

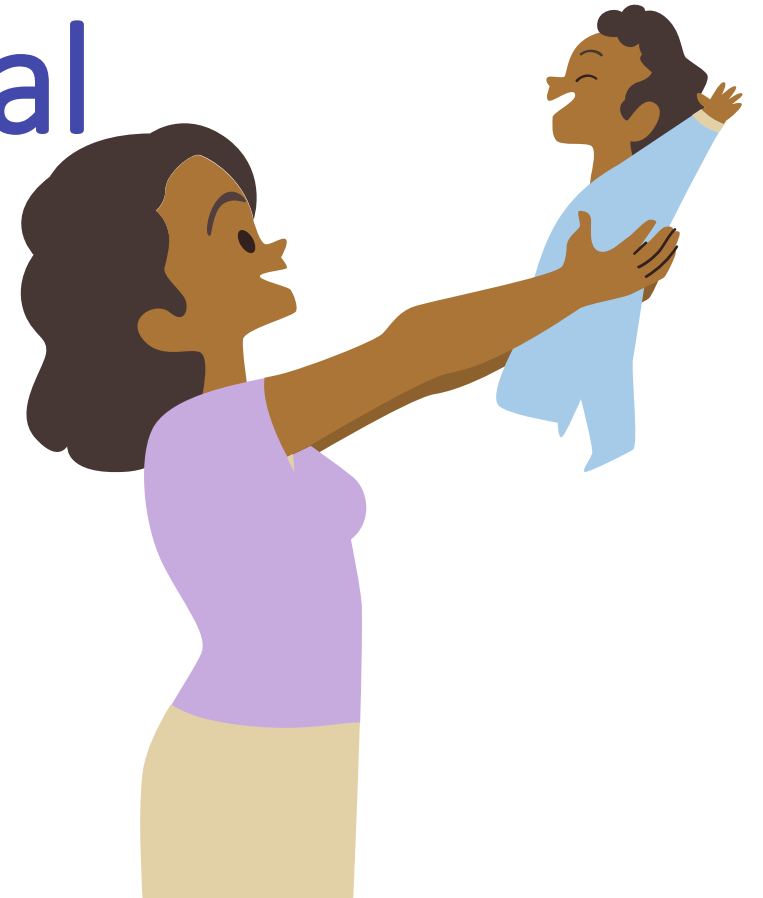


An tOspidéal Náisiúnta Máithreachais
The National Maternity Hospital

An Overview of Postnatal Supports

Sarah Mohamed
Antimicrobial Pharmacist

7th October 2026



What is Postnatal Care?

The postnatal period is the time immediately after the birth of the infant and the afterbirth.

- Time of recovery and adjustment.
- Postnatal care focuses on careful monitoring and supporting the physical, emotional and physiological wellbeing of both the mother and infant.



Postnatal Analgesia

Adequate pain management is essential postnatally so as to support physical recovery, maternal wellbeing and the ability to care for the infant.

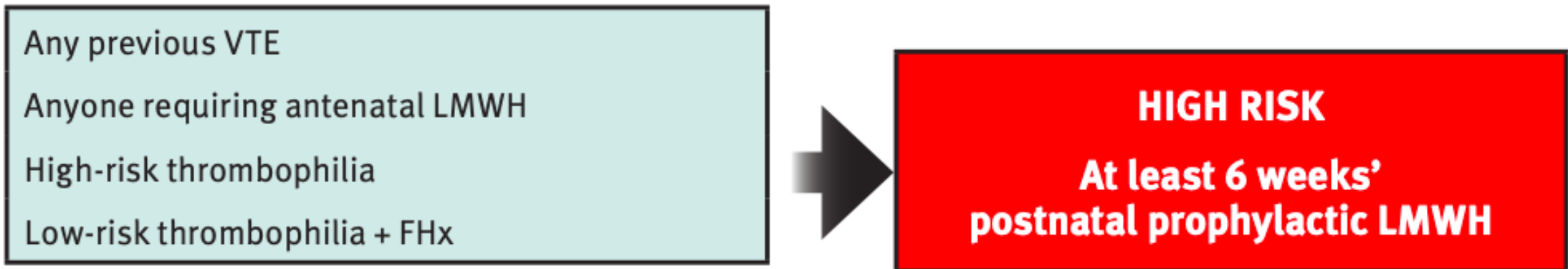
- Paracetamol
- NSAIDs- diclofenac, ibuprofen
- Oxycodone

Avoid tramadol and codeine while breastfeeding



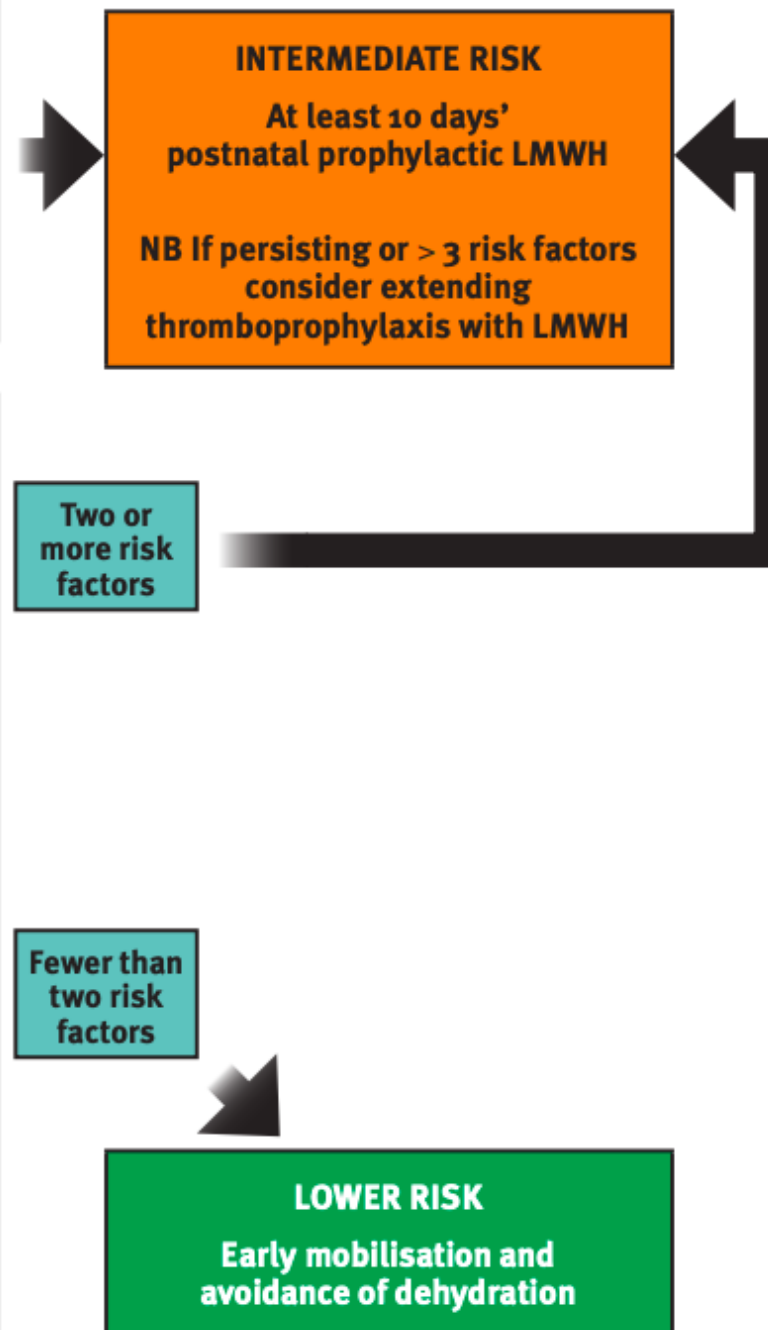
Venous Thromboembolism (VTE) Prophylaxis

The postnatal period is a time of increased VTE risk, making appropriate assessment and prophylaxis an important part of postnatal care.



Caesarean section in labour
BMI ≥ 40 kg/m²
Readmission or prolonged admission (≥ 3 days) in the puerperium
Any surgical procedure in the puerperium except immediate repair of the perineum
Medical comorbidities e.g. cancer, heart failure, active SLE, IBD or inflammatory polyarthropathy; nephrotic syndrome, type I DM with nephropathy, sickle cell disease, current IVDU

Age > 35 years
Obesity (BMI ≥ 30 kg/m²)
Parity ≥ 3
Smoker
Elective caesarean section
Family history of VTE
Low-risk thrombophilia
Gross varicose veins
Current systemic infection
Immobility, e.g. paraplegia, PGP, long-distance travel
Current pre-eclampsia
Multiple pregnancy
Preterm delivery in this pregnancy (< 37th weeks)
Stillbirth in this pregnancy
Mid-cavity rotational or operative delivery
Prolonged labour (> 24 hours)
PPH > 1 litre or blood transfusion



Contraindications/cautions to LMWH use

Known bleeding disorder (e.g. haemophilia, von Willebrand's disease or acquired coagulopathy)

Active antenatal or postpartum bleeding

Women considered at increased risk of major haemorrhage (e.g. placenta praevia)

Thrombocytopenia (platelet count $< 75 \times 10^9/l$)

Acute stroke in previous 4 weeks (haemorrhagic or ischaemic)

Severe renal disease (glomerular filtration rate [GFR] < 30 ml/minute/1.73m²)

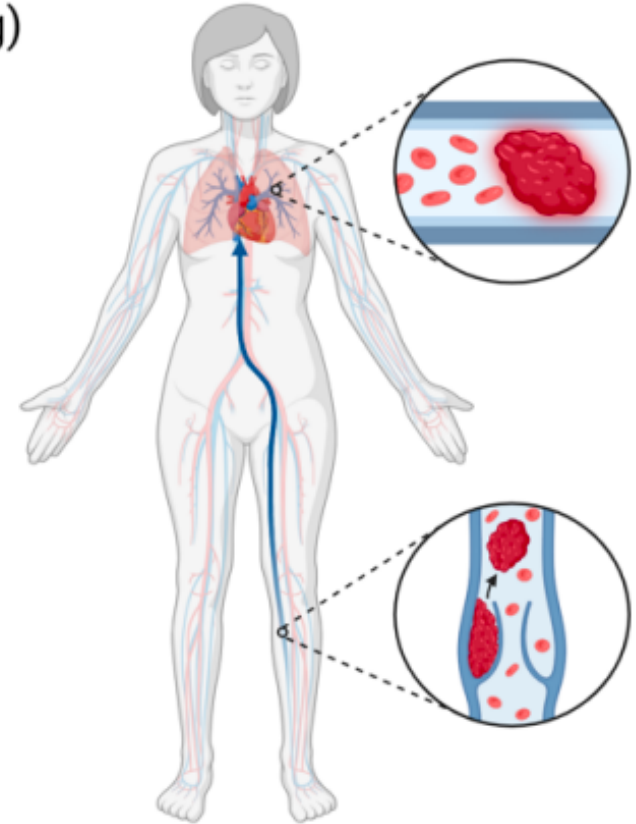
Severe liver disease (prothrombin time above normal range or known varices)

Uncontrolled hypertension (blood pressure > 200 mmHg systolic or > 120 mmHg diastolic)



Symptoms and signs of Deep Vein thrombosis (DVT) include (but are not limited to:)

- Calf swelling (or, more rarely, swelling of the entire leg)
- Pain
- Localised pain along the deep venous system
- Oedema
- Dilated superficial veins over the foot and leg
- Redness and warmth
- Coolness
- Blue discoloration (cyanosis).



BLOOD CLOT ALERT CARD

WHAT IS A BLOOD CLOT?

This is the formation of a clot inside a blood vessel, usually in the leg, which may break off and go to the lungs. This can be fatal.

60% of clots happen in **HOSPITAL** or in the **90 DAYS** following admission.



Blood clots can be very serious - but there are effective treatments to deal with them and help prevent them

SIGNS AND SYMPTOMS OF A BLOOD CLOT

- Swelling or pain in one leg or arm
- Warmth or redness in the leg or arm
- Short of breath or rapid breathing
- Chest pain (particularly when breathing deeply)
- Coughing or coughing up blood
- Severe Headache, that won't go away

If you have one or more of these, you may have a clot and need urgent treatment



BLOOD CLOT ALERT CARD

Am I at risk?

WHAT CAN I DO TO HELP MYSELF?

- Ask for your risk of blood clots to be assessed, especially if you are in one of the higher risk groups listed opposite
- Walk and move as much as possible
- Drink plenty of fluids
- If directed to use stockings or medication to prevent or treat a clot follow instructions exactly
- Remember, a blood clot in the veins is more likely up to 90 days after being in hospital
- If you have any signs or symptoms of a clot, take **immediate action** to seek medical help

You have a **HIGHER CHANCE** of getting a clot in **HOSPITAL** than on an **AEROPLANE!**



YOU MAY BE AT HIGHER RISK IF YOU:

- are admitted to hospital and for 90 days after you go home
- have active cancer or receiving cancer treatment
- are pregnant or have had a baby less than 6 weeks ago
- become immobile (more than 3 days in bed / travel non-stop more than 6 hours / in a leg cast)

RISK MAY INCREASE FURTHER IF:

- you or a close relative had a blood clot
- you had surgery in the last 90 days
- you have thrombophilia (tendency to clot)
- you are on the oral contraceptive pill or HRT
- you have heart, lung or inflammatory disease
- you are over 60 years of age or are overweight
- you have varicose veins that become red and sore



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BLOOD CLOTS

Am I at risk?



BLOOD CLOT ALERT CARD

WHAT IS A BLOOD CLOT?
This is the hardening of a clot inside a blood vessel, usually in the leg, which may become dislodged and travel through the blood. This can be life threatening.

60% OF PEOPLE WITH HEMORRHOIDAL DYSPLASIA HAVE BLOOD CLOTS

SIGNS AND SYMPTOMS OF A BLOOD CLOT

- Swelling or pain in one leg or arm
- Redness or tenderness in the leg or arm
- Bluish or reddish or rapid swelling
- Chest pain, difficulty breathing (can be deadly)
- Coughing up or vomiting up blood
- Sudden's Headache, But won't go away

If you have one or more of these, you may have a blood clot and need urgent treatment.

HE



Blood clot information
(English)

[illegible]

تولیدات و خدمات
(Arabic)



血液凝块信息
(Chinese)



Informacije o krvnom
ugrušku
(Croatian)



Oplysninger om
blodprop
(Danish)



[Informatie over bloedproppen \(Dutch\)](#)



Informations sur les caillots sanguins (French)



Information zu
Blutgerinnsel
(German)



αρχαῖος ἀλλογενεστέος γὰρ
ἀλλοτρίωνος
(Greek)



**Eolas faoi
théachtáin fola
(Irish)**



Informazioni sulla
coagulazione del
sangue
(Italian)



血栓について
(Japanese)



informacija apie
kraujo krešulius
(Lithuanian)



**Informacje na temat
zkrzepów krwi
(Polish)**



Informações sobre
coágulos sanguíneos
(Portuguese)



**Informații despre
cheagurile de sânge
(Romanian)**



Информация о
тромбах
(Russian)



información sobre los
coágulos sanguíneos
(Spanish)



[Information on blodpropp \(Swedish\)](#)



Інформація про
тромби
(Ukrainian)



(Urdu)



For further information:
www.hse.ie/eng/about/who/cspd/ncps/vte/resources/



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Prescription Details:

Rx: Diclofenac sodium tablet

50 mg oral every EIGHT hours as required for 5 day

PRN Reason: pain

Rx: Paracetamol tablet

1 g oral every SIX hours as required for 10 day

PRN Reason: pain

Rx: Tinzaparin injection

7,000 unit subcutaneous every TWENTY FOUR hours for 8 day





Administration of 7,000 IU innohep® (using a syringe containing 8,000 IU innohep®)

Your pack and syringe will be colour-coded orange



1. Wash your hands thoroughly with soap and water. Dry your hands well



2. Choose an appropriate site on your abdomen for an injection. The blue areas indicate where you would usually inject yourself. Clean the area of the skin, as you have been told to do by your doctor or nurse, and allow to dry before you inject yourself. Each time you inject yourself, choose the opposite side from the site of your previous injection

You must not inject yourself within 5 cm (2 inches) of your belly button. Also do not inject near any scars or bruises



3. Open container lid

4. Remove the safety syringe from the container



5. Bend the orange safety device down away from the cap on the needle.



Do not remove the protective needle cap before the orange safety device has been bent away

Please show this leaflet to your pharmacist when collecting your prescription. Please read the package leaflet in your **innohep®** pack and ask your doctor, pharmacist or nurse if you are unsure of anything.

Instructions continued overleaf



6. Remove the protective needle cap without bending the needle



7. For a dose of 7,000 IU you need to inject 0.35ml of the liquid contained in the syringe. Discard 0.05ml liquid until the level is at the 0.35ml mark.



8. Insert the needle in a skin fold at a 90° angle. The injection should be done in the subcutaneous layer (below the skin), into fatty tissue



9. Slowly inject the medication over 10-15 seconds



10. Press the plunger down completely. Remove the needle. Do not rub or massage the skin as this can lead to bruising



11. Use a hard surface and bend the orange safety device to its original position. Push downwards on the surface until the needle is locked in the orange safety device. Continue to push so that the needle/device is now at a 45° angle to the syringe.



NEVER USE YOUR FINGER to press the needle into the orange safety device



12. Place the used safety syringe into the container and press the lid down until it clicks and locks. All your used **innohep®** syringes can be temporarily stored in the plastic containers and must be disposed of by your healthcare professional



13. Or, place the used safety syringe into a sharps bin which must be disposed of by your healthcare professional. Never put syringes or needles in the household rubbish.

Keep **innohep®** syringes, used sharps and sharps container out of reach of children

It is important that you inject your dose using one syringe.

Give your injection once every day at the same time.

Sponsored by LEO Pharma.
Content developed by NMH.
IE/MAT-22105v3
October 2021



Postnatal Hypertension

Pre-eclampsia is a condition that is characterised by hypertension and excessive protein in the urine (**proteinuria**). It can occur anytime after 20 weeks of pregnancy up to 6 weeks postpartum.

- Blood pressure typically peaks 3 to 6 days after labour, due to fluid shifts and hormonal changes in the body. And may take up to 3 months to return to normal.
- Blood pressure to be continuously monitored by GP.



Postnatal Hypertension

Red Flag Symptoms:

- BP $\geq$ 160/110 mmHg
- Severe/persistent headache
- Visual disturbances (e.g. blurred vision, seeing spots)
- Nausea and vomiting
- Shortness of breath
- Epigastric pain

Antihypertensive Treatment:

- Enalapril
- Consider addition of nifedipine or amlodipine
- Consider addition of atenolol or labetalol to the combination
- Avoid use of diuretics or angiotensin receptor blockers in breastfeeding women



Mental Health

Baby Blues: Hormonal reaction that occurs shortly after birth, usually around day 3 postpartum and last up to 2 weeks. Affects approximately 80% of new mothers.

Postnatal Depression: Persistent feelings of depression may develop at any point in the first year after giving birth. Affects 10 to 15% of women.

Postnatal Psychosis: Rare but severe form of mental illness, affects 1 in 500 women in postpartum period. Symptoms begin suddenly, usually within the first 2 to 3 days of childbirth. Risk factors include previous history, bipolar disorder, close relative with bipolar.



Perinatal mental health symptom checker

Signs you might need support for your
mental health during or after pregnancy

Speak to your GP, midwife, or health visitor as soon as possible
if you're experiencing any of the following:



Sudden, big, or
constant changes in your
mood or emotions



Thoughts or images
about harming yourself
or harm to your baby,
especially if they are
intense or violent



Feeling overwhelmed by guilt,
shame or hopelessness



Struggling to bond with
your baby or feeling
detached from them



Finding it
impossible to sleep
or relax, even when
your baby is sleeping



Thinking that you're not
a good parent or your
baby is better
off without you



Seeing, hearing, or believing
things that others don't



Frequent worry
or fear about
food or your
body image

Remember: You know what's normal
for you. If you don't feel right,
speak to someone without delay.
Don't dismiss it as "baby blues".



At least 1 in 5 will experience
mental health problems around
pregnancy. You are not alone.
Don't be afraid to ask for help.

If you feel distressed or suicidal, visit your nearest A&E now



To read more about perinatal mental
health scan this QR code or visit
maternalmentalhealthalliance.org



Maternal Mental
Health Alliance

Disclaimer: This poster is not a diagnostic tool. If you are concerned about your mental health, or someone else's, please seek advice and support from a qualified medical professional.
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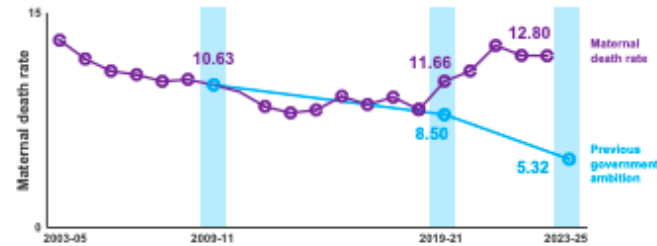
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Key messages

from the surveillance report 2026



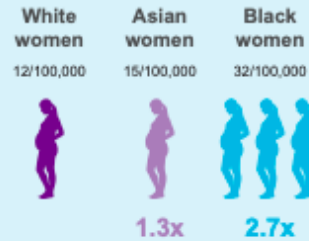
In 2022-24, **252 women died** during pregnancy or up to six weeks after pregnancy in the UK, a maternal death rate of **12.80 women per 100,000** women giving birth



This rate is 20% higher than the maternal death rate in 2009-11, when the previous government set an **ambition to halve the number of maternal deaths** in England by 2025

Inequalities in maternal mortality

Ethnic group



Deprivation



Leading causes of maternal deaths

- 1** Blood clots (42 women)
- 2** Heart disease (39 women)
- 3** Mental health conditions (35 women)
- 4** Epilepsy and stroke (30 women)
- 5** Infection (excl. COVID-19)* (26 women)
- 6** Other physical conditions* (26 women)

*Responsible for the same number of maternal deaths in 2022-24



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Mental Health Support Groups

- Cuidiú
- Parentline helpline
- Post Natal Depression Ireland
- Aware
- Samaritans



Caesarean Wound Healing

Caring for your wound - **DO**

- ✓ Do wear **loose clothing** and **big cotton underwear** making sure the waistline is above your wound.
- ✓ Do take **showers** rather than baths (1-2 per day). Allow the water to run over your wound – do not scrub or massage the wound. You may take short baths if you prefer, once your wound has started to heal, usually after 2 weeks. If your tummy is hanging over your wound site, make sure to lift up your tummy and clean under the overhang using a mild fragrance free soap. Pat dry thoroughly with a clean towel.
- ✓ Do avoid using perfumed or coloured products on the wound area.
- ✓ Do **gently pat the wound dry** after showering, using a clean towel that is separate from the one you use to dry the rest of your body.
- ✓ Do try to find time at various points throughout the day to **lie down**, loosen your clothing and allow air at the wound. If your tummy covers the wound and if you are able to, try to lift your tummy up to allow air to the wound area.
- ✓ Do place a pillow across your chest and wound whilst you cough to avoid placing pressure on the wound.
- ✓ Do use positions such as side-lying or football hold if breastfeeding to avoid putting pressure on the wound.
- ✓ Do **observe the wound** daily either by using a mirror or asking your partner to look.
- ✓ Do **report signs** and symptoms of infection or haematoma (bruising) – see page 5 for more information

Caring for your wound - **DO NOT**

- ✗ Do not apply **antiseptic creams** or lotions to your wound.
- ✗ Do not **touch** your wound unnecessarily and make sure your hands are washed correctly if you have to touch it.
- ✗ Do not **place a dressing** on your wound, unless advised by your Nurse, Midwife or Doctor.
- ✗ Do not **drive** following your caesarean section for 6 weeks or advised by your GP/Dr. (Check your cover with your insurance company)
- ✗ Do not **lift** anything heavier than your baby (including any older children) for 6 weeks
- ✗ Do not **perform household tasks** that involve a lot of activity, stretching and bending e.g. hoovering, lifting a heavy basket of washing for a few weeks. Slowly increase how much you do.



Postnatal Infections: Endometritis

Infection of the lining of the uterus (endometrium) following childbirth.

Risk factors:

- Caesarean section
- Prolonged labour
- Prolonged rupture of membranes
- Diabetes
- Retained placental tissue

Symptoms:

- Pyrexia
- Lower abdominal pain
- Uterine tenderness
- Foul smelling vaginal discharge



Endometritis Treatment

First line:

Co-amoxiclav 625mg TDS PO x 5-7 days

Mild penicillin allergy:

Cefuroxime 500mg BD PO x 5-7 days

plus

Metronidazole 400mg TDS PO x 5-7 days

Severe allergy to penicillin:

Co-trimoxazole 960mg BD PO x 5-7 days

plus

Metronidazole 400mg TDS PO x 5-7 days



Postnatal Infections:

Perineal/Episiotomy Infection

Episiotomy is an incision made in the area between the vagina and anus (perineum) during childbirth. It widens the vagina, allowing the baby to be delivered more easily.

Symptoms:

- Painful stitches
- Red swollen skin
- Persistent pain
- Foul smelling discharge
- Pyrexia

Management:

- Ensure good hygiene practices: Wash with plain water, avoid tea tree or other creams on infected perineum
- Avoid constipation
- Treatment with antibiotics x 5-7 days



Postnatal Infections: Mastitis

Mastitis is inflammation of one or both breasts, mainly affecting those who breastfeed within the first 3 months of giving birth. But can also affect those who are not breastfeeding.

Symptoms include:

- Hard and painful lump on the breast
- Erythema and swollen breast tissue
- Nipple discharge, which may be white or blood-stained
- Fever



Engorgement

The breasts become swollen with too much milk, which can make them feel hard and painful. Increased blood flow to the breast can cause a slight increase in temperature.

Causes:

- Difficulty latching
- Delay in feeding
- Adding in formula top-ups
- Tight clothing or underwired bras



Mastitis Management

- Refer to PHN, midwife, lactation consultant, and/or GP.
- Cold packs applied to breast to relieve pain and reduce swelling or gentle heat to encourage milk flow.
- Gentle massaging of the breasts.
- Avoid tight, restrictive clothes and wired, padded bras.
- Continue breastfeeding- do not stop breastfeeding suddenly.
- Analgesics: paracetamol, ibuprofen.
- Infective mastitis: Treat with antibiotics x 7-10 days



Medication Use in Breastfeeding

- LactMed
- Medicines Complete: Drugs in Pregnancy and Lactation
- Reprotox (subscription required)
- e-lactancia
- UptoDate
- PubMed
- Specialist Pharmacy Service (SPS)
- Drugs in Pregnancy & Lactation by Briggs, Freeman, Towers & Forinash
- Hale's Medications & Mothers' Milk by Thomas W. Hale
- SPC's



Breastfeeding Management

NMH website

Breastfeeding support phone 01 6373251 (email breastfeedingsupport@nmh.ie)

Antenatal Breastfeeding Class: Preparing to Breastfeed – monthly in-person and online classes (email classes@nmh.ie)

Breastfeeding Difficulties and Support Clinic – twice weekly by appointment only (email sdoyle@nmh.ie)

breastfeeding.ie

HSE website provides live online chat features to lactation consultants, Monday to Friday. As well as email if live chat is unavailable with a response within 24 hours.

Also lists all the breastfeeding support groups available in each locality.

healthpromotion.ie

HSE breastfeeding booklets



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The Poppy Clinic

Postnatal Maternal Morbidity Clinic

Specialist clinic unique to NMH and led by Advanced Midwife Practitioner (AMP) and Consultant Obstetrician.

Outpatient follow up service for mothers who suffered medical, surgical or obstetrical problem as a result of their pregnancy or delivery, resulting in a postnatal morbidity.

Patients include:

- Caesarean section wound infections
- Postpartum haemorrhage >1.5L
- Anaemia (haemoglobin below 8 g/dL)
- Perineal tears
- Severe pre-eclampsia
- ICU admission after delivery



Postnatal Hubs

Aim is to provide accessible, multidisciplinary care to women, infants and families in community-based locations.

Designed to support women throughout the 'fourth trimester', providing care from hospital discharge until approximately 6 weeks postpartum.

Common issues managed within these hubs include:

- Breastfeeding support
- Infant weight checks
- Wound review & care
- Mental health support
- Birth reflections & discussions
- Access to physiotherapist linked with the service

In addition to clinical care, the hubs offer free baby massage courses and social coffee mornings





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Postnatal Hubs

Here to support you!

We provide a welcoming, supportive, and friendly environment where you can receive professional care for non-urgent issues, share experiences, and feel supported during the postnatal period.

Contact & Support
Mon to Fri 9.30am - 3.30pm
01 637 3145
postnatalhub@nmh.ie

DAILY HUB LOCATIONS

Monday	Shankill Primary Care Centre (D18 DW08)
Tuesday	Ballyboden Primary Care Centre (D16 W3P8)
Wednesday	Arklow Primary Care Centre (Y14 AE10)
Thursday	Ballyboden Primary Care Centre (D16 W3P8)
Friday	Wicklow Primary Care Centre (A67 K5C7)

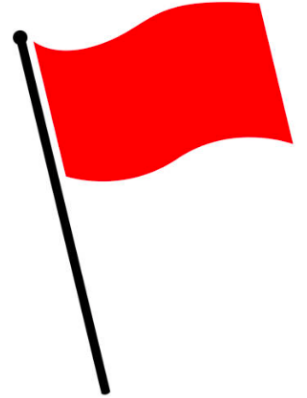
SERVICES AND TIMES

Morning Drop in Clinics	9.30am-12.00pm
Afternoon Scheduled Appointments	2.00pm-3.30pm



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Red Flag Postnatal Symptoms



- Signs of sepsis
- Sudden & heavy blood loss
- Severe or persistent postpartum headache
- Leg pain or swelling
- Shortness of breath and/or chest pain
- High fever, especially after caesarean section
- Dramatic change in emotional and mental health



Thank You!

Contact Details:

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References

- National Women and Infants Health Programme (NWHIP)
- WHO recommendation on maternal and newborn care for a positive postnatal experience
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- Hypertension in pregnancy: Diagnosis and Management, NICE Guideline, Updated 2023.
- MBRRACE-UK Mothers and Babies: Reducing Risk Through Audits and Confidential Enquiries across the UK
- NHS Best Start in Life website <https://www.nhs.uk/best-start-in-life/>
- Maternal Mental Health Alliance

