



International Journal of Medicine and Health Profession Research

Journal home page: www.ijmhpr.com

<https://doi.org/10.36673/IJMHPR.2025.v12.i01.A01>



POSTPARTUM COMPLICATIONS

Neeta Thakur*¹ and Praveen Tyagi²

¹Department of Obstetrics and Gynecological Nursing, Gautam College of Nursing, Hamirpur, Himachal Pradesh, India.

²Department of Obstetrics and Gynecological Nursing, Desh Bhagat University, Mandi Gobindgarh, Punjab, India.

ABSTRACT

The term "postpartum complications" describes health issues that arise in the woman after giving birth, usually within the six weeks known as the "puerperium period," though some issues may continue or manifest after that time. These problems might entail systemic, psychological, or physical health issues and range in severity from minor to life-threatening. Improving maternal outcomes requires an understanding of their genesis, prevalence, and management.

KEYWORDS

Postpartum complications,

Author for Correspondence:

Neeta Thakur
Department of Obstetrics and Gynecological
Nursing, Gautam College of Nursing,
Hamirpur, Himachal Pradesh, India.

Email: thakurneetu789@gmail.com

INTRODUCTION

Different kinds of postpartum complications

Postpartum hemorrhagic complication

Definition

Excessive bleeding (>500ml after vaginal delivery or >1000ml after cesarean) is known as postpartum hemorrhage (PPH).

Incidence

Secondary PPH is less frequent than primary PPH, which affects 3-5% of deliveries.

Causes

Coagulopathies, Genital tract trauma, Retained placenta and Uterine atony.

PUERPERAL SEPSIS INFECTION

Common infections

Urinary tract infections, Wound infections and Endometritis.

Risk factor

Frequent vaginal exams, protracted labor and cesarean birth.

EVENTS OF THROMBOEMBOLIC

Types

Pulmonary embolism (PE) and Deep Vein Thrombosis (DVT).

Risk factors

Thrombophilia, obesity, immobility and cesarean section

HYPERTENSIVE DISORDERS

Eclampsia or postpartum preeclampsia is a risk factor.

PSYCHOLOGICAL COMPLICATIONS

Postpartum psychosis, anxiety and postpartum depression (PPD). Hormonal fluctuations, a history of mental illness, and a lack of support are all contributing factors.

BREASTFEEDING-CONNECTED PROBLEMS

Breast engorgement, nipple discomfort, and mastitis are risk factors.

Impact

May impede nursing and the health of the mother.

PAIN AFTER PARTURITION

Women frequently suffer postpartum pain following childbirth, which includes a range of discomforts while the body heals from labor and delivery. The perineum, breasts, back, joints, and abdomen (after pains) are some of the places where this pain may appear. A more seamless postpartum recovery depends on knowing the causes and the best management techniques.

INCISIONAL PAIN

Pain where the incision was made during a cesarean section.

MANAGEMENT METHODS:

Pain relievers

Acetaminophen (Tylenol) and ibuprofen (Advil, Motrin) are examples of over-the-counter pain relievers that can be used to control pain.

Heat and cold therapy

To reduce pain and cramping, apply heat (a heating pad) to the abdomen or perineum. Perineal pain and swelling can be lessened with the use of ice packs.

Perineal maintenance

The perineal area can be soothed by using witch hazel compresses, per bottle use, and gentle washing with warm water.

Ideal positions for breastfeeding

To reduce neck and back strain, use pillows to support your arms and maintain proper posture.

Gentle exercise

Stiffness can be decreased and circulation enhanced with simple workouts like walking.

Hydration and diet

Consuming a high-fiber diet and drinking lots of water can aid in the healing process and constipation.

Rest

To help your body recuperate, give rest first priority, particularly in the initial days after giving birth. Situations in which you seek medical advice:

Pain that is severe or persistent

See your doctor if your pain is severe, doesn't go away with over-the-counter medications, or lasts more than a few days.

Signs of infection

A physician should be consulted if there is a fever, chills, increasing pain, redness, or swelling at the perineum or incision site.

Symptoms of deep vein thrombosis (DVT)

One leg pain, swelling, and soreness should be treated right once, especially if it is accompanied by red or heated skin.

Postpartum depression or worry

Seek professional assistance if a mother struggles to care for her infant or experiences ongoing sadness or worry.

PRACTICE AND POLICY IMPLICATIONS

Early Detection

The significance of screening procedures and follow-up visits.

Education

Raising mothers' knowledge of warning indicators.

Health Systems

Improving postpartum care, particularly in areas that are underprivileged.

Policy Suggestions

Continue postpartum care for longer than six weeks. Programs for maternal health should incorporate mental health.

CONCLUSION

Maternal morbidity and death are still significantly influenced by postpartum complications. Obstetric, medical, and mental health care must be included in a multidisciplinary approach. To properly customize interventions, more thorough data collection and study are required, particularly in low- and middle-income nations.

ACKNOWLEDGEMENT

The author wish to express their sincere gratitude to Department of Obstetrics and Gynecological Nursing, Gautam College of Nursing, Hamirpur, Himachal Pradesh, India for providing necessary facilities to carry out this research work.

CONFLICT OF INTEREST

We declare that we have no conflict of interest.

REFERENCES

1. World Health Organization (WHO). WHO recommendations for the prevention and treatment of postpartum haemorrhage, *World Health Organization, Geneva*, 2012.
2. Sheldon W R, Blum J, Souza J P, Gulmezoglu A M, Winikoff B. Postpartum haemorrhage management, risks and maternal outcomes: Findings from the WHO Multicountry Survey, *BJOG*, 121(1), 2014, 5-13.
3. Bauserman M, Thorsten V, Nolen T L, Patterson J, Lokangaka A, Tshefu A, *et al.* Maternal mortality and morbidity in the postpartum period: Causes and risk factors, *BMC Pregnancy Childbirth*, 15(2), 2015, S5.
4. Sultan A A, West J, Grainge M J, Riley R D, Tata L J, Stephansson O, *et al.* Development and validation of risk prediction models for postpartum venous thromboembolism, *Circulation*, 134(9), 2016, 648-655.
5. American College of Obstetricians and Gynecologists (ACOG), hypertension in pregnancy, report of the ACOG task force on hypertension in pregnancy, *Obstet Gynecol*, 122(5), 2013, 1122-1131.
6. O'Hara M W, McCabe J E. Postpartum depression: Current status and future directions, *Annu Rev Clin Psychol*, 9, 2013, 379-407.
7. Stewart D E, Vigod S N. Postpartum depression: Pathophysiology, treatment and emerging therapeutics, *Annu Rev Med*, 67, 2016, 231-245.
8. Amir L H. Breastfeeding management and mastitis in the postnatal period, *Aust Fam Physician*, 43(4), 2014, 231-234.
9. Knight M, Bunch K, Tuffnell D, Shakespeare J, Kotnis R, Kenyon S, Kurinczuk J J. Saving lives, improving Mothers' Care: Lessons learned to inform maternity care from the UK and Ireland confidential enquiries into maternal deaths and morbidity 2016-18, *Oxford: National Perinatal Epidemiology Unit, University of Oxford*, 2020, 1-96.
10. Cunningham F G, Leveno K J, Bloom S L, Dashe J S, Hoffman B L, Casey B M, Spong C Y. Williams Obstetrics, *McGraw Hill, New York*, 26th Edition, 2022, 1-1259.

Please cite this article in press as: Neeta Thakur and Praveen Tyagi. Postpartum Complications, *International Journal of Medicine and Health Profession Research*, 12(1), 2025, 1-3.