

## Unit Two

# POSTPARTUM ASSESSMENT AND CARE

### ***Purpose***

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This unit has three purposes -- to review:

1. general recommendations for a new mother to care for herself during the first weeks after delivery;
2. how to assess the health of a new mother during a home visit; and
3. warning signs of postpartum health problems women sometimes have that require medical care by a nurse, midwife or doctor.

### ***Learning objectives***

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After studying this unit, you will be able to:

1. Describe three normal changes that occur in a woman's body after delivery.
2. Identify problems common to first-time mothers and their babies.
3. List general recommendations about work, exercise, sexual relations and personal hygiene after delivery.
4. Describe the primary steps to assess the health of a new mother during a home visit in the first days and weeks after delivery.
5. List warning signs of serious postpartum problems that must be referred to a clinic or hospital.
6. Apply knowledge by stating possible causes and how you would diagnose and treat women with postpartum problems presented in a series of case stories.

## **Pretest**

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Answer the following questions. Select the correct answer or answers. You may circle more than one answer for each question. Check your answers with the correct answers listed in Appendix B. After completing this unit, you will answer these questions again.

1. What normal changes occur in a woman's body after delivery?
  - A) gains weight
  - B) the uterus gets smaller and firmer
  - C) hormones present during pregnancy decrease and it is possible to become pregnant again
  - D) extra fat and water stored in the body are used to make breastmilk
  - E) vaginal discharge changes color
  
2. During the home visit in the first weeks after delivery, the TBA should:
  - A) check the new mother's temperature and pulse
  - B) ask about her vaginal discharge (the amount and color)
  - C) ask about how much and what the new mother is drinking and eating
  - D) ask whether the new mother has any questions or concerns
  - E) ask whether she is having any problems breastfeeding or caring for her newborn
  
3. The following physical problems are more common among first-time mothers during the postpartum period than mothers who have already had at least one baby:
  - A) pelvic infections
  - B) fistulas (an opening between the vagina and bladder or rectum)
  - C) uterine prolapse
  - D) vaginal bleeding
  - E) difficulty coping with the stress of being a mother
  
4. Two weeks after delivery, women can return to:
  - A) heavy labor
  - B) light labor
  - C) sexual relations
  - D) moderate exercise
  - E) whatever other activities she is comfortable doing
  
5. Which of the following postpartum warning signs should a TBA refer to a nurse, midwife or doctor?
  - A) vaginal bleeding which lasts longer than two weeks
  - B) fever of more than 38° C
  - C) urine or stool leaking through the vagina
  - D) a swollen, tender breast
  - E) severe sadness

## Self-study content

### Normal changes that occur in a woman's body after delivery

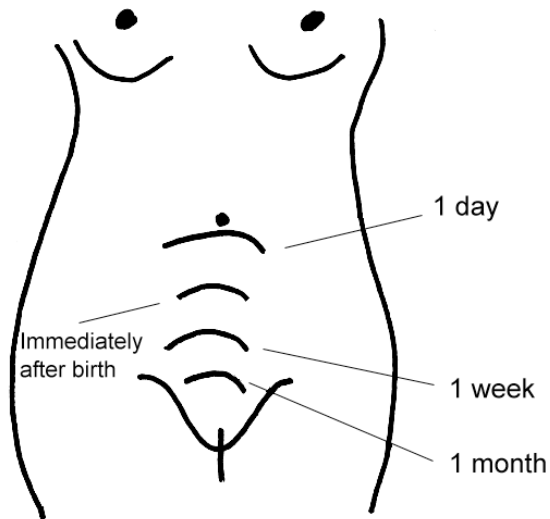


Figure 5: The uterus gradually gets smaller.

Illustration adapted from: Klein S, p. 227.

woman has had many babies, or very difficult labors, her uterus will not contract well and weakened pelvic floor muscles allow the uterus to prolapse or come partially outside the vulva. If this is severe, the woman may need to use a pessary or have surgery.

- 2. The extra fat and water stored in the body during pregnancy are used to produce breastmilk.** Breastfeeding women, therefore, lose more weight easily during the first month or two after delivery than women who do not breastfeed. It is important for women to eat good food and drink plenty of water while they are breastfeeding to keep up with their bodies' needs. (See Unit 3.)
- 3. The hormone that is present during pregnancy gradually decreases. After delivery, the normal hormones return. The ovary will again release an egg and menses will start again. At this time, it is possible for a woman to become pregnant again.** However, if a woman is breastfeeding regularly every few hours and not supplementing the baby's diet with any other food or liquid, the hormones return more slowly. In this case, the woman's chance of getting pregnant again before six months after delivery is very small.

If a woman is **not** breastfeeding her baby regularly, or **not** breastfeeding at all, the hormones return much faster. This change in hormone levels happens anytime from a few weeks to a few months after delivery. In this case, a woman may get pregnant as soon as she starts to have sexual intercourse again, **even before her menses return.** It is important for women to start thinking about family planning early. (See Unit 6.)

- 1. The uterus**, or womb, gradually gets smaller and firmer. Immediately after the delivery, **the lochia** (vaginal discharge) is bright red because it contains mostly blood. Over the next two weeks, the discharge changes color, gets lighter and then stops.

**The cervix** (or opening of the uterus) closes. **The perineal tissues** that were stretched, torn or cut to allow for delivery return to their normal size.

All of these changes happen naturally by 3 to 4 weeks after delivery.

Breastfeeding causes these changes to occur more quickly. Sometimes if a

## First-time mothers and their babies



Figure 6: Sometimes the pelvic opening of a young mother is not large enough for her baby.

Illustration source: Klein S, p. 238.

### Why first-time mothers are physically at risk

Many first-time mothers are young. Their bodies may still be growing. They need to eat enough food for both the needs of their own body to continue to grow and the needs of a growing baby or breastfeeding baby. Young, pregnant women need to eat plenty of good food and take iron/folate tablets while they are pregnant and for at least three months after they have had a baby.

First-time mothers often have long and difficult labors. Long labors are common when the pelvic opening is not large enough for the baby. Pelvic bones in young mothers may still be growing. Problems that result from long labors include: pelvic infections, very heavy vaginal bleeding and fistulas. Fistulas are caused when the baby's head presses against the pelvic tissues inside the mother during long, hard labors, and an opening between the bladder and vagina is formed. Many women die or have long-term health difficulties as a result of these problems. Sometimes pelvic infections and fistulas do not develop until days or weeks after delivery. It is essential to check first-time mothers for these problems frequently during the postpartum period and to refer them to a nurse, midwife or doctor, if necessary.

### Why first-time mothers are emotionally at risk

Many first-time mothers do not have experience in caring for babies. They may have cared for their younger siblings, but full responsibility for a newborn is more difficult. It is easy to get frustrated with babies who cry often or who do not breastfeed well. It is also very difficult to adjust to the new baby's sleeping and feeding schedule. Having a first baby can put stress on the relationship between the new mother and her partner. It is important to reassure a first-time mother, to tell her that these feelings are normal and to educate her about what to expect and ways to take care of herself and her baby. (See page 23 and Unit 7.)

Being a first-time mother is especially challenging for young women who do not have a supportive partner. When women have babies that are not planned or wanted, it is difficult for everyone. The mothers are often shunned and the babies are neglected. Every mother and every baby are important.

### Why babies of first-time mothers are at risk

If first-time mothers are young and/or do not eat enough good food while they are pregnant, they often have very small babies. Small babies sometimes have difficulty breathing on their own, staying warm and breastfeeding well. Newborn babies also get infections easily in the first three months. Newborns need lots of care. First-time mothers often do not know how to take care of their babies. Young first-time mothers

may have many responsibilities, including work, school and the care of other siblings as well. As a result, they may give their newborns to others to care for, or leave them alone. These newborns are at risk for neglect, illness and injuries.

### TRAINING TIP

Remind the TBAs you train about the problems first-time mothers and their babies can have. Encourage them to spend extra time with first-time mothers.

## Recommendations for returning to everyday life

Pregnancy and childbirth are normal processes. Most new mothers are able to recover from having a baby without significant problems. The following recommendations will help new mothers return more quickly to everyday life.

### 1. Eat good food and get plenty of rest.

New mothers need to rest, but do not need to stay in bed most of the time. In fact, new mothers should be encouraged to walk to prevent clots from forming in the veins of their legs and help the uterus return to its normal size. All women, and particularly new mothers, should eat foods high in iron and folate (like green vegetables) to prevent anemia. Anemia is common in many women and is made worse because of the blood lost during delivery.

### 2. Exercise moderately.

Exercise helps the stretched abdominal and pelvic muscles go back to normal. A few minutes of exercise every day is very helpful. Walking short distances and doing light housework is fine after delivery. Moderate exercise can help new mothers feel better more quickly.

### 3. Return to work gradually.

After two weeks, new mothers can gradually return to work. At first, women should only work a few hours a day and should rest frequently. If a woman returns quickly to hard work or walks long distances, her uterus will not get small and firm as quickly. Prolonged bleeding and pelvic infections could result. It is important that other family members or friends do any heavy work for the new mother during this time.



Figure 7: Family members can help the new mother by doing heavy work around the house.  
Illustration source: Arkutu A, p. 120.

### 4. Wait at least two weeks to one month before having sexual intercourse.

Women should be advised not to have sexual intercourse at all for at least two weeks to one month after delivery. It is important for women not to have intercourse because the cervix is still open during this time, and it is easy for bacteria to get inside the uterus and cause infections. The perineal tissues also need time to heal. The lochia, or bleeding, should stop.

Women and their partners should discuss when to start having sexual intercourse again. Also, to avoid an unplanned pregnancy, women and their partners should decide what method of family planning they will use when they start to have sexual intercourse again. (See Unit 5.)



Figure 8: New mother washing her breasts.

Illustration source: Gordon G, p. 110.

### 5. Stay clean.

New mothers should wash their breasts well everyday with clean water and soap, but should not use soap on their nipples. The nipples produce a protective substance that prevents drying and cracking. Soap removes this protective substance.

New mothers should also wash their genitals with clean water and soap. Make sure they understand to wash from front to back. They should avoid sitting in a bathtub for the first week after delivery. This will help prevent infection. Women should use clean cloths to catch the blood from the vagina and should wash these cloths everyday. After urination, clean water can be poured over the genitals to keep clean.

Women who have undergone female genital mutilation (female circumcision) usually have tearing or a large episiotomy (cut at the outside entrance of the vagina) to allow for delivery. They will need to keep this area very clean to prevent infection. Women who had a cesarean section will also need to carefully clean the areas around the incisions made during delivery. They will need to watch for signs of infection including redness, swelling and discharge.

#### TRAINING TIP

##### **Traditional postpartum practices**

There are many traditional practices about bathing, resting, sexual relations, and diet after delivery. Traditions vary from place to place. Ask the TBAs what traditions are common in their communities. Discuss with the TBAs which traditions are helpful, which are harmful, and which are harmless. Are there ways to incorporate the above recommendations for bathing, eating well, and rest into traditional practices? Discuss this with the TBAs you train.

## A typical postpartum home visit

This section discusses steps that can be followed by TBAs in home visits to assess new mothers in the first few weeks after delivery. It is recommended that TBAs make at least two home visits to new mothers during the first 14 days postpartum. These two visits are important regardless of whether the mother's delivery was normal or complicated. Because care of the mother immediately after delivery is described in other books (see the reference list), we will not discuss it here. If the TBA has already performed all of the steps during the first home visit, she may not need to repeat some of them in follow-up visits.

### **1. Visit with, observe and ask questions about how the new mother is doing.**

Before checking a new mother and her newborn, the TBA should spend the first few minutes visiting. If the mother is breastfeeding, the TBA can visit with her until she finishes.

The TBA can use the time to:

- ask whether the new mother has any problems or questions about breastfeeding or caring for her newborn;
- ask whether there are other people in the house or close by to help her with work;
- observe what kind of home and resources the family has: is there clean water and food, a place to wash, warm clothes for the baby and clean clothes for the mother?
- observe the general mood of the new mother and how the mother interacts with the baby.

Before the examination, the TBA can ask the new mother:

- How she is feeling? Whether she is depressed? (See Unit 4.);
- Whether she is having any difficulties with her health? (tender breasts? tender abdomen? painful urinating? difficulty passing stool?);
- (If the TBA did not attend the birth) How was her labor and delivery? Did she have any complications?
- Is her lochia decreasing in amount and lighter in color? Is there any bad smell?
- Does she have any of the nine warning signs of serious postpartum problems? (See page 27.);
- What is she eating and drinking? How much? (For recommendations, see Unit 3.);
- Does she have problems with or concerns about breastfeeding? (See Unit 3.);
- Does she need information about family planning? (See Unit 5.);
- Does the new mother have any other questions?

## 2. Examine the new mother.

- Wash hands with soap and water.
- Check her temperature and pulse.
- Look at her nipples and breasts. Are her nipples red or cracked? Are there any tender lumps or redness on her breasts?
- Feel her abdomen. Is the uterus returning to its normal size as it should? (See the diagram on page 21.)
- Look at her perineal area. Is it clean and free of swelling and odor? If she has a tear, is it healing? If she had a cesarean section, check the scar for signs of infection.
- After examining her, wash your hands again.



Figure 9: TBA washing her hands.

Illustration source: Projet Santé Familiale et Population (PSFP), p. 9.



Figure 10: TBA examining new mother.

Illustration source: National Health Training Center, Nepal Ministry of Health, p. 13.

## 3. Advise and support the new mother.

- Decide what counseling and support to give the new mother based on what you learned from the visit.
- Explain the changes in her body now and over the next few weeks.
- Discuss how she can best care for her new baby. (See Unit 8.)
- Discuss breastfeeding. (See Unit 3.)
- Review recommendations about returning to everyday life. (See page 23.).



## **WARNING SIGNS of serious postpartum problems**

**If a woman has ANY of the following nine warning signs, she should be referred to a nurse, midwife or doctor for medical care as soon as possible:**

1. A fast, weak pulse, sweating, pale or cool skin and confusion may be signs of shock. Shock is caused by severe bleeding or infection. **Women with signs of shock need to be taken on a stretcher to a nurse, midwife or doctor immediately.**
2. Prolonged (longer than two weeks) and/or heavy vaginal bleeding may be a sign that the uterus is not getting smaller because there may still be placental tissue inside the uterus.
3. Extreme fatigue, pale conjunctiva, pale lips and pale fingernails may be signs of anemia.
4. Swelling and tenderness in one leg may be a sign of a blood clot in a vein. Swelling in both legs without tenderness may be a sign of heart failure or kidney failure. If a new mother develops these symptoms, she should be carried and not allowed to walk to a nurse, midwife or doctor.
5. High fever, severe abdominal pain and foul smelling vaginal discharge may be signs of a pelvic infection.
6. Pain or bleeding with urination and severe back pain may be signs of a bladder infection. Blood in the urine may be difficult to see in pit latrines, but most women will notice this when they clean their genitals.
7. Inability to control the flow of urine or leaking urine or stool through the vagina may be signs of a fistula.
8. High fever, swelling, tenderness and/or red streaks in one or both breasts may be signs of an abscess or infection in the breast.
9. Difficulty eating and sleeping, severe sadness, and difficulty caring for the baby may be signs of postpartum depression. (See Unit 4.)

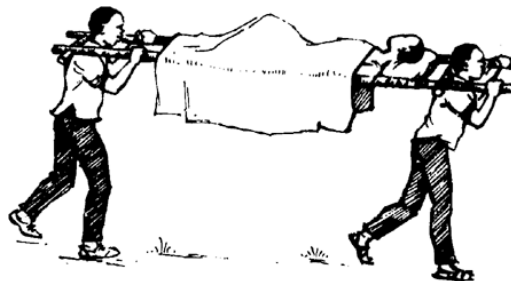


Figure 11: Transporting a new mother with serious postpartum problems to a health center.

Illustration source: Werner D, title page.

## Case stories

Stories are a very useful learning tool for applying new knowledge. Read the following five case stories. Answer the questions after each story and then compare your answers with those given below the questions.

### TRAINING TIP

Case stories are also a very useful training tool. You may choose to use or adapt these when you train TBAs. Ways to use these include:

- Read them aloud to your trainee(s), ask them the questions that follow and then discuss the answers together; or
- Develop stories about postpartum problems which are more common in your community. After each story, ask the following questions:
  1. What is the problem?
  2. What may have caused the problem?
  3. How could this problem be prevented?
  4. If you encountered this problem, what would you do?
- Ask your trainees to share case stories of women with postpartum problems they have cared for or heard about.

### Quinta's story

Quinta delivered her first baby two weeks ago and had no problems at delivery. Her mother-in-law told her to stay in bed until the vaginal bleeding stopped. Quinta stayed in bed, and her husband brought her food and water. Now Quinta is worried because one of her legs is swollen, hot and tender.

### Questions

1. What do you think is Quinta's problem?
2. What may have caused this problem?
3. How could this problem have been prevented?
4. If you were caring for Quinta, what would you do?

### Answers

1. A swollen leg and tenderness are warning signs that Quinta may have a blood clot in her leg.
2. The traditional practice in this community, staying in bed until vaginal bleeding stops, may have caused this problem.
3. To prevent this, new mothers should be encouraged to get out of bed and walk around as soon as possible.
4. Explain that these are warning signs of a serious postpartum problem. A warm, wet cloth should be wrapped around the leg. It should be elevated above the hips and she should be transported to a clinic or hospital for further care as soon as possible. She may need to know where to find the closest clinic and the best way to get there. Quinta should be carried and not walk.

**Maya's story**

Maya delivered her first baby two weeks ago. Her mother helped her deliver the baby. It took a long time for the placenta to be delivered, and her mother pulled on the cord to make it come out. Maya has felt fine but continued to have heavy and constant bleeding. Two weeks after delivery when the TBA visits, she finds that Maya is still having heavy bleeding one week after delivery.

**Questions**

1. What do you think is Maya's problem?
2. What may have caused this problem?
3. What could have been done to prevent this problem?
4. If you were caring for Maya, what would you tell her?

**Answers**

1. Constant and heavy bleeding after delivery are warning signs that Maya may still have pieces of placenta or tissue in her uterus.
2. This probably happened because all of the placenta did not come out after delivery. Pulling on the cord often causes the placenta to separate in pieces, and then placental tissue remains in the uterus.
3. It is very important to make sure that all of the placenta has come out after delivery. Immediate breastfeeding and external massage of the uterus will slow bleeding and help the uterus contract. Pulling on the cord to remove the placenta or reaching inside the woman's vagina to pull out the placenta is dangerous. If the placenta does not come out naturally within one hour after delivery of the baby, the woman should go to a nurse or doctor.
4. Explain that constant and heavy bleeding are warning signs of a serious postpartum problem and that she should go to be examined by a doctor or nurse as soon as possible. Make sure that Maya is not suffering from shock, which happens with severe bleeding.

**Sita's story**

Sita delivered her fifth baby one month ago. She had heavy bleeding for two days after the baby was born. One week after delivery, Sita had to start work in the fields harvesting rice. Sita worked long hours and did not have a chance to rest or to eat well. Sita continued to have heavy vaginal bleeding for one month. Now she feels weak and tired. When the TBA visits, she notices that Sita's conjunctiva and finger nails are very pale.

**Questions**

1. What do you think is Sita's problem?
2. What may have caused this problem?
3. How could this problem have been prevented?
4. If you were caring for Sita, what would you do?

### Answers

1. Heavy vaginal bleeding that lasts more than 2 weeks is a warning sign of a serious postpartum problem. It may be a sign that her uterus is not getting smaller. Feeling tired and weak may be signs of anemia.
2. Beginning hard work too soon after delivery and not getting good food and rest can lead to or worsen either anemia or heavy vaginal bleeding. Anemia, poor nutrition or fatigue make it difficult to fight off infection.
3. To prevent these problems, new mothers should be encouraged to eat well, rest and return to work gradually. To do this, they need the support of their families. New mothers should be instructed to visit a clinic if they have heavy bleeding from the vagina for more than two weeks.
4. Explain that prolonged bleeding and tiredness are both warning signs which need to be examined by a nurse, midwife or doctor. She should visit a clinic as soon as possible in order to avoid even more serious problems.

### Regina's story

Regina delivered her second baby two weeks ago. One week after delivery, her husband asked her to have sexual relations and they did. It was painful and Regina bled for two days afterwards. When the TBA visits, Regina has a high fever, foul smelling vaginal discharge and abdominal pain.

### Questions

1. What do you think is Regina's problem?
2. What may have caused this problem?
3. How could this problem have been prevented?
4. If you were caring for Regina, what would you do?

### Answers

1. A high fever, vaginal discharge and abdominal pain are warning signs of a serious postpartum problem. Regina may have a pelvic infection.
2. The incorrect belief that sexual relations can resume very soon after childbirth is the problem. Bacteria entered Regina's uterus when she had sexual relations with her husband and may be the cause of a pelvic infection.
3. To prevent this, new mothers and their partners should be told that it is best not to have sexual intercourse for at least two to four weeks after delivery because the cervix is open and bacteria can get inside causing infection.
4. Explain that these symptoms may be warning signs of a pelvic infection. This is a serious postpartum problem and should be examined by a nurse, midwife or doctor as soon as possible.

### **Teba's story**

Teba delivered her second baby one month ago. There were no problems with the delivery. She wanted to breastfeed her baby and began right away. One morning, a week after delivery, she woke up with a swollen and tender breast and a high fever. When the TBA visited, she examined Teba and found a tender lump in her breast and a temperature of 38° C.

### **Questions**

1. What do you think is Teba's problem?
2. What may have caused this problem?
3. What could have been done to prevent this problem?
4. If you were caring for Teba, what would you tell her?

### **Answers**

1. A swollen breast or a tender lump in a breast and high fever are warning signs of a serious postpartum problem. They may be signs of an infection, such as an abscess or mastitis.
2. Infection inside the breast can occur if the mother has sore, cracked nipples; full, engorged breasts; wears a very tight bra; or is overtired or in poor health.
3. Preventing the above situations will help prevent breast infection. (See Unit 3.)
4. Explain that these are serious signs and that Teba should go be examined by a doctor, nurse or midwife as soon as possible.

### **Summary**

This unit was about helping women care for themselves after delivery. It is important for TBAs to have accurate information to share with new mothers about returning to everyday life. Most women recover from delivery in one or two months. New mothers need to care for themselves well during this time by eating good food, washing their breasts and genitals, returning to hard work gradually and abstaining from sexual intercourse for 2 to 4 weeks. First-time mothers need to know what to expect and need additional support and encouragement.

Traditional practices about bathing, resting and sex should be identified and helpful practices should be encouraged. (Unit 3 will discuss how to assess traditional food practices.) Warning signs of serious postpartum problems need to be recognized and referred to a nurse, midwife or doctor. Review the warning signs of serious postpartum problems with the TBAs. Encourage these community health workers to visit women often after delivery, to check for health problems, to listen carefully to their concerns, answer their questions and encourage them.

## **Posttest**

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Answer the following questions. Select the correct answer or answers. You may circle more than one answer for each question. Check your answers with the correct answers listed in Appendix B. If you get four or five questions correct, go on to the next unit. If you get three or fewer questions correct, review the information in this unit again.

1. What normal changes occur in a woman's body after delivery?
  - A) gains weight
  - B) the uterus gets smaller and firmer
  - C) hormones present during pregnancy decrease and it is possible to become pregnant again
  - D) extra fat and water stored in the body are used to make breastmilk
  - E) vaginal discharge changes color
  
2. During the home visit in the first weeks after delivery, the TBA should:
  - A) check the new mother's temperature and pulse
  - B) ask about her vaginal discharge (the amount and color)
  - C) ask about how much and what the new mother is drinking and eating
  - D) ask whether the new mother has any questions or concerns
  - E) ask whether she is having any problems breastfeeding or caring for her newborn
  
3. The following physical problems are more common among first-time mothers during the postpartum period than mothers who have already had at least one baby:
  - A) pelvic infections
  - B) fistulas (an opening between the vagina and bladder or rectum)
  - C) uterine prolapse
  - D) vaginal bleeding
  - E) difficulty coping with the stress of being a mother
  
4. Two weeks after delivery, women can return to:
  - A) heavy labor
  - B) light labor
  - C) sexual relations
  - D) moderate exercise
  - E) whatever other activities she is comfortable doing
  
5. Which of the following postpartum warning signs should a TBA refer to a nurse, midwife or doctor?
  - A) vaginal bleeding which lasts longer than two weeks
  - B) fever of more than 38° C
  - C) urine or stool leaking through the vagina
  - D) a swollen, tender breast
  - E) severe sadness

## ***Vocabulary List***

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**Abscess**– a sac of pus caused by infection

**Anemia**– a disease in which the blood gets thin because of a lack of red blood cells and iron/folate

**Antibiotics**– medicine that fights infections caused by bacteria

**Bacteria**– tiny germs that can only be seen with a microscope and that cause many different infections; antibiotics like penicillin may be used to treat them

**Cervix**– the opening of the uterus at the back of the vagina

**Clitoris**– the tiny sensitive female genital organ which helps women feel sexual pleasure

**Conjunctiva**– the white part of the eye and underside of the eyelids

**Crèche**– a day care center for children

**Episiotomy**– a cut made in the perineum when the baby’s head is crowning; when necessary, it may make delivery easier and avoid tearing of the perineum

**Female genital mutilation or Female circumcision**– the traditional practice, among some cultural groups, of cutting off some parts of a girl’s or woman’s external genitals, including sometimes the sensitive clitoris, labia minora and labia majora

**Fistula**– an abnormal opening between the bladder or rectum and the uterus or vagina resulting from an injury during delivery and causing urine or stool to leak through the vagina

**Folate or Folic Acid**– a nutritious substance in leafy green vegetables which prevents anemia; also contained in tablets

**Genitals**– the organs of the reproductive system

**Hormone**– chemicals made in parts of the body to do a special job, like estrogen and progesterone which regulate a woman's period

**Iron**– mineral in leafy green vegetables and red meat that prevents anemia; also contained in tablets

**Lochia**– the discharge from the vagina of mucous, blood and debris following childbirth

**Mastitis**– an infection of the breast, usually in the first weeks or months after delivering a baby. It causes swelling, pain and redness.

**Menses**– monthly bleeding or period in women

**Neglect**– not giving enough attention or not taking care of properly

**Oral contraceptive pills**– pills taken by mouth that contain a hormone that prevents pregnancy

**Ovulation**– the release of an egg from the ovary into the uterus in a woman; this usually happens monthly approximately one week before the period. A woman is fertile at this time.

**Perineum or Perineal tissues**– the pelvic floor, the area between the vaginal opening and the anus in females

**Pessary**– a round ring of rubber used to support a prolapsed uterus inside the vagina; must be fitted by a trained provider

**Placenta**– the dark and spongy lining inside the uterus that provides nourishment for the developing fetus through the umbilical cord; detaches from the uterus after delivery

**Prolapse**– (see Uterine prolapse)

**Sexual intercourse or Coitus**– sexual union between individuals of the opposite sex

**Toxemia or Eclampsia or Pregnancy Induced Hypertension**– convulsions and coma, occurring in a pregnant or postpartum woman, associated with high blood pressure, edema and protein in the urine

**Urination or Urine**– the body's waste water

**Uterine prolapse**– a condition in which the uterus comes partially outside the vulva, caused by weakened pelvic floor muscles (sometimes due to having many babies or very difficult labors)

**Uterus**– the womb, a hollow and muscular organ in the female pelvis which holds the growing fetus

**Vagina**– the genital cavity in the female which extends from the cervix to the vulva

**Vulva**– the skin folds protecting the opening of the vagina; the vulva includes the clitoris