incredibly tender and the nipples hypersensitive in the days leading up to her milk coming in. When establishing breastfeeding, women may experience grazes or cuts to their nipples and discomfort (ranging from mild to extreme) in their breast tissues until the supply becomes regulated and the feeling of engorgement lessens. Many women experience pain or discomfort in the moments prior to the milk coming through – called a 'let down'. If there is protracted localized pain in either or both breast seek contact your doctor or midwife, and if you have any concerns about breastfeeding contact a lactation consultant.

Many women no longer consider their breasts to be an erogenous zone and dislike their breasts being touched by their partners. Oxytocin is the hormone associated with the let down reflex in breastfeeding and is also associated with the experience of lovemaking and orgasm. Consequently women may drip breastmilk during sex or have a let down during orgasm.

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It is a fallacy that breastfeeding destroys the shape and pertness of a woman's breasts. The loss of elasticity, differencing size and shapes of post birth breasts have nothing to do with breast feeding and everything to do with the changes the body undergoes during pregnancy.

The Abominal Area

One of the most shocking post birth revelations for women is that they still look pregnant after birth. The abdominal area will feel soft, flabby, wrinkly, puffy, jelly-like and empty. This is how it is meant to be. After birth, the only exercise a woman should be doing is gentle pelvic floor exercises. Sit ups and other extreme core exercises will do more harm than good. A woman's body need to rest and heal from birth.

Fertility specialist Francesca Nash states that it is a survival hangover for women to carry an extra five kilograms of weight, over their pre-birth weight - an 'emergency stash' so to speak to enable her to continue to produce milk even in the leanest of times(9). Medical texts cite that it takes about a year for a woman's body to return to it's pre-pregnancy weight and size, though every woman's experience is unique and few women will experience the body as 'just the same'.

Stretch Marks

Pregnancy and breastfeeding bring about remarkable changes in the body. Some are slow and gradual, others are rapid. Hereditary is the best predictor of stretch marks. If your mother, aunts or sisters have them – it is likely you will get them too. Keeping your skin well nourished with water and whole foods during pregnancy, and supple

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with *natural* coco and other nut butters or Vitamin E oil during pregnancy, can help the severity of them. After birth, as your body reshapes itself, stretch marks will fade though never disappear. There is no scientific evidence to support the claims of miracle creams that remove stretch marks.

The Bowels and Anus

It is estimated that around a third of women will come out of pregnancy with haemorrhoids, that may continue to itch or burn after birth. Additionally, during a vaginal birth the anus and surrounding tissues flare outwards. It can take days for the tissues in this region to return to normal. Some of the blood vessel may twist or become restricted and create new haemorrhoids. Avoiding straining when going to the toilet can help protect from addition pressure put on this already vulnerable area. If you are concerned about constipation, drink plenty of unsweetened fruit juice and lots of water. Pear juice is particularly effective. Many women will also find that they pass gas more often and involuntarily than before birth.

A very small percentage of women suffer from anal dysfunction. It occurs more commonly in women who have had an injury to the anal sphincter muscles, even if the injury was repaired at the time. They may have difficulties in holding their stools or gas. Ultra sound imaging in one study found that 20% of women did not have the injury to their sphincter picked up at the time of birth. An American study showed that 26.6% of women who had an injury to their sphincter at birth had fecal incontinence at six weeks, dropping to 17% at six months. That was compared with 11.2% of women without a sphincter injury at six weeks and 8.2% at six months. A 2008 study also from America found that women with sphincter lacerations were less likely to be having sex at six months, compared to those women without(10).

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Hips, Pelvis and Sacrum

Leading up to birth, hormones soften the muscles, tendons and ligaments throughout the body to accommodate the growing baby. During birth there are monumental shifts in the hips, pelvis and sacral area (around the ‘tail bone’) to allow the baby to pass through the pelvis and into the birth canal. Many women find that after birth they feel lopsided, or experience pain in their lower back, hips or pelvis. Often the bones do not return to their original positions. All women are encouraged to see a chiropractor, physiotherapist, cranial sacral therapist or osteopath for an assessment and realignment of these essential bone structures after birth.

Body Image

As a society we no longer value the sensual and voluptuous curves of motherhood, of full breasts, rounded bellies and hips. The mass media is bombarded with images of the bodies of actresses, personalities, princesses and international models that bounce back into toned and trim shapes in weeks. And this becomes the benchmark for all mothers. When women generally believe that their transformation will take the same route and discover that it doesn’t, they may believe that they are failures. What is forgotten is that these famous women have an entourage of nannies, personal trainers, chefs and personal assistants.

Unrealistic expectations can negatively impact on a woman’s body image at a time when she is already feeling vulnerable. Knowing what to expect can assist a woman in creating a realist body image for herself, to feel safe and love her changing body. For men, knowing what to expect will allow him to reinforce to his partner, the mother of his child that she is beautiful and perfect just the way she is.

Reclaiming Sex After Birth: a survival guide for couples
www.reclaimsexafterbirth.com

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Reclaiming Sex After Birth: a survival guide for couples
www.reclaimsexafterbirth.com