

# Mediclinic Baby Episode 1: WHAT'S GOING TO HAPPEN TO MY BODY AFTER GIVING BIRTH?

[00:00:00] **Vanessa Pickford:** There are many unexpected things when it comes to having a baby.

[00:00:04] **Voice clip 1:** When I had my baby, I didn't expect to feel an overwhelming sense of jealousy, um, with regard to my relationship with my husband. Whenever he'd hold our baby, it would bring up this insecurity and eventually shame. It wasn't until much later on that I discovered that it was actually normal for a new mom to experience these feelings and emotions.

[00:00:29] **Voice clip 2:** When I had my first baby, for me, the biggest thing that, um, I didn't expect was to experience the retained product and how massively that would impact our lives as a family and for me personally. There were lots of changes. I was really ill. I was, um, not seen and attended to in time and, um, in my case, or in our case, I [00:01:00] narrowly escaped death and because of that, um, experience I've had to, over the past four years, process a lot of trauma because of it. And nowhere before birth or after birth was that even mentioned. I was a first-time mom, I didn't know what was happening.

[00:01:01] **Voice clip 3:** And with my second son, I didn't expect to stay in the hospital for seven weeks due to my son having jaundice. Every morning they would come and take some of his blood for testing and I would hear him cry far in the distance and it really broke my heart.

[00:01:44] **Vanessa Pickford:** Welcome to episode 1 of our podcast series "The Heath Wrap", powered by Mediclinic Baby - Healthcare experts at your service. This is a four-part mini-series all about the postnatal experience. I'm your host Vanessa Pickford. Mediclinic Baby is an exclusive programme that supports parents with pre and postnatal pregnancy care. We've gathered top experts in the field of postnatal care of mothers and babies to speak to us in this new series in order to support you through this time. I am a mother of four, and a nurse, so I've had plenty of personal experience with many of the scenarios we speak about in this podcast series.

[00:02:25] **Vanessa Pickford:** Pregnancy changes your body in so many ways. Even as a midwife, I was poorly prepared for the lived reality of the postpartum phase. It was a difficult transition for a first-time mother and I felt very alone. I now know that

my introduction to motherhood was not unique and that there are many mothers who have had the same experiences and more, Take hair loss, for example.

[00:02:52] **Vanessa Pickford:** According to the American Pregnancy Association, about 40-50% of women experience temporary postpartum hair loss. These and so many postpartum symptoms can cause distress if you're not prepared for them. So we're here to help. In this episode, with our special guest Dr Mpume Zenda (who you may also know as DrGynae), we discuss your post-birth body in detail and how to take care of it.

[00:03:17] **Vanessa Pickford:** Dr Mpume Zenda is an obstetrician gynaecologist and sexologist in addition to having a thriving practice at MorningSide MediClinic. She is also an expert doctor on Mzansimagic's "Sunday Sexy Love" show and has her own popular Instagram account where she goes by the name, DrGynae.

[00:03:40] **Vanessa Pickford:** Dr Zenda. I am thrilled to be chatting to you today. Thanks for joining us.

[00:03:41] **Dr Mpume Zenda:** Well, it's a pleasure. Thank you so much for having me, Vanessa.

[00:03:43] **Vanessa Pickford:** Right. So, Dr Zenda, today we are focusing on a woman's experience with her postpartum body. And as you know, the female body undergoes significant changes to accommodate a growing baby and its subsequent birth. But are there even [00:04:00] further changes that a new mother may experience after giving birth as her body returns back to normal?

[00:04:07] **Dr Mpume Zenda:** Absolutely, yes, there are quite a lot of changes that the mom will experience immediately after delivery, but also up to about six weeks thereafter. And you will find that even beyond that point, there will still be changes that moms are experiencing. And I think we'll touch on a few. So for example, In the immediate, just on the hormonal level alone, there is a significant change in terms of the drop in the hormones.

[00:04:36] This is why we are often advising moms to just be watchful of their mood and their mental health during that time. There's a lot that has changed. That is stress, that's stressful, but also the contribution of having your hormones completely drop will contribute quite significantly. And then depending on the type of delivery, moms are dealing with [00:05:00] quite a lot in terms of their bodies physically.

[00:05:04] Um, you go from being, you know, you carrying somebody to actually having to look after them, but at the same time, you may have things like, you may still experience some kind of pain, um, if you had a Caesarean section more so and

so you are also not moving as well. That feeling of your core, uh, as if it's literally non-existent, causes quite a bit of anxiety for, um, quite a few moms.

[00:05:29] Um, because again, with Caesarean section more so cause we actually split the muscles apart and then put them back together. In this pain, there's also a lot of guarding and so moving around may feel a little bit harder than usual. Look at things like skin changes. Very often throughout pregnancy, there's sort of like this darkening, particularly for black moms.

[00:05:53] There's darkening. There are things like the Linea nigra, there is stretch marks and so forth, but they [00:06:00] can actually look more pronounced immediately after delivery and that can be worrisome because a lot of moms also have this idea that once I've popped my baby, I will bounce back to being my old self.

[00:06:13] And then we look at things like swelling, for example, um, some moms or the majority of moms, even with low risk, no complications, will have some kind of mild swelling of their body. But something phenomenal happens immediately after they actually do, you may experience a lot more swelling than you actually had during pregnancy.

[00:06:37] And this is due to, um, the fluid that was being transported or channelled to the womb for the purpose of nourishing baby and now suddenly all that blood goes back to your whole system increases the amount of fluid that's in there. It gets pushed into what we call the interstitial space and it causes that puffiness of the face, um, swelling of [00:07:00] the feet. That may take a couple of weeks, um, to kind of subside.

[00:07:04] **Vanessa Pickford:** From my account, you have mentioned some of the common symptoms in the postpartum phase being a pain, um, some abdominal discomfort and getting used to this new and rather flabby stomach, um, skin issues and swelling with the fluid shifts. But are there possibly some less common symptoms that women can experience that we want to sort of put our, listeners at ease about the vast variety of symptoms that they might experience?

[00:07:33] **Dr Mpume Zenda:** Sure. Um, one of the ones, I mean, as much as bleeding is quite a common symptom immediately after delivery, and it will range from anything like, you know, the first few days, like, like solid red blood, and then it kind of gets lighter and lighter over the days. Something women don't realize is that the womb itself takes almost about six weeks to return back to [00:07:59] close enough to the original size prior to the pregnancy. So a different type of bleeding that they may experience is this sudden gush of bleeding three weeks in and they're

wondering, is this my period? Is there something wrong? Did I blow a stitch (for those who have had a cesarean section)?

[00:08:17] Um, and this is purely just blood that was probably accumulating somewhere, you know, in the corners of the uterus. And as the uterus contracts that will obviously expel out, sort of like that dark, uh, blood with clots even sometimes. The other thing with the uterus itself is the phenomena of one: The fact that you know, it doesn't disappear literally immediately as the baby comes out as I said. It takes about six weeks for the uterus to contract fully back to its original size. But also, with things like, for example, breastfeeding things or, or, or, or, or symptoms mom may experience is there is a hormone or a [00:09:00] neurochemical called oxytocin that gets released during breastfeeding.

[00:09:04] That causes, uh, contraction of muscles and that would include the uterus as well. So they may feel some kind of discomfort during breastfeeding. There is nothing wrong with that. Together with that, I think one of my favourite ones, and, and I think, um, it's a topic that nobody thinks about.

[00:09:22] Everybody just thinks, oh, you've got a baby, you should be happy, is obviously things like mental health and also, sort of like this aversion towards, um, sexual intimacy or intimacy with your, with your partner over and above those taboo, uh, symptoms that moms can, uh, can feel very shamed about are things like incontinence, urinary incontinence.

[00:09:45] Which basically means you still experience a little bit of that urine leak, especially during a, pressured things like for example, when you're doing a number two in the bathroom or when you are sneezing or coughing or laughing, and, and this [00:10:00] can really make a lot of moms feel shameful to the point where they are scared to even raise it with their healthcare practitioner.

[00:10:08] **Vanessa Pickford:** Right. Absolutely. Now, it seems like there is considerable pressure on modern mothers' bodies to bounce back straight after the birth of their baby, and we see images of mothers with newborns on TV or social media with flawless bodies straight after birth. But in reality, how long does this process of going back to normal usually take?

[00:10:33] **Dr Mpume Zenda:** To be fair with you, uh, Vanessa, it, it depends first of all, what are we, which parameter of normal are we looking at? A woman or any human being for that matter is a, you know, a biopsychosocial entity in the sense that we must look at how long does it take for a woman to get back to feeling like themselves from a mental health perspective?

[00:10:58] Now, in the early [00:11:00] stages, that's why, like I said, we warn and, and, and watch out for things like postpartum blues, which may eventually lead to postpartum depression, for example. Um, so it's, it's being aware of that, that could take anything between like after birth to even six months, especially when moms start also incorporating.

[00:11:21] Other feeds because this is caused by the suppression of your nice, happy hormones like oestrogen remains suppressed as long as a mom is breastfeeding because of that prolactin, which is necessary to produce milk. So to just be watchful throughout that space of six months at any point in terms of mental health issues. Things like, for example, your, you know, weight loss.

[00:11:47] As well as, um, when to exercise. We often encourage a woman, first and foremost, to be nice, and be kind to herself. You, you really never truly go back to your, your previous body, but looking [00:12:00] after yourself in the sense of a healthy diet that has got good nutrition. But also get moving as soon as possible. If you've had a vaginal delivery, from about two weeks, you can start moving.

[00:12:14] In terms of taking walks slowly, easy exercise. For somebody who's had a cesarean section, we often look at between four to six weeks, depending on if there were any underlying complications. But with that said, especially with, you know, somebody with the cesarean section. Um, pregnancy in itself is what you call a hypercoagulable state, which means you are likely to clot, you are more likely to clot during pregnancy and immediately after.

[00:12:43] And so moving around is actually good for you. So this means around the house, get moving as soon as possible. Even in caring for your baby. Yes, get all the help that you can get, but the more you move, the healthier you eat, and the more likely you are [00:13:00] to return to a weight that you are comfortable with. I often laugh, you know, when moms are like, five years later, I'm like, I'm still carrying baby weight, and I'm just like, mm-hmm right.

[00:13:16] **Vanessa Pickford:** you know, as a mom myself, I well know that feeling of wanting to get my body back, but I usually gave myself until my babies turned two, that said I was usually pregnant again by that stage. But you know what happens if the stomach looks very pregnant months after giving birth? Could there be a reason for this?

[00:13:41] **Dr Mpume Zenda:** Yes and no. And, um, I, I, this is where I, I hope you know, lemme put it this way, this podcast is also a safe space. It's also a place where we can be honest, brutally, or maybe not brutally, graciously honest with, with one another and, and the reality is [00:14:00] there's a lot of myths about, you know, having a big stomach, especially after something like a cesarean section.

[00:14:05] “Oh, I never got my six-pack back cause I had a C-section”, or “I never lost my stomach weight because of the pregnancy”. And so there is, on the one hand, there could really be, uh, genuine reasons. There are women who are struggling with things like polycystic ovarian syndrome. There are women who, uh, may have had such a traumatic, um, uh, pregnancy and multiple operations even that have not allowed them to be able to get back, um, especially in terms of exercise.

[00:14:37] But that said, like I said, sometimes we just don't pay attention to eating well and exercising in terms of the calorie balance between what you're taking in and what you are actually, uh, spending. We've often got this sort of sense of, oh, I'm breastfeeding, I need to eat a lot more. I need to eat a bit more.

[00:14:58] Um, and, and we [00:15:00] just like, you know, hidden calories in, in, in sugar, kind of processed foods. Those are the kind of things that you will find people end up with like a big stomach after two years, three years. And, the reality is having had a C-section is not a predisposition for you to never get in your six-pack again.

[00:15:22] It is important to understand that we are not supposed to be a Jack of all trades. You can't look after a baby, figure out the proper diet, um, be on top of your exercise, think about getting back to work, think about getting back to having sex with your partner. It's a lot. So wherever possible, get the professional help that is necessary.

[00:15:42] Get a personal trainer. Join a group of new moms that train together because that motivates you and it gives you a support structure to allow you to reach the goals about your body. Because here's the thing, if you don't feel good about yourself, [00:16:00] you constantly are going to self-sabotage, um, negative talk, but also it means you are not gonna show up as your best self, not only for your baby but for the, your entire family.

[00:16:13] **Vanessa Pickford:** Oh, that's excellent. I mean, what a wonderful tip on how a mother should not only have compassion for herself and her body but to also put a plan in place to get back to being her best self once again. Absolutely. Yeah. Now, we've spoken about some of the postpartum symptoms, but let's chat now about how the new mother can manage and treat these symptoms. From what you've mentioned earlier there, there are quite a few potential symptoms, so let's look at each one of those individually, starting with the symptom that no new mother gets away from - postpartum bleeding. Yes, go right ahead.

[00:16:50] **Dr Mpume Zenda:** So, Right. So the postpartum bleeding more than anything, to be honest, I would say it's good to know that it [00:17:00] is normal. So within the first, uh, few days up to about a week, you will have some kind of

bleeding. The trick to it is to know when it is you know, normal or not, you shouldn't have overt or frank blood for days and days. That's, that's, that's not normal. It should generally start to lighten up within the first, uh, two to three days, um, what we call the lochia.

[00:17:25] In fact, I remember so clearly at training, as an OB-GYN by day three, it should actually be looking like that straw-coloured, and this is regardless of whether you had a cesarean section or vaginal delivery, but the other bleeding as well, that bout of bleed. That's also a once-off generally in terms of what happens.

[00:17:49] Over and above that, please be mindful. Because of this shift in hormones as well, you may not know exactly when you are going to have your first normal, uh, period again [00:18:00] after you have delivered. Particularly for the moms that are breastfeeding, you can get a significant suppression of your ovulation and, a result as a result of your period.

[00:18:10] So I often say, if you are breastfeeding exclusively, be mindful you might not get your period for another three to four months even, um, uh, um, after delivery. That's also okay. Just double-check that you're not pregnant again. Right. Cause that has happened too.

[00:18:30] **Vanessa Pickford:** That can happen. Yes, absolutely. So then is there a difference between bleeding and a vaginal discharge? How do we know which is which?

[00:18:38] **Dr Mpume Zenda:** Right. So bleeding, as you were saying, is frank overt blood, and it will probably last longer than 24 hours. When you are having a vaginal discharge. And, and I personally, don't like the idea of the word, 'discharge' because it assumes something is wrong. [00:18:57] What I'm probably referring to is that your [00:19:00] vagina is never meant to be dry at any point. The most important thing though, about the fluid that is coming out is that it doesn't irritate, it's not irritable.

[00:19:16] You're not itchy and it's not, um, you know, copious amounts that are unusual, um, uh, um, to, to what you are used to. Now I'm talking, let's say about, you know, two weeks onwards after delivery. You, you, you may still get sort of like some, some kind of like, uh, a more of a thicker copious discharge because of the hormonal shift.

[00:19:38] But in terms of then experiencing that over and above the discomfort, you know, uh, pain, burning, uh, difficulty when you're going to pee, something is not okay there, go and check it out. You are still more susceptible postpartum to urinary

tract infections as well as yeast infections. So be [00:20:00] mindful of that. When it doesn't feel right, check in with your doctor.

[00:20:04] **Vanessa Pickford:** Uh, excellent advice. Um, now the majority of my clinical experience was in haematology. So when I had my babies and I started having night sweats after the birth of my first son, all sensibility was cast aside and I immediately thought I had malignancy. And that was that I was going to be leaving my child motherless within the first year of his life. But in reality, night sweats and hot flashes are actually normal. So what is, what is causing those and how long should they last?

[00:20:35] **Dr Mpume Zenda:** Yeah, so it is. Let me put it this way. If you think about somebody who is menopausal because as you describe it, it does sort of feel like you are menopausal in every way. Um, if you think of all the menopause symptoms: the night sweats, the difficulty sleeping, um, sometimes even things like hair loss, dry skin, you kind of move from this luxury of lots of hair during [00:21:00] pregnancy.

[00:21:00] Your skin for most people is looking amazing. You've got the glow and then you know, you hit the ground like. This is all a result of that hormonal orchestra. Remember, I said, the important hormones that are responsible for all these are your sex hormones, your oestrogen, your progesterone, and even to some extent, your testosterone.

[00:21:22] Now, all of these are significantly suppressed as a result of the shoot-up of prolactin. So this is specifically all more so, although other moms will experience this if you are exclusively breastfeeding to be able to keep up that prolactin to continue producing milk. Um, this will happen. Now within the first six months is usually what we kind of say, okay, this is, this is acceptable.

[00:21:49] But once you start mixed feeding, for example, that means your prolactin should start to come down a little bit when you started to ovulate again, and then things should start to get better. [00:22:00] If after six months you're still experiencing significantly those, uh, uh, hormonal changes or those so-called, uh, menopausal symptoms as it would seem.

[00:22:10] Please make sure that, um, you, you, you know, you check in with your doctor, um, and, and just because it's not just those sex hormones that are at play in your body, you've also got the adrenals, you've also got the thyroid, and we've always wanna be sure that we haven't missed anything.

[00:22:27] **Vanessa Pickford:** You mentioned in this last bit a, number of times about breastfeeding and the breasts and how those changes occur with the hormones. And I remember personally thinking, oh my goodness, I totally underestimated my



breastfeeding bra size. Dreadfully. And I, I, I was quite astounded not only by the size of my breasts, but what my breasts looked like, uh, whilst I was breastfeeding. Can you please go into some of the symptoms? The reality is that albeit that, you know, we have this picture-perfect idea of cradling our babes [00:23:00] and breastfeeding them is actually often agonising in a terribly unpleasant experience initially. So what should the new mothers expect?

[00:23:07] **Dr Mpume Zenda:** New mothers would already have had quite a significant, um, change of their breasts in any case, throughout the pregnancy. And, and here's the thing, even before your, your bump shows, your breasts show first for most people, in terms of the tenderness, in terms of, then you start seeing the darkening changes around the areola.

[00:23:32] The nipples are kind of protruding a bit more. Um, so you would've seen all those changes but there is a huge influx in terms of size, as you would say this is because now the filling of the breast with milk in preparation for breastfeeding, and this may also be either exacerbated in terms of how moms feel about themselves and their breasts by their ability to be able to [00:24:00] get the breastfeeding right, that can psychologically affect them.

[00:24:03] So I love some of the paediatricians I work with. They'll say, please, breast feeling is not as easy as everybody makes it out to be. Somebody will be there to assist you. A lactating nurse will be able to, you know, to help you. Um, also over and above that, it's the other uncomfortable symptoms, breast symptoms that moms may experience.

[00:24:24] The overly engorged breasts. That can feel very uncomfortable, especially if the baby is still, you know, just trying to get the hang of things in terms of sucking, but also just literally as you drive to the shops and, and you start having leakages, you know, those are things that can really feel uncomfortable, embarrassing.

[00:24:45] And I always share my experience of how when I went back to work after delivering my baby, literally working in the labour ward, I would walk in and just babies crying would send my breasts [00:25:00] flooding, you know, and, and so being mindful to pack your, uh, your, your, your nipple covers or your nipple pads, um, and then other difficult symptoms that mom will experience.

[00:25:11] Are things like cracked nipples from that early stages of, of baby, especially if we haven't got the latching right. Um, somebody who's got inverted nipples, right? Um, and, and, and my advice is always, please don't assume, pretend and think that you have to figure it all out. Ask, ask for help. Ask your doctor and, and ask the people that are, then, the nurses are, are generally incredibly, um, uh, helpful.

[00:25:43] Um, with those engorgements, for example, I mean, simple things that we learned from home remedies like cabbage leaves, put those on. Um, things like expressing, uh, milk, even if your baby is not necessarily sucking. Nowadays the nice thing is that with all the right [00:26:00] facilities, you can actually freeze your breast milk so that your baby can feed when you are not around or, um, at night.

[00:26:07] You don't necessarily always have to, uh, feed from your own breast. I think the last one, Vanessa, that I always, you know, uh, touch on is also this dissociation of the one minute, you know, your breasts were a, a sort of like an erotic organ or part of your sexual organ and suddenly now they are food, you know, and so and so it's almost like a mix up in your mind, you know when your partner kind of does the things that they used to do. Slip their hand in and you're just like, that feels so weird.

[00:26:40] You know? Uh, um, so for a lot of moms that can feel very weird. Why am I feeling that way? I love my partner. I want to be intimate, but I just, my body is just responding in the opposite direction. That is quite common. Um, talk about it with your partner so that they don't feel some sort of rejection, but [00:27:00] they understand how this is, you know, how what you are experiencing, um, in your mind and in your body. Um, but also share with them what feels good and what doesn't.

[00:27:12] **Vanessa Pickford:** If you'd like even more expert information and support, then sign up for our MediClinic baby program today through the link in the show notes. Amongst the many benefits that you'll receive by signing up, are free, relevant, pregnancy and postnatal information on a weekly basis straight to your email; invitations to hospital events such as the pregnancy education workshops and tailor-made antenatal courses presented by childbirth professionals. Dr Zenda, I love how this conversation is progressing. So in the continued spirit of openness and for the benefit of all our listeners, let's now address those aspects of the mum's postpartum body that are perhaps considered more taboo or less spoken of, namely being [00:28:00] incontinence and haemorrhoids.

[00:28:02] So speaking for all those moms out there who are experiencing these uncomfortable and embarrassing symptoms, please tell us, how long does it last for?

[00:28:12] **Dr Mpume Zenda:** Let's start with, um, you know, incontinence. And I wanna start off in terms of who is more predisposed. So somebody who was active before pregnancy, during pregnancy, um, they kind of engage their core, their pelvic floor muscles.

[00:28:29] They had, they had access to a pelvic floor physio. Those people are less likely to have significant urinary incontinence. They may have it probably up to about six weeks or so, but as soon as, especially if somebody has had a C-section

with that disruption of the muscle, as soon as they're up and about and they start to do exercises, key goals and so forth, or pelvic, just overall pelvic floor physio, it starts to get better.

[00:28:57] Also things like moms who had a [00:29:00] normal vaginal delivery versus a mom, moms who had a C-section. A normal vaginal delivery has a bit more of an increased risk and longer, um, to, to to, in terms of, uh, urinary incontinence. So you will get for example, it's taken a mom who absolutely had no assistance in terms of pelvic floor exercise in terms of learning about their core and so forth.

[00:29:26] That can actually go on up to six months, especially if they don't get a pelvic floor physio immediately after delivery. But all of these symptoms, especially when we talk about, you know, incontinence, um, some level of, uh, organ prolapse, this can be reversible, especially the younger you are, um, with good exercise and, and that physio that I'm talking about.

[00:29:51] **Vanessa Pickford:** Right, right. And I believe that physiotherapy um, for the pre or the antenatal in the antenatal phase and postpartum [00:30:00] is certainly taking off in terms of ensuring the integrity of the perineum and those pelvic floor muscles. Um, afterwards. We are going to look specifically now at the vaginal delivery and then we are going to follow with the cesarean delivery and what different possible symptoms or experiences a mom should, um, expect with either of those deliveries.

[00:30:23] So can you talk to us in a bit more detail, specifically with regards to the vaginal delivery about episiotomies or perineal tears, why they would occur and how a mom should care for it if she's had either an episiotomy or a tear.

[00:30:39] **Dr Mpume Zenda:** Right. So with normal vaginal delivery, that is one of the risks in terms of, um, lacerations or what we call, um, we actually grade them vaginal tears.

[00:30:52] This is basically the splitting of the vaginal tissue as the baby passes, particularly the [00:31:00] head, passes through the canal. They're more common in younger and, first-time moms and this is because often the tissues are still very tight and, and, and very full of collagen. And, and I, and I often advise or rather tell moms that episiotomy is not as, you know, gyne's or midwives being horrible people just wanting to give you a, you know, a cut. It's actually a protective intervention. Then, when the baby's head is crowning around your perineum, there's quite a bit of muscle, but what is pertinent is that between your perineum, which is where the beginning of the vaginal outlet is basically.

[00:31:48] And the anal region, that is actually the area of least resistance. I often say to moms, you know, it sounds a bit gross, but put your finger inside your vagina and you can literally feel [00:32:00] what's happening in the back end. That's how thin the membrane between the vagina and the anal region is so when we cut an episiotomy, it's to protect you from having a tear that goes all the way into your anal region and subsequently may have detrimental uh, consequences of anal vaginal fistula, which is then stuff at the back coming to the front.

[00:32:24] It's difficult to treat. It may take years and years, and some women, they've had to live with that pretty much all their lives. So the way to care for whether it was a vaginal tear or an episiotomy, I would say first and foremost, the case starts with your doctor or with your, with your clinician, your midwife.

[00:32:45] Properly sutured, uh, tears heal better. We often talk about them, we suture them in layers. The second thing is being able to cover you with good pain medication. I personally often like things [00:33:00] like suppositories, uh, cause they really work well around that area and anti-inflammatory, but whatever the choice of, uh, uh, pain medication, because very often what happens after, especially discharge, when you go home and you're being told this is how you clean, um, um, you know, the soak, the baths, not, not so much bath soaks, but six baths.

[00:33:23] We call them six baths. Um, um, some people prefer with, with Betadine. Some, some doctors prefer with just, uh, lukewarm water with a bit of salt. What prevents moms from cleaning properly is pain. So if the pain is not addressed properly, um, then the cleaning will be a problem. If cleaning is a problem, that means the risk of infection and that wound.

[00:33:47] Then breaking down and actually causing, you know, worse off consequences. We will often use absorbable sutures. So the advice would go along - Just make sure you clean after every time you've [00:34:00] gone, especially done the number two. This is because faecal matter has organisms that are likely to infect the front, and you just wanna make sure that it is clean all the time.

[00:34:10] If you're just, uh, um, urinating or peeing, it's probably not necessary to, to, to clean every single time or to sit bath every single time.

[00:34:19] **Vanessa Pickford:** Right. So to that,, what are the signs that the wound or the tear episiotomy may not be healing properly or possibly that it is infected?

[00:34:29] **Dr Mpume Zenda:** Pain that is not getting better. [00:34:31] Um, your, your pain should be getting better by the day. Um, secondly, it is when you start seeing an offensive discharge puss-like from particularly that area, sort of like a dusky. Um, like how puss looks, this dusky yellowish kind of discharge, that is definitely a sign. If it's

also just looking instead of that bright pink, but it's looking sort of like [00:35:00] that dusky pale, that's a good sign to go and, and, and check, um, with your, with your, with your doctor.

[00:35:06] **Vanessa Pickford:** All right, so we've looked quite extensively at the vaginal births. Let's change track now and go to the cesarean. And Dr Zenda, this is, unfortunately, going to have to be our last question for this section. Um, I, oh, you've got so much interesting information to share with us, but let's look at that Cesarean birth. Are there specific postpartum symptoms a mother can expect from this type of delivery? After all, she now has an abdominal incision to deal with.

[00:35:35] **Dr Mpume Zenda:** Yeah, and, and, uh, I hate to be the bearer of bad news. The incision is probably the least of your worries, especially if you've got a great, you know, gyne who suited you nicely, you know, below the bikini line. Things that moms, um, generally will struggle with.

[00:35:51] The big one is pain. Just realizing that this is actually a major surgery that has happened. The uterus is a thick [00:36:00] muscle. We cut through their uterus, and so that takes weeks. So things like every time she moves, you know, every time she sleeps on the one side with the movement of the, of the uterus, they can experience quite significant pain.

[00:36:13] The other one is, I spoke about, um, the [muffled voice]. We split the muscle when we open to get to the stomach of the baby. So they generally will also struggle with their core every time they kind of get up and, it almost feels like all your internal organs are gonna pop out as well. Um, so take it easy. Be mindful.

[00:36:35] Things that do help a lot with, um, um, especially your muscles and just making sure that you are supported is the post-op, um, or the, the post-delivery belly binding. Lots of moms ask about that generally for the purpose of trying to, how do I get my six-pack and my stomach to be small again, but actually.

[00:36:57] One of the things that it does well, [00:37:00] uh, especially the credible ones, are I know one that is specifically done by one of the physios. I work with her quite extensively, is that it supports the back, which is really great cause they will often suffer from pain either from the epidural as well. Um, but also there's still that laxity in between the joints giving that, um, sag, slight sag in the in, in the back so it supports the back, but also in front it kind of gives those muscles a hug.

[00:37:31] Together towards one another so that they can continue to work as a group instead of feeling like things are gonna fall out of their stomach. Um, so baby binding, I definitely personally supported as early as like day three, day four, post-delivery, whether it's a c-section or a normal vaginal delivery. Um, caring for

them, it actually also is quite useful for the wound as well, provided one, you make sure that you don't put the [00:38:00] actual belt on top of the wound itself.

[00:38:02] If you sweat, that is a risk of infection. And you may end up with a, a post-Caesar scar in fiction and obviously lead me to that other complication. Wounds are supposed to breathe. They're supposed to, um, have a lot of blood supply, blood flow through them and not sort of like covered for a long time.

[00:38:22] Literally by day 10, we'll remove the plaster and we let it breathe. Um, if there is any opening, any oozing, that is a red flag. See your healthcare provider ASAP so that they can attend to it so that it doesn't spread and become a bigger infection.

[00:38:41] **Vanessa Pickford:** Dr Zenda I, I feel like we could continue this conversation all day. It really has been, a treat to interview you. Thank you for all sharing your expertise with us and for your insightful advice. We've loved chatting with you about what happens to your body after birth, what's normal and what isn't. I'm sure that the great advice you've given about how to care for their bodies' [00:39:00] needs after birth has set many of our mother's fears to rest.

[00:39:04] We look forward to chatting with you again in episode four of our podcast, we will be focusing on the new mother's partner, thank you for your time and your expertise, doctor.

[00:39:14] **Dr Mpume Zenda:** Thank you so very much Vanessa and I wish every mom to feel seen and supported throughout their journey.

[00:39:23] **Vanessa Pickford:** Thank you also to all of you who joined me, Vanessa Pickford, by listening to this episode of the Health Wrap Podcast powered by MediClinic baby.

[00:39:31] **Vanessa Pickford:** If you haven't yet done so, subscribe to our podcast channel. Our next episode is one you won't want to miss as we'll be talking to Dr. Dalene Barnard about you and your mind after giving birth.