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# The First 6 Weeks Postpartum Reset

A complete guide to healing — your body, mind & identity

*You don't need to "bounce back." You need to be supported.*

Body Changes

Weeks 1–2

Weeks 3–4

Weeks 5–6

Pelvic Floor

C-Section

Diastasis Recti

Mental Health

Feeding

Nutrition

Sleep

Daily Reset

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# What Happens to Your Body

*Understanding what's happening makes it easier to be kind to yourself.*

## The First 24–72 Hours

Immediately after birth, your body begins a massive hormonal shift. Oestrogen and progesterone — which were at peak levels during pregnancy — drop sharply. This drop is what triggers milk production but also contributes to emotional vulnerability in the first days. Your uterus begins contracting back towards its pre-pregnancy size (called involution), which you may feel as cramping, especially during feeding.

- Lochia (postpartum bleeding): normal for up to 6 weeks — starts red, becomes pink, then white/yellow
- Afterpains: uterine contractions, stronger in subsequent pregnancies and during breastfeeding
- Perineal soreness or C-section wound tenderness — both are normal and should improve daily
- Night sweats: your body is shedding excess pregnancy fluid — completely normal
- Engorgement when milk comes in, usually day 2–5 — cabbage leaves and warm showers help

## Hormones & Mood

The hormonal crash after birth is real and significant. Progesterone drops by over 100x within 24 hours of delivery. This — combined with sleep deprivation, physical recovery, and the enormous psychological adjustment — is why feeling tearful, anxious, or overwhelmed in the first two weeks is so common. It is biology, not a sign that anything is wrong with you.

### When to Seek Help — Red Flags

- Heavy bleeding soaking more than one pad per hour for 2+ hours
- Foul-smelling discharge, fever (temperature above 38°C / 100.4°F), or one-sided leg pain/swelling
- Wound that appears infected (hot, red, leaking, separating)
- Inability to pass urine or extreme pain when doing so
- Signs of postpartum psychosis: confusion, hallucinations, rapid mood swings — seek emergency care immediately

# Weeks 1–2: Survival Mode

*Focus: Rest, protection and accepting help.*

## The "Closing In" Phase

In many cultures, the first 40 days postpartum are treated as a protected, sacred period. You are not expected to function. You are expected to heal. Modern Western society has mostly abandoned this idea — but your body has not. Biologically, this is the most intensive repair period of your life.

### DO

- Stay horizontal as much as possible
- Accept every offer of help
- Eat warm, easily digestible food
- Drink 2–3L of water daily
- Keep visitors short — protect your energy

### AVOID

- Avoid stairs more than once or twice daily
- Do not lift anything heavier than your baby
- Skip housework entirely if possible
- Avoid sitting for long periods on wounds
- No driving for at least 6 weeks

## Physical recovery markers — what's normal:

- Lochia (bleeding) is still heavy and red — change pads every 2–4 hrs
- Sitting, walking, and standing may be uncomfortable — this is expected
- You may feel shaky, tearful, or overwhelmed — especially days 3–5 ('baby blues')
- Breast engorgement peaks around day 3–5 — feed or express frequently to relieve
- Bowel movements may be delayed — fibre, fluids and movement help



*Your only job right now is to heal. Everything else can wait.*

## Weeks 3–4: Reconnection

*Focus: Gentle awareness, soft movement, emotional check-ins.*

### What's shifting in your body

By week 3, lochia should be lightening to a pinkish or brown colour. Your uterus is roughly back to its pre-pregnancy position. If you had a vaginal birth, perineal tenderness should be reducing. C-section wounds should be closing, though internal healing continues for months. Fatigue remains significant — that is completely normal.

### Movement — where to start

- Short gentle walks: 5–10 minutes, flat ground, comfortable pace — build slowly
- Diaphragmatic breathing: lie flat, breathe deep into your belly, exhale slowly — 5 min daily
- Gentle stretches: neck rolls, shoulder circles, ankle pumps to improve circulation
- Walking upstairs: fine, but take your time and hold the rail
- NOT yet: running, HIIT, heavy lifting, sit-ups, crunches, planks

### Emotional check-in — ask yourself daily:

- Have I eaten something nourishing today?
- Have I had a conversation with another adult?
- Am I feeling persistently low or anxious — not just tired?
- Do I feel connected to my baby, even imperfectly?
- Is there anything I need that I haven't asked for?



*Progress in this phase is measured in hours, not weeks.*

## Weeks 5–6: Soft Strength

*Focus: Rebuilding gently — body and confidence together.*

### Your 6-week check — what to expect

The 6-week healthcare check is not a green light to "go back to normal." It is a minimum safety baseline. Your pelvic floor, abdominal muscles, and hormonal profile may not be fully ready for high-impact exercise for 3–6 months or longer — especially if you are breastfeeding (relaxin hormone remains elevated). Ask your healthcare provider for a pelvic floor physiotherapist referral at this check-up.

### What you CAN safely begin at 5–6 weeks:

- Extended walks — up to 20–30 minutes at a comfortable pace
- Pelvic floor exercises (Kegels) — 3 sets of 10, holding 5 seconds each
- Gentle core reconnection: heel slides, leg lifts, dead bug (only if no pelvic pain)
- Postnatal yoga or Pilates — classes designed specifically for postpartum
- Swimming — once all bleeding has stopped and wounds are fully healed

### Still not yet — wait until cleared by a physio:

- Running, jumping, or high-impact exercise
- Heavy lifting (more than 10kg)
- Traditional sit-ups, crunches, or full planks
- Return to pre-pregnancy training volume



*Rebuilding slowly means building something that lasts.*

# Your Pelvic Floor

*One of the most important — and most neglected — parts of recovery.*

## What is the pelvic floor?

The pelvic floor is a hammock of muscles spanning the base of your pelvis. During pregnancy it bears the weight of your growing baby. During a vaginal birth it stretches to extraordinary lengths. Even with a C-section, pregnancy alone causes significant strain. Weakness here affects bladder control, bowel function, sexual comfort, and core stability — often for years if not addressed.

## Signs your pelvic floor needs attention:

- Leaking urine when coughing, sneezing, laughing or jumping (stress incontinence)
- Urgency — sudden strong urge to urinate that's hard to defer
- Heaviness or a 'bulge' sensation in your vagina (may indicate prolapse)
- Pain or discomfort during sex (when you return to it)
- Difficulty fully emptying your bladder or bowels

## How to do a pelvic floor exercise (Kegel):

1

### Find the muscles

Imagine stopping the flow of urine — those are the muscles

2

### Lift and hold

Gently lift inward and upward. Hold for 5 seconds. Don't hold your breath.

3

### Release fully

Let go completely — the release is as important as the contraction

4

### Repeat

10 repetitions, 3 times daily. Build to 10-second holds over weeks

5

### Add quick flicks

Short, sharp contractions (1 sec) — 10 reps — builds reflex strength

## Important: See a Pelvic Floor Physiotherapist

- Kegels alone are not enough for everyone — some people have a hypertonic (too tight) pelvic floor
- A physio will assess your specific situation and give tailored exercises
- Ask your doctor or healthcare provider for a referral to a pelvic floor physiotherapist
- Apps and generic exercises cannot replace a professional assessment

# C-Section Recovery

*Whether planned or emergency — abdominal birth is major surgery.*

## What's happening inside your body

A C-section involves cutting through 7 layers of tissue: skin, fat, fascia, the rectus sheath, abdominal muscles (separated, not cut), peritoneum, and uterus. Each layer heals at its own rate. The external scar may look healed within 6 weeks — but internal healing continues for up to 12–18 months. Nerves around the scar area can remain numb, hypersensitive or itchy for months as they regenerate. This is completely normal.

### DO

- Keep wound clean and dry for first 2 weeks
- Wear high-waisted, soft cotton underwear
- Support your scar when coughing or laughing
- Scar massage from week 6+ (when healed)
- Watch for signs of infection daily

### AVOID

- No driving for minimum 6 weeks
- No lifting beyond your baby's weight
- Avoid stairs more than necessary initially
- No swimming until wound is fully closed
- No high-impact exercise for 3–6 months

## Scar massage — starting at 6–8 weeks:

Once the wound has fully closed (no scabbing or open areas), gentle scar massage helps prevent adhesions (internal scar tissue that can cause pain, restricted movement, or bladder issues). Using a small amount of oil (vitamin E, coconut or rosehip), gently move the scar tissue in all directions — up, down, side to side, and in circles. Start very gently for 2–3 minutes daily.

### Contact your healthcare provider if your wound shows:

- Redness spreading beyond the wound edges, warmth or swelling
- Yellow or green discharge, or a foul smell
- Wound separation (opening) — even partial
- Fever above 38°C (100.4°F) alongside wound changes

# Diastasis Recti

*Ab separation affects up to 100% of women in late pregnancy.*

## What is diastasis recti?

Diastasis recti (DR) is the separation of the two columns of rectus abdominis (the '6-pack' muscles) along the linea alba — the connective tissue running down the centre of your abdomen. During pregnancy, the uterus pushes these muscles apart to accommodate your growing baby. By the third trimester, virtually all pregnant women have some degree of separation. For most, it reduces significantly within the first 8 weeks postpartum — but for many, it persists and needs targeted rehab.

## How to check yourself (at 6+ weeks):

1

### Lie on your back

Knees bent, feet flat. Relax your abdomen.

2

### Place fingertips horizontally

Across your midline at your belly button.

3

### Lift your head only

As if doing a small crunch — don't strain.

4

### Feel for a gap

Note how many fingers fit between the muscles.

5

### Also check tension

A gap with good tension is less concerning than a wide, soft gap.

A gap of 1–2 fingers with good tension is generally fine. A gap of 3+ fingers, or any gap with poor tension (feels soft and spongy), warrants assessment from a women's health physiotherapist.

## What to avoid with diastasis recti:

- Sit-ups, crunches, or any movement that 'domes' or 'cones' your midline
- Heavy lifting before the gap has reduced
- Intense cardio or HIIT before core function is restored
- Holding your breath during exercise (increases intra-abdominal pressure)



*Your core will come back. It needs time and the right support.*

# Emotional Recovery & Mental Health

*The part no one prepares you for — and everyone deserves support with.*

## Baby Blues vs Postnatal Depression — know the difference

### BABY BLUES

- Starts days 2–5 after birth
- Tearfulness, irritability, overwhelm
- Resolves on its own within 2 weeks
- Linked to hormonal drop
- Very common — up to 80% of mothers

### POSTNATAL DEPRESSION (PND)

- Can start any time in first year
- Persistent low mood, emptiness, anxiety
- Does not resolve without support
- Affects bonding, daily functioning
- Affects 1 in 5 mothers — treatable

## Signs that you should speak to a healthcare professional:

- Feeling persistently sad, empty or hopeless for more than 2 weeks
- Anxiety that feels overwhelming or out of control
- Intrusive thoughts (about harm to yourself or your baby) — very common with PND/PNA, not your fault
- Feeling completely disconnected from your baby
- Unable to sleep even when your baby sleeps, or sleeping excessively
- Loss of appetite or eating compulsively
- Feeling like your family would be better off without you

**PND is not a sign of weakness or failure. It is an illness — and it is treatable.**

## Small things that genuinely help:

- Tell someone honestly how you are — not 'fine'
- Get outside once a day, even for 10 minutes
- Reduce social media comparing your recovery to others
- Accept imperfect support — even a text conversation counts
- Postpartum Support International ([postpartum.net](http://postpartum.net)), your doctor, and trusted support groups are good first steps

# Feeding Without Pressure

*Fed is best. Supported mama is best. Both matter equally.*

## Breastfeeding — what no one tells you

Breastfeeding is natural but not always easy. Latch issues, nipple pain, engorgement, oversupply, undersupply, and cluster feeding can all make the first weeks challenging. This does not mean you are failing. It means you and your baby are learning a new skill together — often while exhausted. Most issues are solvable with the right support.

- Contact a certified lactation consultant (IBCLC) for latch issues — early support makes a huge difference
- Cluster feeding (feeding every 30–60 minutes) is normal in growth spurts — it does not mean low supply
- Lanolin or breast milk on nipples after feeds helps healing
- Feed on demand (8–12 times per 24hrs in early weeks) to establish supply
- Tongue tie is common and can affect feeding — ask your healthcare provider to check

## If you choose or need to formula feed:

Formula feeding is a completely valid choice. Your baby will thrive, and you deserve to feed in the way that works for your family without guilt. If you're stopping breastfeeding: reduce gradually if possible to prevent mastitis, wear a supportive bra, and expect some discomfort for a few days.

## Nourishing yourself while feeding:

- Breastfeeding requires ~500 extra calories daily — eat, don't restrict
- Stay hydrated: aim for a large glass of water at every feed
- Iron-rich foods help combat postnatal fatigue (red meat, lentils, dark leafy greens)
- Omega-3s (oily fish, flaxseed) support your mood and baby's brain development



*However you feed your baby — you are doing it with love.*

# Nourishing Your Body

*Food is medicine right now. Eating well is not a luxury — it is recovery.*

## Why nutrition matters postpartum

Your body is healing tissue, producing hormones, potentially breastfeeding, and running on disrupted sleep — simultaneously. Nutrition directly affects wound healing, energy levels, mood, milk production, and how quickly your body recovers. Now is absolutely not the time to restrict food or 'get your body back.'

## Key nutrients to prioritise:

- Iron: replenishes blood loss from birth — red meat, lentils, spinach, fortified cereals
- Protein: essential for tissue repair — eggs, fish, chicken, legumes, Greek yoghurt
- Calcium: especially if breastfeeding (your bones donate calcium to milk) — dairy, almonds, broccoli
- Omega-3 fatty acids: support mood and reduce postnatal depression risk — salmon, mackerel, walnuts
- Vitamin D: deficiency is very common postpartum — a daily supplement of 400-800 IU is widely recommended
- Folate/B vitamins: cell repair and energy — leafy greens, eggs, wholegrains
- Zinc: immune function and wound healing — pumpkin seeds, meat, chickpeas

## Practical tips when cooking feels impossible:

- Batch cook in pregnancy or ask friends/family to bring meals in first weeks
- Overnight oats, smoothies, and one-pot soups require almost no effort
- Keep snacks accessible: nuts, fruit, cheese, boiled eggs near your feeding spot
- Warm meals are preferable to cold — they support digestion and warmth in recovery
- Avoid ultra-processed foods that spike and crash blood sugar (worsen mood and fatigue)



*Every nourishing thing you eat is an act of care for yourself.*

# The Reality of Sleep

*Sleep deprivation is genuinely hard. Understanding it helps.*

## What sleep deprivation actually does

Losing 2–3 hours of sleep per night has the same cognitive effect as being legally drunk. It impairs memory, emotional regulation, pain tolerance, decision making, and immune function. Knowing this isn't meant to alarm you — it's meant to explain why you feel the way you do. You are not broken. You are severely sleep-deprived while doing the hardest job of your life.

## Evidence-based coping strategies:

- Prioritise one longer sleep block per 24 hours (3–4 hours) over lots of broken naps
- Share night duties — even if breastfeeding, a partner can settle the baby between feeds
- Limit screens for 30 min before any sleep window: blue light blocks melatonin
- Keep your sleep environment dark and cool (16–18°C is optimal for sleep quality)
- Avoid caffeine after 2pm — it has a 6-hour half-life in your body
- "Sleep when the baby sleeps" only works if you can — if you can't, rest is still valuable

## Nervous system reset techniques:

- 4-7-8 breathing: inhale 4 counts, hold 7, exhale 8 — activates parasympathetic system
- Body scan: mentally relax each body part from toes to head — can take 10 minutes
- Cold water on your wrists and face: resets your autonomic nervous system quickly
- Even 20 minutes of lying still with eyes closed is restorative — it doesn't have to be sleep



*This phase is temporary. Your sleep will return.*

# Your Gentle Daily Reset

*A framework for the hardest days — when everything feels like too much.*

## The minimum viable day — just five things:

1

### Hydrate

Drink a full glass of water within 30 minutes of waking

2

### Nourish

Eat at least one warm, real meal — not just snacks

3

### Move

Step outside for even 5 minutes — fresh air changes your nervous system

4

### Connect

Speak to at least one other adult — in person, on the phone, anything

5

### One kind thought

Say something to yourself that you would say to a friend

## A gentle weekly intention (not a to-do list):

- Monday: Notice — what does my body need this week?
- Wednesday: Rest actively — 20 minutes of intentional stillness
- Friday: Connect — reach out to one person who makes you feel seen
- Sunday: Reflect — name one thing you did well this week, however small

## When today is really hard:

- You do not have to do all five things. Do one.
- Getting through a hard day IS the achievement. Nothing else needed.
- Asking for help counts as doing something. It is not giving up.
- Call your midwife, doctor or healthcare provider if you are struggling — this is what they are for



*You are doing something extraordinary. On the hardest days, just keep going.*



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## Continue Your Recovery Journey

Bloom Mama is your daily postpartum companion —  
personalised, evidence-informed support for every step of your recovery.

- **Daily recovery check-ins**  
Week-by-week guidance tailored to your birth type
- **Full Recovery Programme**  
Progressive, safe exercises from week 1 through 12
- **Pelvic floor & diastasis rehab**  
Evidence-informed programme, no gym required
- **C-section specific support**  
Tailored guidance for abdominal birth recovery
- **Bloom AI Assistant**  
Ask anything, any time — your 24/7 support companion
- **Mental health & mood tracking**  
Check-ins and resources if you are struggling
- **Nutrition & sleep guidance**  
Practical, real-world advice for exhausted parents

**[bloommama.app](https://bloommama.app)**

*You deserve support every single day.*