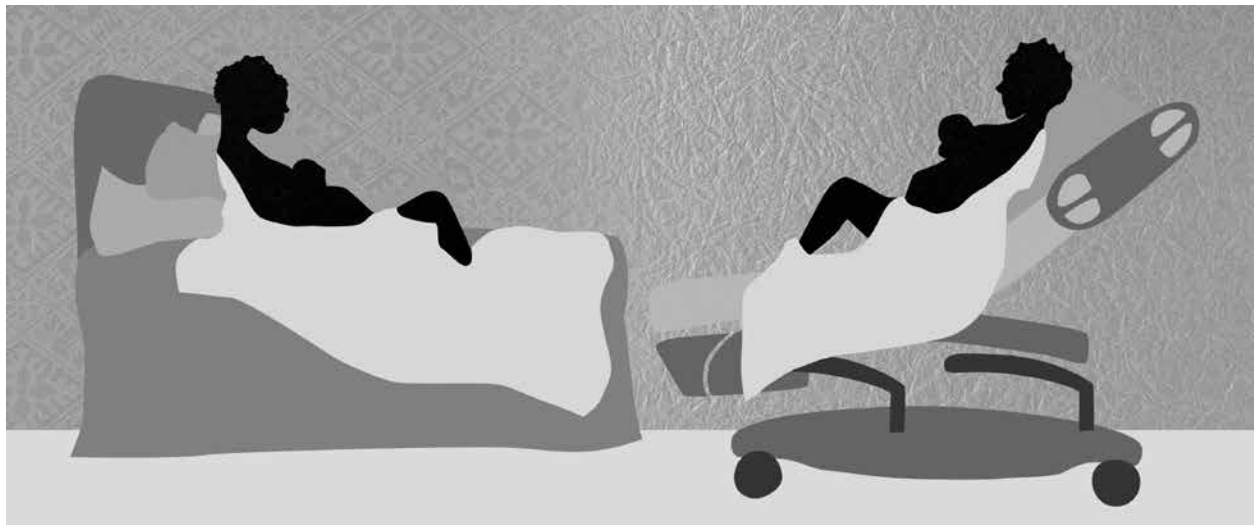




Life after postpartum hemorrhage

Recovering from the unexpected

This document is a resource for families following the experience of a postpartum hemorrhage (PPH). It usually takes longer to feel “back to normal” after a PPH than after a birth where there was a usual amount of bleeding. If you’ve had a baby before, but this is your first PPH, you may notice a difference in recovery time. If this is your first baby, try not to compare yourself and your recovery to friends who may not have had a PPH. This document can help guide you through the postpartum period after you have had a PPH and help you know what to expect as you recover.



What is postpartum hemorrhage?

PPH is heavy bleeding after birth. It’s normal to lose some blood during and after a birth. During pregnancy, the amount of blood you have in your body almost doubles, so some blood loss during birth doesn’t cause any problems. However, if you lose more blood than normal, you may feel tired, weak and find recovering from the birth can be more difficult. Midwives and doctors will usually say that you’ve had a PPH if you lose more than 500 ml of blood (about two cups) after a vaginal birth, or more than 1000 ml (about four cups) after a caesarean section. Losing more than

1000 ml after a vaginal birth would usually be considered a “severe” PPH. The amount of blood loss isn’t really as important as how the blood loss affects you. Some people may lose more blood and feel fine, while others might lose less blood and be quite affected by it.

There are two types of PPH:

- Primary PPH is heavy bleeding within the first 24 hours following the birth
- Secondary PPH is abnormal vaginal bleeding after 24 hours and up to 12 weeks after the birth

This document provides client-friendly information based on research conducted by the Association of Ontario Midwives. It is designed to help you better understand some of the considerations and choices you may face while receiving care from your midwife. It is not intended to replace the informed choice discussions that you and your midwife will have. If you have any questions, concerns or ideas after reading over this document, please share them with your midwife.

What causes postpartum hemorrhage?

More than half of all postpartum hemorrhages happen unexpectedly, without any good way to predict that they would happen. There are things that can make it more likely to have a PPH, such as having high blood pressure in pregnancy, or having a very long labour. PPH is also more common with twins or a condition called polyhydramnios (too much amniotic fluid). A PPH is also more likely to happen if the placenta isn't born easily, or if pieces of the placenta stay inside the uterus. Sometimes the perineum (tissue between the vagina and anus) tears when you push your baby out. Depending on the kind and size of the tear, it may need to be repaired with stitches. A serious cut or tear can sometimes be the cause of abnormal bleeding.

Many people who have experienced PPH find it helpful to talk to their midwife about what happened. Sometimes it can be hard to remember what happened during an emergency. Reviewing the steps that were taken can be helpful to answer the questions you may have.

What happens during a PPH?

If you have experienced a PPH you may have questions about the steps that were taken to stop the bleeding. Some people find it is helpful to review the treatment they received during their PPH. Some of the steps commonly taken to treat PPH are:

- Uterine massage to help the uterus contract. This may be painful.
- Drugs given either by injection (shot) or by IV (a needle in your arm) to help the uterus contract.

If the bleeding doesn't stop, further steps sometimes include

- An examination of the vulva, vagina and perineum to see if stitches are needed.
- A midwife or doctor placing one hand inside the vagina and one hand on the belly to help stop the bleeding. This is

called "bimanual compression" and it may be painful.

- Giving other drugs and/or fluids through an IV.
- A "manual removal" of the placenta. Sometimes this is done in the operating room with anesthesia. Sometimes, if the bleeding is very serious, there may not be time for pain relief. Manual removal can be a very painful procedure.

After your PPH has stopped

If you had a PPH at home, you may need to transfer to hospital and you may need to stay in hospital for a day or two, depending on how much blood you lost and if the bleeding has been well controlled. If you had a PPH after a planned hospital birth, you may need to stay in hospital for longer than you had planned. It also usually takes longer to recover from a birth with a PPH than a birth with normal blood loss.

What to expect: physical recovery, tests and follow-up

Iron in the body

Iron is in every cell in your body and plays many important roles in your overall health. Your body uses iron to make hemoglobin. Hemoglobin is a part of your red blood cells and it carries oxygen through your body. If you don't have enough iron, your body makes fewer and smaller red blood cells. This condition is called iron deficiency anemia. When this happens, your body has less hemoglobin, and it is harder for your body to get enough oxygen. This can leave you feeling tired and weak. It is very common to have iron deficiency anemia after you have experienced a PPH.

After a PPH, your care providers may want to do a blood test to check your hemoglobin, which will tell them about your body's iron status. Knowing about your iron levels will let your care providers know how your body is coping with the blood loss and help them decide what treatment to recommend.

Effects of iron deficiency anemia

Iron deficiency anemia can affect how you feel. Anyone who has given birth can expect to feel tired and possibly overwhelmed. Adding iron deficiency anemia to the postpartum period can make your recovery challenging. When your iron is low it is NORMAL to:

- Feel weak and get tired more easily
- Feel dizzy
- Be grumpy or cranky
- Have headaches
- Look very pale
- Feel out of breath
- Have trouble focusing or concentrating

To treat these symptoms, it's important to stay in bed or rest as much as you can.

Treatment

Your care provider may recommend taking iron supplements following a PPH, particularly if your hemoglobin levels are low, because it is important to increase your body's iron levels. When iron levels are already low, it can be difficult to get enough iron from your diet alone. The goal of iron supplementation following a PPH is to get your iron levels back to normal so that you can feel like yourself again. It is safe for you to take iron supplements in the postpartum period. In some cases, there may be some side effects of taking iron supplements, like stomach upset or constipation. Taking iron supplements does not increase the amount of iron that is in your milk and is not known to cause any problems or side-effects for the baby if you are nursing.

Follow these tips to avoid side-effects and to get the most out of your iron supplements:

- Try taking iron in smaller doses more often throughout the day
- Try taking your iron supplement before bed at least an hour after your last meal
- Take your iron supplement with vitamin C (more than 200 mg for every 30 mg of iron).
- Avoid taking your iron supplement with calcium (eating dairy or taking calcium pills or antacids like Tums).
- Avoid drinking coffee or tea within an hour of taking iron supplements.

- Eat high fiber foods such as fruit and whole grains (such as bran) to prevent constipation. Another option is to take a soluble fiber every day while you take iron supplements (such as Metamucil).
- Drink plenty of fluids.

Sometimes, if your iron levels are very low, iron supplements will not be effective enough to increase your body's iron levels. In this case, you may be offered iron by injection or IV or even a blood transfusion, usually by a doctor. It takes time for your body to make new red blood cells to replace the ones you lost during the hemorrhage. A blood transfusion gives your body new blood right away, which may help speed your recovery and reduce your feelings of weakness and fatigue. If a blood transfusion is offered to you, the benefits and risks of this option will be explained in more detail.

Eating for iron!

Even if you are taking iron supplements, your diet is an important source of iron. Some people who have had a PPH say that they were incredibly hungry in the weeks that followed. Some people will even eat foods they wouldn't normally eat (like vegetarians craving meat). It's easy to find a list of iron-rich foods online. Dietitians of Canada has a nice chart on their site (see resource list below for link).

Here are a few tips to quickly and easily increase the iron content of food you may already be eating:

- If you eat meat, darker meats like beef, duck, moose, venison and lamb have the most iron.
- Some seafood like octopus, oysters and shrimp have a lot of iron.
- Eat salads made of spinach instead of lettuce. Add pumpkin seeds, chickpeas and nuts to salad to make an iron-rich meal.
- Lentils have more iron than beef! Add lentils to a soup or stew to boost the iron content.
- Try almond butter instead of peanut butter. Two tablespoons of almond butter has as much iron as a serving of chicken.

- Don't forget to add foods with vitamin C to your meal to help your body absorb the iron. Tomatoes or strawberries can be added to a spinach salad. Have citrus fruits for dessert.
- Avoid eating dairy (milk, yogurt, cheese) with iron rich foods. The calcium in dairy can make it harder for your body to absorb the iron in the other food.

What to expect: chest or breastfeeding

You can still nurse your baby after a PPH. Some people find their milk will "come in" a little bit later when they have had a PPH. There are herbs that are safe to take that can help with milk production. If you are nursing and you have any concerns about how much milk you have, talk to your midwife about what you can do to increase milk production. Remember, as long as your baby has enough wet diapers and is gaining weight normally, you are making enough milk!

What to expect: emotional recovery

The "baby blues" and postpartum depression can affect anyone, but you may be more likely

to have postpartum depression after a PPH. Below is a table with some of the symptoms of postpartum depression and some of the symptoms of iron deficiency anemia. You will see some overlap in the symptoms for each. Because the symptoms can be similar, it can be hard to tell if what you are feeling are normal symptoms of anemia or if you are experiencing postpartum depression. Don't be afraid to share your feelings with your midwives and your support people and to ask for extra support. Midwives can help you figure out if you are suffering from postpartum depression and refer you to a care provider who specializes in treating depression. Midwives can also help you to problem solve how to access extra help if you are feeling overwhelmed.

Talking about your birth

It can also be important for you and your family to go over your birth and the experience of the PPH and to ask your midwife any questions you have. Some people who have experienced a PPH find that they have questions about the birth days or even many months after the birth of their baby. You can ask your midwife if there is a way to get in touch if you have questions about your PPH after you are discharged from midwifery care.

IRON DEFICIENCY ANEMIA Some symptoms	POSTPARTUM DEPRESSION Some symptoms
Feeling extremely weak and tired all the time	Feeling low (depressed mood) most days
Feeling grumpy and cranky	Loss of interest in activities that you used to enjoy
Having trouble concentrating	Having trouble concentrating
Headaches	Anxiety and excessive worry
Feeling dizzy	Loss of confidence or self esteem
Unusual hunger and cravings for different foods	Loss of appetite
Frustration with loss of ability to do basic tasks	Recurrent thoughts of suicide or death

How to cope

Staying in bed to get the rest you will need to recover from a PPH can leave you feeling alone. It can also be hard to stay in bed when you are used to being a busy and active member of your family. Taking the time you need to rest is important! Don't be afraid to ask for help from friends and family. Here are a few ideas that might help:

- Ask your midwife about the Healthy Babies, Healthy Children program to access extra postpartum support at home from a public health nurse.
- Ask friends or family to organize a "meal train" with meals that are high in iron.
- If possible, arrange for friends and family to take care of all the housework and cooking.
- Plan a "visit" schedule so you always have someone helping out around the house.
- Have reasonable expectations. Taking a shower counts as a big accomplishment!

Families with older children

If you have older children it can be especially challenging to stay in bed and get the rest you need. You can be creative in coming up with ways to spend time with your older children and still get the rest you need. Invite them into bed to play and spend time with you and the new baby. Here are some ideas:

- Have "picnics" in bed or on the bedroom floor with older children so that you don't have to leave your room for meals.
- Have silly "spa" nights where the whole family can paint their toenails just for fun.
- Have movie nights in bed with the whole family.
- Invite another family member to come and read stories to you and your children in your bed for a special kind of family story time.

When someone you love has had a postpartum hemorrhage

Supporting a person after a PPH can be challenging. People recovering from PPH usually take longer to recover after the birth. They need to be encouraged to rest a lot! There are many things you can do to help such as cleaning, cooking and taking care of older children (if there are any). If you are concerned that your partner/friend/family member who had a PPH is having a hard time emotionally or physically, encourage them to speak to their midwife or speak to the midwife yourself. And remember to take care of yourself. Sometimes a PPH can be a traumatic or distressing experience for everyone involved. It is NORMAL for support people to experience distress or difficulty after a PPH. It can be confusing to feel happy and excited about the new baby and also afraid and upset after an emergency happened. It can be hard to watch your loved one struggle when they aren't feeling well. You might find it helpful to talk about your feelings. Don't be afraid to ask for help. You can always ask questions of the midwife caring for your family. Welcoming a new baby is exciting but can also be overwhelming even at the best of times. Remember, recovering after a PPH isn't the same as recovering from a birth with normal blood loss. Try to have realistic expectations of yourself and your loved one.

Will I have another PPH during my next birth?

If you have experienced PPH with one birth, your chances of experiencing it again are higher than they are for someone who has never had a hemorrhage, but keep in mind that the overall risk of a PPH is still low. If you are taking iron supplements, it is a good idea to plan to have your iron levels checked about three months after your birth. You can ask your family doctor for this test

when your baby is three months old. In your next pregnancy, it will be important to make sure your iron levels are healthy. This will lower your risk of becoming anemic if you have another PPH. Your midwife may also recommend that you plan to have a shot of oxytocin right away after your next birth. This is called “active management” of the birth of the placenta and it may help prevent PPH. Make sure you tell your care provider for your next pregnancy that you had a PPH with a previous birth.

Further Resources

Video Support:

Not what we planned: Two stories of birth and postpartum hemorrhage. This video explores two families’ experiences with PPH and provides factual, evidence-based information about postpartum hemorrhage and midwifery care in Ontario. View it at www.youtube.com/watch?v=CqIVK7PgpXI

Dietary Support:

The Dietitians of Canada website has good nutrition information, visit bit.ly/1OVfk7J

You can email or speak to a registered dietician on the phone for free in Ontario. Visit www.eatrightontario.ca for more information.

Chest or breastfeeding Support:

www.llli.org is La Leche League’s home page with a wide variety of information and resources available in many languages.

www.lllc.ca/ is La Leche League’s Canadian site. It has information about local groups and meetups across Canada.

www.breastfeedinginc.ca has good information about herbs and other medications that can increase milk production plus lots of other resources available in several languages.

www.publichealth.gc.ca/breastfeeding has good general information about breastfeeding and useful links.

Peer to Peer Support:

www.healthtalk.org is a British website with information on a wide range of topics, including PPH. Researchers in the U.K. interviewed real people about their experiences with various health conditions. Watch video interviews, read individual stories, and gather information about a given topic. For the video interviews about PPH visit: bit.ly/1DqbNHP

Mental Health Support:

For more information on postpartum depression, also called “postpartum mood disorders”, visit: www.lifewithnewbaby.ca/mom.htm

Distress Centres Ontario offer a listening ear for lonely, distressed or suicidal people, usually 24 hours a day, 7 days a week. There are service lines across the province. Visit www.dcontario.org for more information and to find the local number for your area.

The Mental Health Helpline provides information about mental health services in Ontario. Call 1-866-531-2600 for more information or visit www.mentalhealthhelpline.ca

Even if you don’t live in Toronto, there are some great online resources from Toronto Public Health, including a video series with real families discussing their experience with postpartum depression. Visit bit.ly/SJbmJO or www.toronto.ca and enter a search for “anxiety and depression” and you will find the link.