Factors That Influence Postpartum Recovery
by Penny Simkin

Postpartum recovery is a complex process that is influenced by many factors and processes. When the latter occur smoothly and harmoniously, recovery is optimal and will be completed in 4 to 8 weeks. Many factors, however, can inhibit or prolong recovery. This table lists factors that contribute to a rapid and uncomplicated recovery and other factors that contribute to a prolonged or difficult recovery.

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Factors that Enhance Recovery</th>
<th>Factors that Inhibit or Prolong Recovery</th>
</tr>
</thead>
</table>
| 1. Pre-pregnancy | ● Excellent physical health and fitness,  
● Good mental health,  
● Family support,  
● Financial well-being,  
● Positive experiences relating to health care or reproduction,  
● Experience caring for newborns. | ● Poor health and fitness,  
● Personal or family history of mental illness,  
● Dysfunctional family of origin or lack of family support,  
● Financial worries,  
● Previous negative experiences with health care providers or with reproduction |
| 2. Pregnancy | ● Same as above plus:  
● Good self-care  
● Health maintenance, freedom from pregnancy complications  
● Thriving healthy fetus  
● Good relationship with caregiver | ● Same as above plus:  
● Unhealthy or stressful pregnancy, complications or poor self-care,  
● Fetus not thriving, or in questionable health,  
● Little contact or poor relationship with caregiver |
| 3. Birth | ● Freedom from complications,  
● Continuity in care from staff,  
● Support and assistance of a doula,  
● Labor of normal length,  
● Minimal procedures (i.e. no induction, or augmentation, forceps, vacuum extraction, episiotomy, or cesarean section),  
● Normal vaginal birth,  
● Healthy, term newborn,  
● Immediate, prolonged contact with and feeding of newborn. | ● Fetal complications,  
● Lack of continuity in care,  
● Fear of labor, staff, procedures,  
● Variation in personality and approach among nurses and caregivers,  
● Prolonged labor requiring heavy use of pain or other medications and procedures  
● Cesarean birth,  
● Baby who needs special care in nursery,  
● Baby with feeding difficulties,  
● Early separation of newborn from mother, |
| 4. First Days | ● Adequate rest for mother and partner,  
● Adequate help, nourishment, and support for mother and partner,  
● Good healing of any incisions,  
● Milk comes in,  
● Baby nurses well,  
● Mellow, responsive baby,  
● Consistent advice from staff regarding self-care, infant care and feeding. | ● Exhaustion in mother/partner; inability to sleep, lack of help, isolation, loneliness,  
● Fussy, needy baby; poor feeder,  
● Infection, illness in mother, poor incision healing,  
● Maternal pain (perineum, incision, breasts, other),  
● Newborn problems,  
● Delay in milk production,  
● Excessive engorgement,  
● Contradictory advice from staff members. |
| 5. Next Week | ● All of the above plus:  
● Help at home with newborn care, food preparation, household chores, visitors,  
● Access to resources for emotional, | ● All of the above plus:  
● Isolation, lack of support or help for mother,  
● Strain, overwork, lack of rest for partner,  
● Lack of access or knowledge about |
| 6. First one to two months | Physical, breastfeeding assistance,  
- Good relationship with baby's grandparents/family,  
- Evidence of successful breastfeeding (changing infant stool patterns, wet diapers, good latch, no nipple soreness or excessive engorgement),  
- Good maternal physical recovery.  
- Predictable, responsive infant resources,  
- Tension, lack of trust with baby's grandparents,  
- Poor start in feeding,  
- Maternal physical problems, pain, poor healing,  
- "Fussy" needy baby who is difficult to calm, cries a lot, sleeps very little. |
|---|---|
| | Normal infant development,  
- Complete physical recovery in mother,  
- Support network (friends, family, professionals), for mother/partner,  
- Continued successful breastfeeding (good weight gain, latch, no nipple pain),  
- Competence and confidence in soothing, calming baby,  
- Adequate rest for mother,  
- Emotional well-being (absence of mood disturbances),  
- Access to appropriate preventive, supportive, resources,  
- Loving caring relationship with partner.  
- Abnormalities in infant development,  
- Persistent physical problems in mother,  
- Lack of social support for woman/couple,  
- Feeding problems (poor weight gain, mastitis, nipple pain, thrush, low milk production, reflux in baby, nipple confusion),  
- "High needs" colicky baby,  
- Sleep deprivation in mother,  
- Postpartum mood disorders, PTSD,  
- Lack of postpartum services,  
- Poor relationship with partner or family. |