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Postpartum Bleeding: Lochia

WHAT IS POSTPARTUM BLEEDING (LOCHIA)?

After the birth of your baby, it is normal to experience vaginal blood loss for four to eight weeks. This is known as 'lochia' and it occurs regardless of whether you birthed your baby vaginally or via caesarean. Lochia is made up of blood, mucus and uterine tissue. It occurs as your placental wound heals and your uterus sheds products it no longer needs after pregnancy.

THE IMMEDIATE POSTPARTUM

In the hours following your birth, your care provider will monitor your blood loss to ensure it is normal. They will also give you instructions about monitoring your own blood loss, explaining what is normal, signs to look out for and what to do if you suspect a problem.

DAYS 1-4

Typically, lochia starts off dark and heavy, similar to a heavy period. This typically continues for 3-5 days, during which time you may also pass some small clots, ranging in size from a pea to a peach pip. You may fill a thick maxi pad every 2-3 hours. This is known as lochia rubra ('rubra' meaning red).

DAYS 4-12

After the first 4-5 days, the bleeding begins to lighten and you may be able to move to a regular pad. It will also lighten to a more reddish brown and then pinky colour; this is known as lochia serosa. Although you may still pass clots, they should be small and decreasing in frequency.

DAY 12+

By days 12-14, lochia has typically eased off to the extent that most can use a light pad or panty liner. At this point, it is often a whitish/yellow colour, and is known as lochia alba ('alba' meaning white). Lochia typically subsides by the six week mark, but some may still have light spotting up to eight weeks.



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WHAT IF IT COMES AND GOES?

Although the general trajectory is for lochia to lighten with time, occasionally it may ease off for a day or two, before picking up again temporarily. This often occurs when you start moving more postpartum or when you stand up out of bed, due to the effect of gravity. Breastfeeding can also trigger a slight increase in the amount of lochia released (especially in the first week or two), as the oxytocin produced during breastfeeding causes the uterus to contract.

Around 7-14 days postpartum, you may also experience a small, temporary return of bright red bleeding, as the placental site scab starts to dissolve and come off (this is known as eschar bleeding).

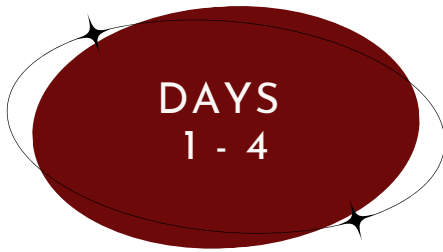
Note: Any dramatic increase in blood loss should be reported to your healthcare provider immediately. See section below on 'Signs to Look Out For'.



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Postpartum Bleeding: A Timeline

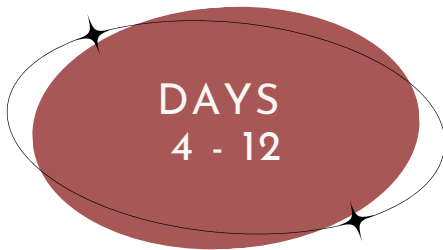


DAYS 1 - 4

Colour: Dark red

Flow: Heavy. May fill a maternity/maxi pad every 2-3 hours. May pass a few clots and experience mild cramping (especially during breastfeeding).

Contents: Mostly blood from the placental site and uterine lining, along with amniotic fluid, foetal membranes, vernix caseosa and lanugo.

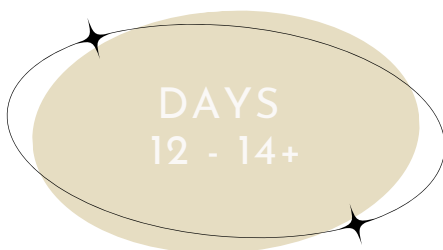


DAYS 4 - 12

Colour: Pinkish brown

Flow: Moderate. If present, clots are infrequent and small in size.

Contents: Some red and white blood cells, along with cervical mucus, serous exudate (watery mucus) and micro-organisms.



DAYS 12-14 ONWARDS

Colour: Pale whitish/yellow

Flow: Light, scanty. Will likely only require a thin pad or panty liner.

Contents: Mostly white blood cells (leukocytes), along with epithelial cells, cervical mucus and micro-organisms.

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Preparing for Postpartum Bleeding

Nowadays, we are fortunate to have a plethora of menstrual hygiene products, however in the early days postpartum, pads or 'adult nappies' tend to be the most practical. This is because they allow for easy monitoring of blood loss and are less likely to cause pain or infection while your uterus is still healing.

WHAT ABOUT PERIOD UNDIES & MENSTRUAL CUPS?

Although period undies are generally a suitable option once postpartum bleeding has eased, they are typically not recommended in the early days, as they can make it harder to visualise (quantify) blood loss. Similarly, it is generally recommended you avoid tampons and menstrual cups for the first six weeks postpartum, due to the potential for them to cause pain or infection.

This list is merely to serve as a general guide, as you may find you need more or less than the amounts listed. When purchasing pads for postpartum, consider the fact you may bleed heavily for up to 4-5 days and will likely need to change your pad every 2-4 hours. For this reason, you may wish to have 3-4 packs of maternity/super/night pads on hand, as well as 2-4 packs of regular pads and some liners, for when your bleeding lessens.

The important thing is that you have enough pads to be comfortable and to be able to change them regularly, for hygiene purposes. Where possible, choosing pads that are fragrance free and made from organic cotton is ideal.

SHOPPING LIST

- 30-40 maternity pads
- 25-40 regular pads
- A few packets of light pads or liners, or multiple pairs of period undies

OPTIONAL EXTRAS

- A squeeze bottle with water (for rinsing off after going to the bathroom)
- An extra set of bedsheets or some puppy pads (in case you leak through)



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Lochia: Signs To Look Out For

IF YOU NOTICE ANY OF THE FOLLOWING SIGNS OR SYMPTOMS, CONTACT YOUR HEALTHCARE PROVIDER FOR FURTHER ADVICE.

BLOOD LOSS & DISCHARGE

- Excessive blood loss (e.g. soaking a maxi/super pad or more per hour)
- Blood loss that continues to be heavy and red a week or more after your baby's birth
- Blood loss that has eased but then increases suddenly or substantially again
- Foul-smelling discharge (lochia will typically smell like menstrual blood; some describe it as stale, musty or metallic. A foul smell may indicate infection)
- Greenish vaginal discharge

CLOTS

- Continuing to pass large clots more than 24 hours' postpartum
- Passing clots bigger than a ping pong at any stage
- Clots that increase in size or frequency
- Continuing to pass clots more than 7 days postpartum

OTHER SIGNS

- Rapid heart rate, dizziness, confusion or feeling faint/weak
- Fever, chills or flu-like symptoms
- Ongoing swelling or pain around your vulva or abdomen
- Excessive cramping or pelvic pain

NOTE: IT IS IMPORTANT TO SEEK MEDICAL ATTENTION FOR ANY OF THE SIGNS ABOVE, AS THEY MAY INDICATE A COMPLICATION SUCH AS EXCESSIVE BLEEDING OR INFECTION.

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