

Lochia

POST-NATAL BLOOD LOSS AND RECOVERY



What is Lochia?

Lochia, or postpartum bleeding, is a normal component of the puerperium, with women typically experiencing vaginal discharge for up to 6 weeks, following either a vaginal or caesarean birth. Of course, every mother is different, so some may experience lochia for longer periods.

This article explains what lochia is; the stages of lochia, factors affecting lochia and how to support mothers coping with lochia. It also includes recognizing deviations from the norm, identifying signs of abnormal bleeding or postpartum haemorrhage (PPH), and when mothers should seek immediate assistance.

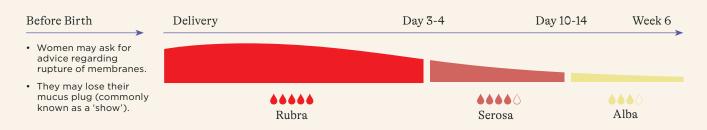
Why Lochia Happens

Immediately following birth, the placental site undergoes a series of changes to return to haemostasis and reduce blood loss. As part of this healing process, uterine lesions discharge a secretion that, along with mucus, pregnancy tissue, amniotic fluid, and blood, forms lochia.

Bleeding after birth is normal. It will typically be heaviest immediately postpartum, and the discharge may contain clots. The appearance of clots will gradually subside over the next six weeks and the discharge will change from dark or bright red to yellow or whitish in colour. It is not uncommon for some women to experience lochia beyond six weeks, but for most women it should stop completely by the time their infant is 12 weeks old.¹ In addition to bleeding and discharge, it is important to remind patients they will likely also experience cramping due to involution of the uterus.

Stages of Lochia

Lochia occurs in 3 stages: **lochia rubra, lochia serosa and lochia alba**. The duration and experience of each phase can be quite individual. During this period, women are advised not to insert tampons or menstrual cups into the vagina, to reduce the incidence of infection as the area where the placenta joined the uterine wall is healing. Some women, especially first-time mothers, may also have perineal tears or may be recovering from an episiotomy.



Types Of Lochia	Rubra	Serosa	Alba
Colour	Fresh or dark red	Lighter brown or pink tinged	Yellowish-white
Duration (Approx.)	Lasts 3-4 days	5 to 10 days	Day 11 to week 6
Characteristics	 Heavy flow: May pass clots Increased flow during increased mobility or breastfeeding 	Reduced flow: • Thin consistency • Less clots	Little or no lochia: • No clots • Very little or no spotting
Abnormal findings	 Offensive odour Numerous and/or large clots Sudden increase in flow or soaking through pad rapidly 	 Offensive odour Fresh red lochia Large clots Sudden increase in flow or soaking through pad rapidly 	 Offensive odour Reappearance of pink or red lochia Sudden increase in flow or soaking through pad rapidly Discharge beyond six weeks
Content	Blood, amnion, vernix, lanugo meconium, decidual cells, amnion & chorion	Blood, wound exudate, cervical mucus, microorganisms, erythrocytes, decidua products from degeneration	mostly leukocytes as well as decidua, mucus, bacteria, and epithelial cells; no strong odor

Factors affecting Lochia

Lochia is not constant and changes, in **flow, consistency and colour** during the postparum period. It is important to reassure women in your care that this variability is part of the natural healing process. Some factors that can influence lochia include:

Time of the day. A slight increase in flow is natural after a period of rest, such as getting out of bed in the morning. While the woman is still, lochia can pool in the bottom of the birth canal, mobilizing when she changes position and begins moving.

Physical activity levels. As the mother recovers, regains strength, and becomes more active, lochia flow can increase. This is particularly common in the first two weeks postpartum.

Breastfeeding. Lochia may temporarily increase or briefly have more of a red colour whilst breastfeeding, as oxytocin encourages the uterus to contract. Mothers may feel these contractions as 'afterpains' which can vary in intensity. The contractions may cause lochia to be slightly heavier after a feed.

Lochia versus Postpartum Haemorrhage (PPH)

Excessive lochia may indicate postpartum haemorrhage (PPH) due to a variety of conditions which may include trauma, thromboembolic disorders, uterine atony or retained placenta. Uterine atony can result in the uterus's inability to contract. Excessive bleeding can also occur from lacerations, retained placenta, an abnormally adherent placenta, or other rare reasons. It is important to remember that most women will not experience a postpartum haemorrhage (PPH) after giving birth. Most cases of postpartum haemorrhage occur at delivery or more uncommonly, a few women may experience delayed postpartum haemorrhage, up to 12 weeks postpartum. If there is any change in flow, consistency, colour and odour it is important women seek immediate medical assessment. **If bleeding is very heavy, it is important to act quickly.**

WHEN SHOULD MOTHERS SEEK IMMEDIATE ASSISTANCE?

Women experiencing any of the following signs should seek help.

- Sudden increase in flow or soaking through pad rapidly
- Abnormally large blood clots (golf ball size)
- Unpleasant, strong odour
- Sharp, intense pains in abdomen, pelvis or perineum
- Feeling faint or weak
- Chills or fever (above 37.4C, 99°F)
- Increased heart rate
- Blurred vision
- Nausea, vomiting

Reducing Risk of Infection

These simple steps can help support mothers to minimize and prevent the risk of infection for the first weeks post birth.

- Advise mothers to use maternity pads, which are specially designed for lochia. Lochia lasts longer and can be considerably heavier than typical menstrual bleeding, so it is important to equip new mothers with the right solution.
- Discuss with mothers the status of their lochia. By wearing maternity pads, they can report on colour, flow, clot size and consistency, to provide you with information that can guide their recovery.
- Instruct mothers they may require different maternity pad sizes as their lochia changes and decreases over time.
- Counsel good perineal hygiene; such as to always wash hands before and after maternity pads have been changed.
- Never insert any tampons or menstrual cups for the first six weeks post birth.
- · Change maternity pads when needed to promote good perineal hygiene.

- Daily showering of the perineal area is advised as wound sites or blood loss can create an ideal environment for harmful bacteria. Simple measures such as using a perineal wash bottle with warm water can make bathroom trips more comfortable.
- A sudden return to heavy or sustained blood loss with the passing of clots, changes in odour, or consistency and any general signs of feeling unwell could indicate infection. Mothers should be encouraged to share any of these observations quickly, as a prompt physical examination may be necessary.

How to Safely Manage Lochia





- Cleanse the perineal area daily with warm water or when visiting the bathroom
- Protect by placing maternity pad from front to back to miminise infection. Useful to check clots and flow if mother has concern
- Repeat by changing frequently, after emptying the bladder or having a bowel movement



 Relieve: Use a cold & warm post birth relief pad for effective drug-free pain relief.

How to Support Women in Your Care

Changes in lochia can be surprising to women if they are not familiar with it and with how it differs from menstrual bleeding. Having an open conversation about lochia helps develop a trusting partnership. A mother who may have concerns or fears can be assuaged by a conversation with a knowledgeable, caring and compassionate healthcare professional who supports and advocates for her.

For women, these conversations can take place honestly, encouraging them to describe their own experiences in their own terms, in a space where they feel emotionally reassured as they navigate their transition into parenthood.

This discussion can enable you to assess maternal wellbeing in the puerperium, with lochia loss being a good indicator of postpartum recovery. It enables you to counsel each woman and new parent to understand their own body and importantly to identify any concerning features.

Lochia is a normal part of postpartum healing. It is important mothers understand why lochia occurs and that it is a critical part of their healing process. In most cases lochia will gradually reduce and resolve without adverse effects. However, if mothers notice any change in colour, flow, odour or signs of feeling unwell, they should seek immediate medical attention.



References:

1 ROYAL COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS (2016) Heavy bleeding after birth (postpartum haemorrhage) patient information leaflet. Available at: https://www.rcog.org.uk/for-the-public/browse-all-patient-information-leaflets/heavy-bleeding-after-birth-postpartum-haemorrhage-patient-information-leaflet/