Postpartum Recovery Timelines

and you education

While every woman and birth is unique, we hope that these recovery timelines – developed by a midwife and physical therapist – will help you know what to expect during this period. For more expert support, explore our postpartum and movement courses.

	weeks 0–2	weeks 2–4	weeks 4–6	weeks 6–12+
	INITIAL RECOVERY & SACRED REST	**GENTLE MOVEMENT & EMOTIONAL SHIFTS**	**STRENGTH RETURNS & CAUTION REMAINS**	**REINTEGRATION & CORE RECOVERY**
PHYSICAL RECOVERY	Uterus begins shrinking and cramping is normal, especially during nursing Lochia: heavy red bleeding, can have clots the size of golf-balls gradually lightens in abundance and color Bowel movement typically returns by day 2–3; stay hydrated and use stool softeners Excess fluid leaves body via urination and night sweats; wear breathable clothing	Uterus continues to shrink and sits lower in the pelvis Lochia should be much lighter. A return to bright red means you need to slow down. Nipple pain from breastfeeding should improve with correct latch Any vaginal or perineal stitches should dissolve/be removed. Sitz bath can help with discomfort.	Uterus nearly returned to pre-pregnancy size Bleeding has mostly stopped and discharge is yellow or white in color. **C-section** incision may still be sensitive; avoid aggressive movement Neck and back discomfort common from feeding posture	6-week checkup gives you the clearance for exercise and intimacy **C-section** scar may remain tender; nerve healing takes time (~6+ months). Consider silicone scar treatments. Persistent pelvic pain or dyspareunia (pain during sex) may require pelvic floor physical therapy Vaginal and perineal tissues typically fully healed.
MOVEMENT	**Vaginal birth** Mostly rest. Light walking only if it feels good. Pain & bleeding = overexertion. **C-section** Avoid stairs. Practice bed mobility, deep breathing. Light walks near home. Protect incision; avoid abdominal work.	Gentle stretching: chest openers, chin tucks, doorway and mid-back stretches, hamstring stretches, clamshells, open books, glute activation, calf raises, marching in place, 360 breathing. **C-section** Continue rest and gentle walking. No core work yet. Avoid pressure on incision.	Focus on posture, glute activation and safe core engagement. **Vaginal birth** Start gentle strength: bridges, bird dogs, light squats. **C-section** Introduce pelvic tilts, hamstring work, banded rows, and shoulder mobility. Still protect the scar area.	Resume low-impact fitness (yoga, Pilates, swimming). Begin core recovery after assessing for diastasis recti. Progress glute and pelvic floor strength carefully before doing any high impact.
MENTAL/EMOTIONAL	Baby has no circadian rhythm — expect frequent night wakings. Prioritize naps & rest when baby sleeps Emotional vulnerability and fatigue are normal Give yourself grace	Hormonal shifts may bring mood swings or tears Begin noticing emotional ups and downs — this is a tender transition period Awareness of how rest and movement impact mood	"Fourth Trimester" in full effect and identity changes often intensify Baby blues should be lifting. Persistent anxiety, sadness, or detachment? Seek support. Acknowledge that not feeling "like yourself" is normal and temporary	Begin rebuilding routines & reconnecting with your new identity Look for opportunities to connect with other parents or supportive communities Prioritize mental and emotional self-care Healing isn't linear and each birth is unique

For more support and information visit www.andyoueducation.com to discover our Postpartum Wellness Program