

PUERPERIUM

Abstract

Puerperium, also known as the postpartum period, refers to the time immediately following childbirth when a woman's body undergoes physical and emotional changes as it returns to its pre-pregnancy state. It typically lasts for about six weeks, although the exact duration can vary from woman to woman. During this period, the uterus gradually shrinks back to its pre-pregnancy size through a process called involution. Lochia, a discharge consisting of blood, mucus and uterine tissue, is common during this time and gradually decreases in amount. The breasts may also undergo changes as they produce and regulate milk for breastfeeding. Healthcare check-ups with healthcare providers are typically scheduled during the puerperium to monitor the mother's physical and emotional well-being.

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I. PUERPERIUM

Puerperium is the period following childbirth during which the body tissues, especially the pelvic organs revert back approximately to the pre-pregnant state both anatomically and physiologically. Puerperium begins as soon as the placenta is expelled and lasts for approximately 6 weeks when the uterus becomes regressed almost to the non-pregnant size. Similar changes occur following abortion but take a shorter period for the involution to complete.¹

II. GENERAL PHYSIOLOGICAL CHANGES DURING PUERPERIUM

During the puerperium or postpartum period, the mother's body undergoes various physiological changes as it returns to its pre-pregnancy state. These changes are essential for recovery and preparing the body for future pregnancies.

There are significant hormonal fluctuations during the postpartum period. Levels of estrogen and progesterone drop rapidly after childbirth, which can lead to mood swings, fatigue, and other emotional changes. The cardiovascular system undergoes adjustments after pregnancy. Blood volume decreases, and the heart gradually returns to its pre-pregnancy size and position. During the postpartum period, the mother gradually loses the weight gained during pregnancy. Proper nutrition and moderate physical activity are essential for healthy weight loss during this time. The ligaments and joints, which became more flexible during pregnancy due to the hormone relaxin, start to return to their normal state. The mother's immune system, which adapts during pregnancy to tolerate the fetus, begins to revert to its pre-pregnancy state after childbirth. Digestive system functions normalize after pregnancy, and any gastrointestinal issues experienced during pregnancy tend to improve. If there were any tears or episiotomy during childbirth, the perineum and genital tract undergo healing during the postpartum period. Thyroid volume regresses gradually to pre-pregnant state by 12 weeks. Thyroid functions return to normal by 4 weeks postpartum. Women on thyroid medications should get their thyroid function checked to readjust the drugs.²

III. PHYSIOLOGICAL CHANGES IN REPRODUCTIVE SYSTEM

One of the most important changes is uterine involution, where the enlarged uterus contracts and gradually returns to its pre-pregnancy size and position. This process is initiated by the release of the hormone oxytocin during breastfeeding and helps the uterus to expel any remaining placental tissues, reducing the risk of postpartum bleeding and promoting healing. After childbirth, the cervix, which had softened and dilated during pregnancy to allow for the passage of the baby, begins to close and firm up again. The vaginal walls, which had become more elastic during pregnancy, start to return to their pre-pregnancy state. Any swelling or stretching that occurred during childbirth begins to resolve. The postpartum period is characterized by significant hormonal fluctuations. Estrogen and progesterone levels drop rapidly after childbirth, which can lead to the onset of lactation and various emotional and physical changes. Ovulation and menstruation usually resume at some point during the postpartum period. However, the timing can vary depending on factors such as breastfeeding and individual variations in hormone levels. The breasts undergo changes to prepare for breastfeeding. After childbirth, they may become engorged and tender as milk production begins. The pelvic floor muscles, which undergo stress and stretching during pregnancy and childbirth, begin to regain strength and tone during the postpartum period. Immediately

following delivery, the lower segment becomes a thin, flabby and collapsed structure. It takes a few weeks to revert back to the normal shape and size of the isthmus. The cervix contracts slowly. The external os admits 2 fingers for a few days but by the end of 1st week, narrows down to admit the tip of a finger only. The contour of the cervix takes a longer time to regain (6weeks) and the external os never reverts back to the nulliparous state. The ovaries are inactive during the last 2 trimesters of pregnancy, because of the drop in placental hormones level and gradually resume the pre-pregnancy cycle. The uterus sheds its inner lining after childbirth, leading to vaginal discharge called lochia. Lochia consists of blood, mucus, and uterine tissue and changes in color and volume over time. It typically lasts for a few weeks.³

IV. PROMOTING PHYSICAL AND EMOTIONAL WELLBEING IN PUERPERIUM

Encourage new mothers to attend postpartum check-ups with healthcare providers. These visits help monitor physical recovery, address any concerns, and provide guidance on breastfeeding, contraception, and overall well-being. Adequate rest and sleep are crucial during the postpartum period. Support new mothers by ensuring they have time to rest when the baby sleeps and offering assistance with household chores and baby care. A balanced and nutritious diet is essential for postpartum recovery and breastfeeding. Encourage new mothers to eat a variety of fruits, vegetables, whole grains, lean proteins, and stay hydrated. After getting approval from their healthcare provider, encourage new mothers to engage in gentle exercises like walking or postnatal yoga. Regular physical activity can improve mood, energy levels, and overall well-being. Emotional well-being is paramount during the postpartum period. Encourage new mothers to talk openly about their feelings and provide a supportive and non-judgmental environment. If needed, suggest professional counseling or support groups. Encourage skin-to-skin contact and frequent breastfeeding to promote bonding between the mother and the newborn. This helps release oxytocin, a hormone that fosters maternal-infant attachment and emotional well-being. Remind new mothers to take time for themselves and engage in activities they enjoy. Simple acts like taking a bath, reading a book, or practicing relaxation techniques can boost mood and reduce stress. Keep an eye out for signs of baby blues or postpartum depression. If a new mother exhibits symptoms such as prolonged sadness, anxiety, difficulty sleeping, or lack of interest in the baby, encourage her to seek professional help promptly. Involving partners and family members in the postpartum care can provide essential emotional support and assistance with baby care and household tasks. Encourage new mothers to maintain social connections with friends and family. Loneliness can exacerbate emotional challenges, so staying connected with a support system can be beneficial.⁴

V. FAMILY DYNAMICS AFTER CHILD BIRTH

Family dynamics often undergo significant changes after childbirth. The arrival of a new baby can have both positive and challenging effects on family relationships and interactions. Becoming parents creates a period of instability that requires behaviours that promote the transition to parenthood. Parents must explore their relationship with the infant as well as redefine the relationship between themselves. The nurse who understands the parenting process should assist family members with the transition to parenthood.

With the addition of a new family member, roles and responsibilities within the family can shift. The parents take on new roles as caregivers, and older siblings may need to adjust to their new roles as well. The birth of a child can deepen the bond between parents

and strengthen their emotional connection with each other and the baby. The demands of caring for a newborn can lead to increased stress and sleep deprivation, which may affect family members' mood and interactions with one another. There may be adjustments in how household chores and responsibilities are divided to accommodate the needs of the baby and the changes in daily routines. With increased responsibilities and potential exhaustion, communication between family members may face challenges. Open and honest communication becomes even more crucial during this time. The presence of extended family or friends as a support system can play a significant role in helping the family adjust to the changes brought about by the new baby. Each family member may experience a range of emotions after the baby's arrival, from joy and excitement to feelings of anxiety and overwhelm. The primary caregivers, usually the parents, will develop strong bonds with the baby as they navigate the early stages of parenting. If there are older siblings, their relationship with the new baby can vary widely, ranging from curiosity and affection to jealousy and insecurity. The birth of a child can affect the sexual intimacy between partners, especially in the early postpartum period when physical and emotional adjustments are ongoing. The financial responsibilities of the family may change with the added expenses related to the baby's care.⁵

VI. CONCLUSION

The mother's body should have largely returned to its non-pregnant state, and she can gradually resume her daily activities, including exercise and other routine tasks. However, it's essential to remember that the postpartum recovery is an ongoing process, and mothers should continue to prioritize their health and well-being as they transition into their role as caregivers to their newborns. Regular check-ups with healthcare professionals, ongoing self-care, and a supportive environment can all contribute to a smooth and healthy postpartum period and beyond.

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