FOR MOTHERS HEALING AFTER A VAGINAL BIRTH

Vaginal Birth Recovery Week by Week

Heal Faster · Feel Stronger · Feel Like You Again

A step-by-step recovery guide for mothers healing after a vaginal birth

Welcome

If you're reading this, you just brought a whole person into the world. Your body did something extraordinary — and now it needs to heal, while you're also learning to keep a newborn alive on almost no sleep. That's a lot to carry at once.

Vaginal birth recovery doesn't get talked about the way C-section recovery does, and there's a common assumption that if you didn't have surgery, you should just bounce back quickly. That's not how it works. Your body went through hours of intense physical work, your pelvic floor and perineal tissue absorbed real strain, and healing takes real time — whether your delivery was straightforward, involved a tear, or came with an episiotomy or assisted delivery.

This guide exists to give you a clear, week-by-week path — what your body is actually doing at each stage, how to move safely, how to care for your perineum and pelvic floor, and how to take care of your mind through a recovery that deserves far more attention than it usually gets.

You're not overreacting. You're recovering from something real, and you deserve a real plan.

Before You Begin: A Note on Safety

This guide is designed to give you general, evidence-informed education about vaginal birth recovery. It is not medical advice, and it is not a substitute for the personalized care of your OB, midwife, or care team.
Every birth is different — whether you had a tear, an episiotomy, an assisted delivery (forceps or vacuum), or a straightforward birth with no tearing at all, your

recovery timeline will look a little different. Always follow the specific instructions given to you by your provider, especially where they differ from anything in this guide. If something here doesn't match what your care team told you, defer to them — they know your case.
Contact your provider promptly if you notice anything that feels wrong, and always call emergency services or go to the ER for anything that feels urgent. A troubleshooting table with common warning signs is included later in this guide, but it is not exhaustive.

How to Use This Guide

The recovery roadmap is organized into three phases: Weeks 1–2, Weeks 3–4, and Weeks 5–6+, which roughly mirrors how most vaginal birth recovery unfolds. But healing isn't a straight line, and every body moves through these phases differently — especially depending on whether you had tearing, stitches, or an assisted delivery. Some weeks will feel like leaps forward. Others will feel like you're stuck. Both are normal.

Use the checklist at the end as your quick-reference summary once you've read through the full guide once.

PART ONE

1

The Recovery Roadmap

Understanding What's Actually Healing

During vaginal birth, your perineum (the area between the vagina and rectum) stretches significantly, and many women experience some degree of tearing or receive an episiotomy. Your pelvic floor muscles — which supported the weight of your pregnancy for nine months and then did the work of birth — are stretched, fatigued, and need time to regain strength. Your uterus is also shrinking back down over these same weeks, which causes ongoing cramping and bleeding (lochia) that gradually tapers off.

None of this heals overnight. Perineal tissue typically takes a few weeks to feel more comfortable, but pelvic floor strength can take considerably longer — often months — to fully rebuild. This is why rest and gradual movement both matter: too much activity too soon can slow healing or worsen pelvic floor symptoms, but staying still isn't the goal either.

Weeks 1–2: Foundational Healing

This phase is about protecting your perineum, managing bleeding and swelling, and gentle, restorative movement — not “bouncing back.”

What your body is doing: Any tearing or stitches are in their earliest healing stage. Bleeding (lochia) is heaviest and gradually lightens. Swelling and soreness in the perineal area are common. Your uterus is beginning to contract back down, which can cause cramping, especially while breastfeeding.

Safe movement:

— Short, slow walks around your home as tolerated — walking supports circulation and mood without straining healing tissue

— Gentle belly breathing (see box below) to begin reconnecting with your core safely

— Resting in positions that take pressure off your perineum, such as lying on your side

— Using a peri bottle with warm water after using the bathroom, and patting (not wiping) dry

Avoid during this phase:

— Sitting for long periods without a cushion if you have stitches or significant swelling

— Straining during bowel movements — stool softeners, if recommended by your provider, are worth having on hand

— Heavy lifting — typically nothing heavier than your baby unless cleared otherwise

— Inserting anything into the vagina, including tampons, and penetrative intercourse, until cleared by your provider

— Ignoring pain that's getting worse instead of better — this is a signal to check in with your provider, not push through

TRY THIS

Belly Breathing (safe from Day 1)

Lie down or sit comfortably. Place one hand on your belly. Inhale slowly through your nose, letting your belly rise gently under your hand. Exhale slowly through pursed lips, feeling your belly soften and your pelvic floor gently release. Repeat for 5–10 breaths. This helps you reconnect with your deep core and pelvic floor without any strain, and it's a genuinely useful practice in the first two weeks.

Weeks 3–4: Gentle Rebuilding

What your body is doing: Perineal soreness is typically easing, though it can still be tender, especially with tearing or stitches. Bleeding continues to lighten and change color. Energy may start to slowly return, though sleep deprivation keeps fatigue high for most people well beyond this window.

Safe movement (as tolerated, and once any stitches feel more settled):

- Longer walks, gradually increasing pace and distance as it feels comfortable
- Continued belly breathing, progressing toward gentle pelvic floor engagement (see below) if pain-free
- Light household tasks that don't involve heavy lifting or straining
- Beginning to check in with your pelvic floor and core before adding any new movement

Still avoid:

- Traditional core exercises (sit-ups, crunches, planks) until your pelvic floor has more strength back

— High-impact activity of any kind (running, jumping)

— Heavy lifting beyond your provider's guidance

— Anything that causes a pulling, heavy, or dragging sensation in the pelvic area — this is a stop signal, not something to push through

TRY THIS

Gentle Pelvic Floor Engagement

Sit or lie comfortably. As you exhale, gently draw up and inward through your pelvic floor, as if slowing the flow of urine or gently lifting away from the seat beneath you. Hold for 2–3 seconds, then fully release — the release matters as much as the squeeze. Start with 5–8 gentle reps and stop if you feel any heaviness or discomfort. Introduce only if belly breathing feels easy and pain-free.

Weeks 5–6 and Beyond: Returning to Strength

What your body is doing: Most providers will do a postpartum check around this point to assess healing, check your pelvic floor, and give clearance for more activity — this checkup matters, and it's worth requesting one specifically if it isn't automatically scheduled.

Once you have your provider's clearance:

— Gradually reintroducing light strength work, starting with the deep core and pelvic floor before any traditional ab work

— Slowly increasing walking intensity or introducing light cardio if it feels good

— A gradual, guided return to more structured exercise — a pelvic floor physical therapist can be genuinely useful here, even if nothing feels “wrong”

— Being patient — clearance to resume activity doesn't mean your body is back to its pre-pregnancy baseline; it means it's safe to start rebuilding

Still use caution with:

— Returning to pre-pregnancy exercise routines all at once — ease back in over weeks, not days

— High-impact activity — build back gradually, and pay attention to any leaking, heaviness, or pelvic pressure that shows up as you increase intensity

— Resuming intercourse — go at the pace that feels right for you, communicate with your partner, and know that some tenderness or reduced sensation early on is common and typically improves with time

Checking In With Your Pelvic Floor

Your pelvic floor supported your entire pregnancy and did significant work during birth — checking in with it matters just as much as checking a C-section scar.

Signs worth paying attention to as you increase activity:

— Any leaking of urine when you cough, sneeze, laugh, or exercise

— A feeling of heaviness, pressure, or “something falling out” in the vaginal area

— Ongoing pain during intercourse beyond the early healing window

— Lower back or pelvic pain that doesn't improve with rest

These symptoms are common — but common doesn't mean they should be ignored or accepted as permanent. A pelvic floor physical therapist can assess what's going on and guide you through a proper rebuilding plan. This is a legitimate, often underused resource for postpartum recovery, not an extreme step.

PART TWO

2 Perineal & Tear Care Protocol

The Healing Timeline

If you had a tear or episiotomy, the area typically feels most tender in the first 1–2 weeks, gradually becomes more comfortable over weeks 2–6, and continues softening and settling for months afterward. Even without stitches, the perineum has stretched significantly and needs time to recover its comfort and tone.

Weeks 1–2: Protect and Soothe

— Use a peri bottle filled with warm water to rinse the area after using the bathroom, then pat gently dry rather than wiping

— Sit on a cushion or pillow if sitting causes pressure or discomfort

- Cold packs (specifically designed for perineal use, or a clean pad with a cold compress) can help with swelling in the first few days
- Change pads frequently and keep the area as clean and dry as reasonably possible
- Watch for signs of infection (see the troubleshooting table) — this is the most important thing to monitor in this window

Weeks 2–6: As Healing Progresses

- Warm sitz baths can be soothing and support healing once your provider confirms it's appropriate for your specific situation
- Continue gentle, careful hygiene — warm water rinses rather than harsh soaps directly on the area
- Mild itching as stitches (if dissolvable) heal is common; avoid scratching
- Avoid tampons, douching, and penetrative intercourse until your provider gives clearance
- If a tear or episiotomy was repaired, avoid direct pressure or friction on the area during this window

Once Cleared By Your Provider: Returning to Comfort

- A water-based lubricant can help significantly if intercourse feels uncomfortable at first — this is common and doesn't mean something is wrong
- Communicate openly with your partner about pacing; there's no “should” timeline here
- If discomfort persists well beyond the early weeks, or intercourse remains painful, this is worth raising with your provider rather than assuming it's just something to live with

A Note on Hemorrhoids

Hemorrhoids are extremely common after vaginal birth, caused by the pressure of pregnancy and pushing during delivery. Witch hazel pads, sitz baths, staying hydrated, and avoiding straining during bowel movements can all help. If they're significantly painful or don't improve over time, mention it to your provider — there are safe treatment options.

PART THREE

3 Nutrition for Healing

Your body just did an enormous amount of physical work, and postpartum healing — plus milk production if you're breastfeeding — places real demands on it. This isn't the season for restrictive eating.

What to Prioritize

Protein: Supports tissue repair throughout your body. Eggs, poultry, fish, beans, lentils, Greek yogurt, and tofu are accessible options — aim to include a protein source at most meals.

Fiber and fluids: Constipation is common in the early postpartum weeks, and straining is something to genuinely avoid while your perineum heals. Fiber-rich foods (fruits, vegetables, whole grains, beans) paired with plenty of water make a real difference. A stool softener, if recommended by your provider, is worth having ready before you need it.

Iron-rich foods: Blood loss during delivery is common, and low iron can worsen fatigue layered on top of newborn sleep deprivation. Leafy greens, beans, lean meats, and fortified cereals are useful additions.

Vitamin C: Supports tissue healing and collagen production. Citrus, berries, bell peppers, and tomatoes are easy ways to work it in.

Hydration: Especially important if you're breastfeeding, and it also supports digestion, energy, and swelling.

Practical Reality

You have a newborn. Elaborate meal prep isn't realistic in the early weeks. A few genuinely useful strategies:

- Pre-make or freeze easy protein-forward meals before your due date if you can
- Keep easy, no-prep protein snacks within arm's reach of wherever you're feeding your baby — hard-boiled eggs, string cheese, nut butter, yogurt cups
- Say yes when people offer to bring food, and if they ask what you need, tell them specifically: a casserole, a soup, groceries
- Prenatal vitamins are generally recommended to continue through postpartum recovery, especially if breastfeeding — confirm with your provider

PART FOUR

4 Feeling Like Yourself Again

The Part Nobody Prepares You For

Vaginal birth recovery gets treated like it should be simple — no surgery, so it's assumed to be an easier road. That assumption misses a lot. Birth, however it happens, can be physically intense, sometimes frightening, and

emotionally complicated in ways that don't always get airtime.

Some common experiences worth naming, because naming them can make them feel less isolating:

- **Feeling shaken by how intense birth actually was,** even if everything went “normally” from a medical standpoint
- **Processing an assisted delivery or unexpected tearing,** which can carry its own disappointment or fear even without surgery
- **Feeling disconnected from or unfamiliar with your body,** especially the pelvic area, after such a significant physical event
- **Frustration that recovery isn't as fast as expected** — from others' comments or your own assumptions about “just” having a vaginal birth
- **A sense that your experience doesn't warrant support** because it wasn't a C-section, which is untrue but a real feeling many mothers describe

If any of this resonates, you are not alone, and none of it means anything is wrong with you. It means you went through something significant that deserves acknowledgment, not just quiet endurance.

Small Practices That Help

- **Let yourself talk about your birth story,** even the hard or unexpected parts — with a partner, friend, therapist, or postpartum support group.
- **Track small wins, not milestones.** “I sat comfortably through a meal today” is a real accomplishment in week two. Let it count.
- **Give your body credit rather than judgment.** It carried a pregnancy and did the physical work of birth — that deserves patience, not criticism.

— **Ask for help without guilt.** Needing support after birth and a newborn arriving at the same time isn't a failure — it's the expected, appropriate response to a genuinely hard season.

— **Watch for signs of postpartum mood changes** that go beyond typical adjustment — persistent sadness, anxiety, or disconnection that don't ease with time are worth bringing to your provider.

You grew a person, then brought them into the world. Give yourself the same patience you'd give a friend going through this exact thing.

PART FIVE

5 When to Call Your Provider

Use this table as a quick reference. This list is not exhaustive — when in doubt, call. It's always better to ask a question that turns out to be nothing than to wait on something that needed attention.

Symptom	What to Do
Fever over 100.4°F (38°C)	Call your provider promptly
Heavy bleeding (soaking a pad in an hour) or large clots	Call your provider promptly / seek urgent care
Foul-smelling vaginal discharge	Call your provider promptly
Increasing pain, redness, or swelling at the perineum or stitches	Call your provider promptly
Severe or worsening abdominal or pelvic pain	Call your provider promptly
Pain, swelling, or redness in one leg	Seek urgent medical care

Symptom	What to Do
Shortness of breath or chest pain	Seek emergency care immediately
Severe headache that doesn't improve, or vision changes	Call your provider promptly / seek urgent care
Difficulty urinating, or leaking stool/gas unexpectedly	Call your provider promptly
Thoughts of harming yourself or overwhelming feelings you can't shake	Reach out to your provider or a mental health professional right away

If anything feels seriously wrong and you're unsure whether it can wait, it's always reasonable to call your provider's after-hours line or go to urgent/emergency care. Trust yourself here.

Quick Reference Checklist

Weeks 1–2

- Use a peri bottle after the bathroom; pat, don't wipe
- Short, gentle walks, increasing gradually
- Belly breathing daily
- Watch for infection or bleeding warning signs
- No straining, heavy lifting, or vaginal insertion of any kind
- Prioritize protein, fiber, fluids, and rest

Weeks 3–4

- Continue walking, gradually increasing distance
- Introduce gentle pelvic floor engagement if pain-free
- Begin checking in with pelvic floor symptoms
- Still avoid core exercises, heavy lifting, high impact
- Continue nutrition focus; consider iron and vitamin C

Weeks 5–6+

- Attend postpartum checkup and get clearance to progress
- Consider a pelvic floor physical therapy check-in
- Gradually rebuild strength, deep core and pelvic floor first
- Reintroduce activity and intimacy slowly, not all at once
- Check in on your emotional recovery, not just physical

Ongoing

- Talk about your birth story when you're ready
- Track small wins
- Ask for help without guilt
- Watch for mood changes that don't ease with time — reach out if they don't

A Final Word

Vaginal birth recovery isn't a straight line, and it isn't a race — no matter how "routine" your delivery may have looked on paper. Some days you'll feel like you're bouncing back. Others, you'll feel like you're starting over. Both are part of the same healing process.

You don't have to do this perfectly. You just have to keep showing up for yourself the way you're showing up for your baby — one week, one walk, one small win at a time.

You did something incredible. Now it's your turn to heal.