

your guide to postnatal health and wellbeing

A guide to supporting you after you've
had your baby



Introduction

This booklet gives you information on your health and wellbeing during the postnatal period, particularly the first 3 months after the birth (sometimes called the “fourth trimester”).

Plenty of support is available when you're pregnant (the antenatal period), but there's much less after your baby's born. This booklet aims to give you relevant information to deal with what's often a daunting time. It can be used alongside your 6-8 week check with your GP, and lists other useful sources of information. It can't cover everything, so if you're worried or the problem is getting worse, then don't hesitate to contact your GP, health visitor or midwife.

What can I expect after the birth?

If you gave birth in hospital or a birth centre, you'll be reviewed to ensure that you and your baby are fit to go home. This is usually within 24 hours after vaginal birth or 24 to 48 hours after caesarean section. Once home, you'll be visited by a midwife or health visitor until they're happy to discharge you. The first visit is often within 24 hours. Both you and your baby will also have a check-up with your GP 6 to 8 weeks after the birth.

Your postnatal experience can depend on the type of birth you have and how you feel about it. Although many women have a positive birth experience, giving birth can be very difficult or traumatic. It's not uncommon for any trauma you experience to last some time, cause worries about future pregnancies and labours or even develop into post-traumatic stress disorder.

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Useful tips for preventing long-term issues from a difficult or traumatic birth.

- Remember you're not alone; many women struggle after they've given birth.
- Most hospitals provide a debrief clinic. Ask for this if you've had a difficult time.
- Talk through your experience with your midwife, health visitor or GP.
- Consider talking therapies (see section on postnatal depression on page 15).
- Talk with friends and family.
- Discuss again with your midwife at your next pregnancy so they can support you.

What if I've had a caesarean section?

This may have been either elective (planned before you go into labour) or an emergency section (planned once you're in labour).

- The usual stay is 1-2 nights.
- A catheter (soft thin tube) will have been inserted for the operation to prevent damage to the bladder. It'll be removed before you're discharged home. Very rarely, you may have to be discharged with the catheter and this will be monitored by your midwife.
- It's normal to experience pain after a caesarean (see Pain section on page 6).
- Wear loose, comfortable clothing and large supportive cotton underwear which goes above the scar, to avoid irritation.
- Wash daily, gently cleaning the incision site. Dry the scar well and expose to the air where possible.
- Avoid constipation (see Constipation section on page 8).
- The scar can feel numb for a couple of days

or even weeks. Normally the stitches are dissolvable but occasionally they'll need to be removed by a midwife about 5 days after delivery (you'll be told if this is the case). If the pain worsens or the scar's red or oozing, there may be an infection and you should tell your midwife or discuss with your GP.

- Scar massage can help prevent the scar becoming sensitive, painful or raised. Wait until the scar's completely healed, often after your 6-8 week check. Use a lubricant, such as coconut oil or olive oil, and gently massage around the scar and on the scar once it's not too painful. Do this daily for about 10 minutes.
- To reduce the risk of blood clots, compression socks, short daily walks and, occasionally, blood-thinning drugs are recommended. If you develop a red/hot/painful/swollen leg, chest pain or shortness of breath then you must discuss immediately with your GP as this may suggest a blood clot.
- Avoid heavy lifting (anything heavier than your baby), driving or strenuous exercise until you feel ready - it can take up to 6 weeks or longer for some people. Before driving, check with your insurance company to see if they have a policy regarding this. The DVLA states your doctor should deem you safe before driving after an operation. You could ask at your GP about this at your 6-8 week check. It's important you feel you could do an emergency stop before starting driving again.

What if I've had twins or a multiple birth?

If your babies are well after birth, you'll be able to have them with you in the postnatal ward. Some babies require more help and may need to go to the special care unit. When you and your babies are ready, you'll be discharged home, but this may not be at the same time. Often, mothers can be discharged before the babies and sometimes one baby is ready to go home before the other.

Once home, it can be daunting looking after two more babies so:

- try to set up a routine as early as possible
- ask for help if needed - use friends and relatives to support you.

Twins Trust (www.twinstrust.org) can provide support and advice.

What if I've suffered a stillbirth?

It's devastating to lose a baby and we are so sorry if this has happened to you. This is a difficult and complex topic and this leaflet is unable to provide the detail required. However, those parents who've suffered a loss shouldn't be forgotten. You're likely to need a lot of support from family, friends and professionals. There are also charities that support those who've experienced stillbirth, such as Sands (the stillbirth and neonatal death society, www.sands.org.uk) and Tommy's (www.tommys.org).

What are common problems after birth?

Pain

It's very common to experience some pain. One of the common causes of pain is the womb contracting. After any birth, the uterus (womb)

starts reducing back to its pre-pregnancy size. It can be painful and feel like bad period pains, however it's completely normal. It's often worse when you breastfeed as that causes the womb to contract. Applying heat to the area, with a hot water bottle for example, can be helpful.

It's important to treat your pain to help recovery, improve mobility and ultimately look after your baby. It's worth starting with simple painkillers such as paracetamol or ibuprofen (check the label to ensure you can take them). Aspirin isn't recommended during pregnancy or breastfeeding. Most pain relief works better when taken regularly throughout the day (following the instructions) and then slowly reduced, rather than taken here and there when you're in pain. If painkillers aren't helping, speak to your GP.

Bleeding

Bleeding is normal for the first 6 weeks after birth, regardless of the type of delivery, and can last for up to 12 weeks. It's normally heavy and red to begin with (like a heavy period, often needing a change of pad several times a day), and then reduces and becomes browner. Pads are recommended (not tampons until after your 6-8 week check) and you may need heavy-duty ones in the first couple of days or weeks. Change these regularly to help prevent infection. You may notice the bleeding's heavier and redder when you're breastfeeding, as breastfeeding causes the uterus (womb) to contract. If the bleeding's heavier or lasting longer than you expect, contact your GP.

Feeling unwell

After birth, you're bound to feel tired and slightly battered, but if you start feeling unwell or develop a temperature you may have an infection. It's

important to take this seriously as there's a risk of developing sepsis which can make you very ill. So tell either your GP or your midwife straight away.

Constipation

This is a very common problem, both in pregnancy and after having a baby. Generally, constipation means going for a poo less often and the poo is often harder.

The following should help.

- Increase your fluid intake, drink 8 to 10 cups of water a day.
- Ensure you have enough fibre in your diet. Eat 5 portions of vegetables and fruit a day. Dried fruit, including prunes, can help.
- Keep active – go for short daily walk.
- Routine – go to the toilet when you need, don't wait for it to build up.
- Adopting a squat position is best. Put a small footstool under your feet when on the loo to raise your legs.
- Consider laxatives. These can be bought over the counter or prescribed by your GP.

If you're concerned, and these measures aren't working, contact your GP.

Sometimes you can get bleeding or pain when going for a poo. This is most often caused by piles (lumps in and around your bottom, also known as haemorrhoids) or a small tear, often caused by constipation, pregnancy or labour. It's best to contact your GP to get the right diagnosis and treatment.

Urinary symptoms

It's not uncommon to have urinary problems after giving birth, regardless of the type of delivery. If not managed, this can have a significant and

long-term impact on your life, so it's important to recognise. Most commonly, you can experience urine leakage (incontinence). It's really important to do pelvic floor exercises to strengthen the muscles. These exercises often only take a couple of minutes but should be done about 3 times a day. Ideally they should be continued long-term (even if you aren't leaking) to continue to strengthen the muscles (see What exercise can I do? section on page 18). A women's health physiotherapist can also be really beneficial. Try to avoid alcohol and caffeine, which can make the problem worse. Less commonly, some women can't pass urine and may require a temporary catheter (thin tube inserted into the bladder).

Hair loss

Hair loss is common from about 3 months after having a baby. However, as hair gets thicker during pregnancy, it's just going back to how it was before pregnancy.

Tips to help with hair loss:

- continue to take postnatal vitamins
- be gentle with your hair; use a wide-toothed hair brush when you brush it to minimise hair loss
- try and minimise the number of times you wash your hair with shampoo
- use a good conditioner
- use large scrunchies (not elastic bands) and tie your hair back gently
- avoid blow dries, straightening irons, curlers, colouring, highlights while you're losing hair.

If you feel your hair loss isn't settling or you have other symptoms, talk to your GP.

Postnatal sweating

This can happen in the weeks after giving birth, and is often worse at night. It occurs due to low estrogen levels, and is the body's way of getting rid of excess water. It can last several weeks, and longer if you're breastfeeding. It's normal, however if you have a fever or it's not settling it may be due to another cause, so you should contact your GP.

Tips to help:

- have a lukewarm shower before bed
- wear cotton clothing
- drink lots of water.

What if I've had stitches?

When your baby's born, its head stretches the perineum (the skin between the vagina and anus) which can cause tearing. For most women, these tears are minor and heal without problems. For more severe tearing, or if you had an episiotomy (a cut made by a doctor or midwife), stitches may be needed. After-care is important to prevent infection.

- Your midwife should check them when visiting you at home.
- Keep the area around the stitches clean – wash your hands, change pads regularly, shower or bath daily.
- Leaving stitches exposed to the air can help them to heal.
- Don't apply any creams, lotions or powders to the stitches.
- Ensure you're not constipated (see Constipation section on page 8).
- It's normal for the area to be sore. Take regular pain relief if needed (see Pain section on page 6). Ice packs in a towel can help (don't put ice

directly onto skin).

- Sitting on a ring-shaped cushion can help take pressure off the area.
- It can be painful to pass urine; urinating in the bath or shower can be helpful.
- If your stitches start oozing, smelling or becoming painful, then there's a risk of infection. Contact your midwife or GP.
- If you had a third or fourth-degree tear (deeper tears are normally stitched in the operating theatre), you should be referred to a perineal clinic (a clinic that specialises in tears) at the hospital, and to a physiotherapist.

What if I've had any pregnancy-related conditions?

Some women develop conditions for the first time in pregnancy, while others have pre-pregnancy conditions which may change during and after pregnancy. These conditions include diabetes, high blood pressure, thyroid and liver conditions. If you have any of these or any other conditions not mentioned, make sure you let your midwife or GP know so they can be monitored once you're home. In addition, if you're planning future pregnancies it's worth discussing this with your GP so you can be referred to the hospital team early in your next pregnancy.

What are my contraception options after having a baby?

When can I start contraception?	What type of contraception?
<p>Immediately</p> <p>See page 13 for What type of contraception?</p>	<ul style="list-style-type: none"> • Male or female condoms • Contraceptive implant • Progestogen-only pill • Contraceptive injection (may cause irregular bleeding if used within 6 weeks of birth) • Lactational amenorrhoea - see breastfeeding section on page 21 (other methods are recommended if pregnancy is an unacceptable risk).
<p>From 3 weeks if not breastfeeding (from 6 weeks if breastfeeding or if higher risk of blood clots such as being overweight)</p>	<ul style="list-style-type: none"> • Combined pill • Contraceptive patch • Contraceptive vaginal ring
<p>From 4 weeks</p>	<ul style="list-style-type: none"> • Intrauterine device (IUD) • Intrauterine system (IUS) <p>The IUD and IUS can also be fitted within 48 hours of the delivery.</p>
<p>From 6 weeks</p>	<ul style="list-style-type: none"> • Diaphragm or cap (will need to be refitted if used previously) • If breastfeeding - combined pill, contraceptive patch, contraceptive vaginal ring

For detailed information see the FPA leaflet *Your Guide to Contraceptive Choices – After You've Had Your Baby*.

To avoid pregnancy, contraception's needed from 3 weeks (21 days) after the birth. You can't get pregnant before this. Ideally it's recommended to wait 18-24 months before getting pregnant again to help your body recover. You can get

contraception at the time of delivery, from a postnatal ward, at your 6-8 week GP check (or make an earlier appointment with your GP), or from a contraception or sexual health clinic.

When can I have sex again?

You can have sex as soon as you and a partner both feel ready, there's no 'right time'. Having a baby can be both physically and emotionally demanding, so don't feel pressured or put pressure on yourself to have sex before you're ready.

How can having a baby affect my relationship with my partner?

Having a baby is a huge change, whether it's your first or you have other children. So it's very common for there to be a strain on a relationship, however good it was before. One of the main factors is tiredness, which you're both likely to experience. It's worth considering options to improve sleep, such as daytime naps or sleeping in separate rooms.

Helpful tips.

- Remember things do improve as the baby gets older and you can spend more time together.
- Communication is key: tell each other what the problem is.
- Try to get family and friends to help and let you have some time together as a couple.
- Share day-to-day tasks as well as childcare.
- Ask for help. Your GP can be a good place to start. Online support is available from Relate (www.relate.org.uk), Click (www.clickrelationships.org) and the NHS (go to www.nhs.uk and search for 'relationships after having a baby').

Domestic abuse can start in pregnancy and existing abuse may get worse during and after pregnancy. It's not your fault and you can get help. Please talk to your GP or midwife, as they can help and will try to be as discreet as possible. If

you're in immediate danger, call 999.

Other places to get help include:

- Refuge: 0808 2000 247, www.nationaldahelpline.org.uk
- For men: 0808 801 0327, www.mensadvice.org.uk
- NHS: Go to nhs.uk and search 'Getting help for domestic violence and abuse'.

What are 'Baby Blues'?

This is a common condition, usually occurring during the first 10 days after giving birth, often around day 3. You can feel low in mood, tearful, anxious and irritable at a time when you think you should be happy. These symptoms are all normal and don't mean you have postnatal depression. They should clear up after a couple of days. Be kind to yourself and get support from partner, family and friends.

What's postnatal depression?

If baby blues symptoms continue after the first week, you may have postnatal depression. It's most common within the first 2 to 8 weeks after birth but can develop up to a year afterwards.

Possible symptoms include:

- feeling like you can't cope
- crying constantly
- not bonding with your baby
- not enjoying things that you used to
- being unable to concentrate
- feeling anxious
- in more severe cases, having suicidal thoughts.

It's normal to experience some of these thoughts and feelings, but usually they're fleeting and pass quickly. If you have many of them and

they don't go away, you may have postnatal depression and you should seek help from your GP.

It's important to remember partners can also experience depression and anxiety during pregnancy and postnatally, and may also need help and support.

There are different types of treatment, which include.

- NHS guided self-help programmes, including online therapy guided by a trained therapist. Your GP can refer you or you can refer yourself. Go to nhs.uk and search 'Find an NHS psychological therapies service (IAPT).'
- Apps and online tools. Good examples are Calm (calm.com) and Headspace (headspace.com). The NHS app library (nhs.uk/apps) is also helpful.
- Self-help books. See www.reading-well.org.uk
- Exercise. It doesn't have to be intense. Yoga or Pilates can be really good for your mood.
- Nutrition. Eat healthy foods regularly. Try to avoid foods high in sugar, as they can cause a sugar surge followed by a dip, which can make you feel low. See section on 'What should I eat' section on page 19.
- Improve sleep and try to rest. Avoid looking at screens in bed; establish a bedtime routine (for example, bath before bed, chamomile tea); try and sleep when your baby's sleeping; keep the room cool and dark; avoid caffeine and heavy meals near bedtime; write down any worries to clear them from your mind; consider meditation.
- Social contact. Meeting other new parents can help boost your mood, prevent you feeling lonely or isolated, and allow you to compare

experiences.

- Group or one-to-one counselling can be very helpful. Unfortunately, NHS waiting lists are often very long, so self-help therapy can be helpful. There are some useful resources listed above and below.
- GPs may sometimes prescribe antidepressant medication.
- Occasionally, your GP might refer you to a psychiatrist or specialist for further treatment.

Other places to get help include:

- Mind (www.mind.org.uk).
- Association for Postnatal Illness (www.apni.org).
- Pandas Foundation (www.pandasfoundation.org.uk).
- British Association for Counselling and Psychotherapy (www.bacp.co.uk) has a list of accredited counsellors and psychotherapists in your area.
- Home-Start (www.home-start.org.uk) helps families with young children through challenging times.
- Family Action (www.family-action.org.uk) supports families who are struggling.
- Family Lives (www.familylives.org.uk) supports families who are struggling.
- NCT (www.nct.org.uk) provides antenatal and postnatal courses and can put you in touch with other local parents.

What's puerperal (postpartum) psychosis?

This is a serious but rare mental health condition which can occur within a couple of days to weeks after giving birth, and can result in confusion, strange beliefs, feeling high or even hallucinations (seeing/hearing things). If you or your partner are concerned, then this is a medical emergency and you must see your GP or go to A&E straight away.

What exercise can I do after giving birth?

- Exercise is important to improve both physical and mental wellbeing. It can help you lose weight, improve back pain and strengthen pelvic floor muscles to reduce the risk of incontinence (leaking urine). It can improve mood and energy and reduce the effects of postnatal depression.
- You can start exercising as soon as you feel ready. This will be different for everyone depending on how much exercise you normally do and how your labour was. Start with gentle exercise such as walking, Pilates or yoga, as well as continuing your pelvic floor exercises. If your bleeding gets heavier or you feel very tired, you may be overdoing it. It's sensible to wait until your 6-8 week check before starting anything more strenuous such as aerobics, baby wearing exercises (see below), swimming, cycling or weights. It's recommended to wait until at least 3-6 months (or longer if you had a caesarean section) before starting running again to allow the pelvic floor and ligaments to recover. If you're in pain or leaking when running, you may have started too early.
- One of the best exercises to start with, and

continue long-term, are pelvic floor exercises. The pelvic floor is a group of muscles, ligaments and tissues which form a sling in your pelvis to support your pelvic organs. Exercises are vital to prevent urinary leakage, improve vaginal tone (which can improve sex) and help the perineum heal after birth (they won't affect stitches). The Squeezy app (www.nhs.uk/apps-library/squeezy/) can be a helpful way to remember to do pelvic floor exercises.

- Before starting any exercise, it's important to know whether you have separated abdominal muscles (diastasis recti). Certain exercises can make this worse (such as the plank and sit ups), so it's very important to only do suitable exercises and to perform them correctly.
- The NHS website has more information about exercises, how to do pelvic floor exercises and how to check your tummy muscles for diastasis recti. Go to nhs.uk and search 'Your post pregnancy body'. There's also free advice about postnatal exercise and babywearing exercises, alongside other postnatal information, at Carifit4all (www.carifitonline.com/carifit-4-all)
- If you feel you're not doing your exercises correctly or things aren't improving, ask your GP to refer you to a women's health physiotherapist.

What should I eat?

Postnatally, good nutrition's important to help strengthen and repair your body as well as giving you the energy to look after your baby. It can also help with mood, tiredness, weight loss and breastfeeding. This is a huge topic, but some simple suggestions are given below.

- Have some home-cooked meals in the freezer to ensure you can have good, balanced, ready-to-eat meals.
- Try to eat 5 portions of fruit and vegetables a day.
- Alcohol can pass through breast milk to the baby, however an occasional drink's not thought to be harmful. It's recommended not to drink more than 1 to 2 units once or twice a week.
- Avoid smoking as it can be harmful to the baby and also affect breast milk production.
- Caffeine can make babies restless, so try and restrict caffeine to less than 200 mg a day (this is equivalent to 1 cup of instant or filter coffee or 2 cups of tea). You could try decaffeinated versions or fruit teas instead.
- Continue to drink plenty of water. Aim for 6 to 8 cups (1.2 litres) a day, more if you're breastfeeding.

How do I lose weight?

Don't feel pressured to lose weight immediately, your body needs time to recover after the birth. It's realistic to aim to be back to your pre-birth weight within 6 to 12 months of the birth. The best way to lose weight is to eat varied, healthy foods, start gentle exercise (see Exercise section on page 18) and set achievable goals that work for you. If you're breastfeeding, this can also help with weight loss.

The NHS has useful information about weight loss, and links to healthy recipes. Go to nhs.uk and search 'keeping fit and healthy with a baby'.

What if I'm breastfeeding?

Breastfeeding provides health benefits for both you and your baby. It offers good nutrition for the baby, supports their immune system, and helps you to bond. In addition, it reduces your risk of obesity, ovarian cancer, type 2 diabetes and endometriosis.

It can also act as a form of contraception as long as you're exclusively (only) breastfeeding, haven't had a period since the birth, and your baby's less than 6 months old. This is known as lactational amenorrhoea. It's important the above criteria are always met to ensure you're getting reliable contraception. Even if all the above apply, other factors can increase your risk of pregnancy. See FPA's leaflet *Your Guide to Contraceptive Choices – After You've Had Your Baby* for more information.

Breastfeeding can be difficult and painful, particularly in the first few weeks. It's important to get help if you're struggling. Lanolin cream, cabbage leaves, hot and cold breast pads, nipple pads and supportive bras can all be helpful. Your midwife, health visitor or GP can recommend drop-in centres. Other useful resources are:

- National Breastfeeding Helpline, 0300 100 0212, www.nationalbreastfeedinghelpline.org.uk
- Association of Breastfeeding Mothers, www.abm.me.uk
- The Breastfeeding Network www.breastfeedingnetwork.org.uk
- La Leche League, 0345 120 2918, www.laleche.org.uk
- NCT breastfeeding support, 0300 330 0700, search 'breastfeeding' at www.nct.org.uk

What if I'm bottlefeeding?

There are many reasons why women decide to bottle feed. It may be that you're unable to breastfeed or that you've chosen not to. If you feel under huge pressure to breastfeed but, for whatever reason, it's not possible, this can sometimes cause you to feel a lot of stress. Remember, a happy mother means a happy baby and you have to do what's right for both you and your baby.

The NHS has useful guides to bottle feeding, breastfeeding and expressing. Go to nhs.uk and search 'bottle feeding', 'breastfeeding' or 'expressing'.

What can I expect from my 6-8 week appointment with the GP?

This is a check-up for both mother and baby that GPs do about 6-8 weeks after birth. It's to ensure there are no problems after delivery and to answer any questions. It covers physical, psychological and social issues.

To get the most from your appointment.

- Take a list of questions with you to ensure everything's covered and all your questions answered.
- If possible, take somebody with you to help with your baby so you can focus on yourself.
- Ask reception to see if they're able to book you with somebody experienced in postnatal health.
- Bring any hospital letters from your birth, and medications you're on with you to the appointment.
- Remember to bring the red book for your baby.

Returning to work after having a baby

Returning to work after maternity leave can be a difficult and daunting time, particularly with having to leave your baby. However, there can also be some positives, such as having a role other than a mother, being able to have an "adult" conversation, having a cup of tea before it goes cold or even being able to go to the loo on your own!

Useful websites with advice.

- Maternity Action, www.maternityaction.org.uk.
- Working Families, www.workingfamilies.org.uk and search for 'returning to work'.
- Working Mums, www.workingmums.co.uk and search for 'returning to work'.
- NCT, www.nct.org.uk.

Afterword

Having a baby can be the most exciting experience in your life, but it can also be daunting, scary and at times lonely. You want to do your best, but don't always know how or where to get help. This booklet hopefully provides useful information and guides you to accurate resources.

Remember, communication is key. Talk to family, talk to friends, talk to your GP. You're not alone, but you may need to ask for help.

COVID-19

Maternal postnatal checks, the 6-8-week check for your baby and routine childhood vaccinations continue as high priority services during the COVID-19 pandemic. However some of the appointments may be over the phone.

For up-to-date information visit:

- www.rcog.org.uk and search COVID
- www.gov.uk/coronavirus
- www.nhs.net and search COVID

A final word

This booklet's aimed at women who've given birth but we recognise that not everyone who's given birth identifies as a woman. This information is based on evidence-guided research from the National Institute for Health and Care Excellence (NICE), Royal College of Obstetricians and Gynaecologists (RCOG), FSRH Clinical Guideline: Contraception After Pregnancy. This booklet was written by Dr Eloise Elphinstone on behalf of FPA the Sexual Health Company. It was clinically reviewed by Dr Anne Connolly, GP with Specialist Interest in Gynaecology, Bevan Healthcare and Dr Diana Mansour, Consultant in Community Gynaecology, Newcastle upon Tyne. Thank you to all the women who reviewed this booklet as part of our user testing group.

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