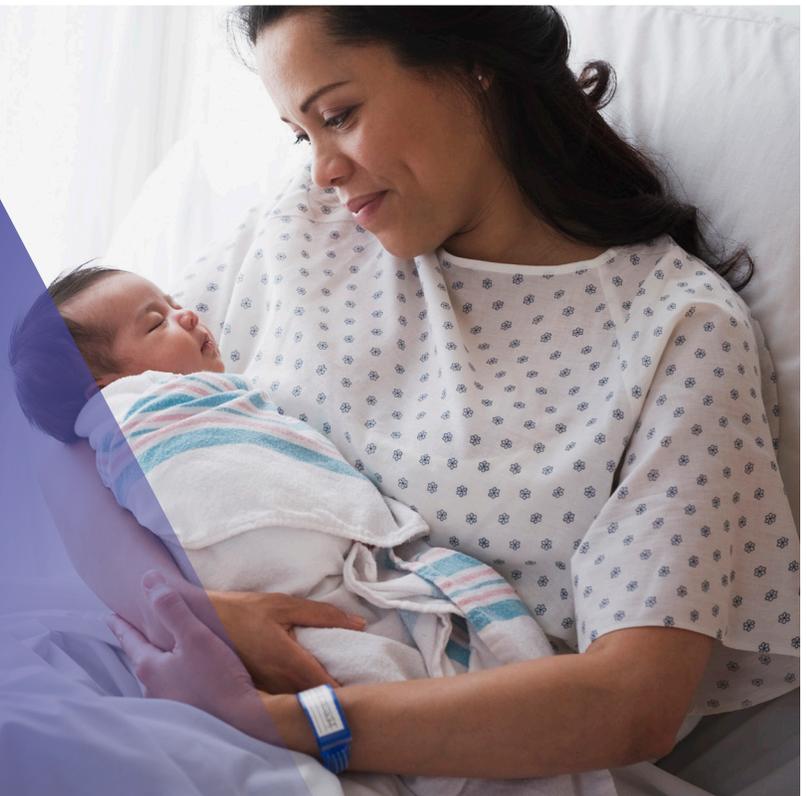


Postpartum Instructions

Self-Care Following the Birth of Your Baby



Congratulations!

The first few weeks with your new baby are exciting, and can also be overwhelming. While you are getting to know your little one, remember that you need to take care of yourself as well.

This resource includes helpful tips for your recovery process. Please call or send a message through MyNM, powered by MyChart, or the MyNM® app with any questions or concerns. For more emergent concerns, please call the office.

Unless directed otherwise by your healthcare provider, you will need to schedule your 6-week postpartum appointment as soon as possible. Call our office during your first week at home at 312.926.8811, TTY 312.926.6363.

We look forward to seeing you in 6 weeks at your follow-up visit!

Medication	How Much	Instructions
Ibuprofen (Motrin®, Advil®)	600 mg (or 3 tablets that are 200 mg each)	Take every 6 to 8 hours as needed for cramping, muscle soreness and inflammation.
Acetaminophen (Tylenol®)	650 to 1,000 mg	Take every 4 to 6 hours as needed for pain. Do not take more than 4,000 mg in a 24-hour period.
Docusate sodium (Colace®, Dulcolax®)	100 mg	Take 2 times a day as needed for constipation. You can also use fiber supplements as needed.
Narcotic pain medication (if prescribed)	As directed	Follow instructions from your healthcare provider. These may cause drowsiness and increased constipation.
Iron	As directed	Follow instructions from your healthcare provider.



The information on the following pages will help you understand what to expect over the next days and weeks as you recover.

Self-care

Vaginal bleeding

Postpartum bleeding and discharge (lochia) can last up to 6 weeks. It can start out bright red and heavy during the first few days and change to dark red, brown, pink or whitish-yellow.

You may notice a gush of blood when you first stand up after you have been lying down, nursing your baby or increasing your activity. This is normal. Do not use tampons.

If heavy bleeding continues after resting, or if you soak 1 thick pad per hour, contact your healthcare provider.

Perineal care

The perineum is the area between your vaginal opening and your anus. Soreness in this area is normal following all deliveries, whether or not you have a tear.

You will usually feel the most discomfort during the first few days following delivery. Your activity level may also affect your comfort level.

It is important to keep your perineum clean after delivery. Follow these instructions:

Wash your hands before and after perineal care, urinating or having a bowel movement.

Change your pads frequently, at least every 4 hours while awake.

Remove soiled pads from front to back.

Always wipe from front to back.

Use the hospital-provided squirt bottle or pour warm water over your perineum after urinating or having a bowel movement.

- > This will help cleanse the area and provide pain relief while urinating.
- > You can also use a removable showerhead to gently cleanse the area.

Do not use tampons or insert anything into your vagina.

Take sitz baths as often as needed.

- > Fill the bathtub with 6 to 8 inches of warm water.
 - > Soak in the tub until the water cools off (about 10 to 20 minutes).
 - > Do not add soaps, salts, oils or powders to the water.
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Cesarean delivery

If you had a Cesarean delivery (C-section), follow these instructions:

You may remove Steri-Strips™ if they have not fallen off on their own after 2 weeks.

Keep your incision dry. Pat it dry after showering. Do not take tub baths for 2 weeks.

Wear loose-fitting clothes to prevent binding the area.

Do not lift anything heavier than 10 to 15 pounds for the first 6 weeks.

Do not drive for at least 2 weeks. Before driving, make sure you are able to brake and turn quickly if needed.

You may use stairs, but move slowly and carefully.

Call your healthcare provider if your incision is red, inflamed or oozing, or has a foul odor.



Most women have colostrum (the first milk) immediately after birth. Your milk should come in 2 to 4 days after delivery. You may notice that your breasts become quite large and uncomfortable (engorgement).

If you are breastfeeding your baby

Try to feed your baby every 2 to 3 hours to empty your breasts. Your breasts and nipples may be quite tender in the beginning. The following suggestions will help:

Apply warm compresses to your breasts to help the milk letdown before nursing.

Squeeze out some colostrum/milk, rub onto your nipples and let them air dry after nursing.

Apply lanolin cream or Lansinoh® to your nipples after nursing.

To help with the discomfort of engorgement, you can apply warm packs before nursing and cold packs after nursing, and take medications as directed by your healthcare provider.

Talk with your healthcare provider about other options.

If you are bottle-feeding your baby

If you are not nursing, your body will still produce milk for your baby in the beginning. Follow the instructions below to help your body to stop producing milk.

Wear a tight-fitting bra 24 hours a day. Sports bras may be more comfortable.

Apply ice packs to your breasts and avoid heat.

Avoid stimulating your breasts. Turn your back to the shower.

Take ibuprofen as directed for tenderness.

The following symptoms may be signs of a breast infection, which may need antibiotics. Call your healthcare provider if you develop any of these symptoms:

A breast mass that will not go away after nursing

Breast redness

Breast tenderness to the touch

Open sores on your breasts or nipples

Temperature more than 100.4 degrees F

Nutrition

The average weight loss for women is 10 to 12 pounds right after delivery, but this can be different for each woman. This is not a good time to try dieting to lose the weight you gained during pregnancy.

Be sure to eat a well-balanced diet and drink plenty of water. This will replace some of the fluids you lost during childbirth. If you are breastfeeding, this is also needed to establish and maintain breast milk production. Breastfeeding requires 500 to 600 more calories a day.

Uterine cramping

The contractions of the uterus after delivery are called afterbirth pains. Breastfeeding may worsen afterbirth pains since it stimulates the release of oxytocin, a contraction-stimulating hormone. Uterine contractions usually are stronger in women who have already had children.

If you have afterbirth pains, the following may provide relief:

Keep your bladder empty.

Take warm showers or baths.

Use heat packs on your abdomen.

Try relaxation techniques.

Use over-the-counter pain medications as needed (*see page 1*).

Urination and bowel function

A full bladder may prevent your uterus from fully contracting. This may cause you to bleed more. Bladder fullness can also increase afterbirth pains and increase your chances of having a urinary tract infection. To help avoid any complications:

Empty your bladder as soon as you have the urge.

Try to urinate every couple of hours while awake in the first days after delivery.

Bowel function should return to normal within a few days after a vaginal delivery. The following tips will help:

Drink plenty of water.

Eat a high-fiber diet that includes fresh fruits and vegetables.

Engage in mild activity, such as walking.

Avoid enemas, unless ordered by your healthcare provider. Stool softeners or bowel stimulants may be recommended for you.

Hemorrhoids

Hemorrhoids, which can cause itching and pain, are common during pregnancy and right after delivery. Sitz baths, witch hazel compresses or Tucks®, Anusol® HC, Preparation H® and mild pain relievers may help. Prevention of constipation promotes healing of the hemorrhoids and reduces the discomfort they cause.

Activity

As you recover, try to gradually increase your activity as tolerated. Listen to your body and do not overexert yourself. Once you are home, you can begin to do light housework, and take short walks and short trips out of the house.

As you increase your activities, pay close attention to how you feel. If you become tired, cut back on your activities and get more rest. Walking is encouraged, and you should gradually increase the distance you walk. You may do light exercise as you are able. Check with your healthcare provider before starting any vigorous, high-impact exercise program, or wait to discuss this at your 6-week postpartum visit.

Sexual intercourse

To ensure healing, do not have sexual intercourse before your 6-week postpartum visit. At this visit, we will also discuss birth control options.

Breastfeeding alone is not an effective birth control method.

You can ovulate and conceive before your period starts again.

Once you and your partner resume intercourse, you may notice less lubrication in your vagina, especially if you are breastfeeding. You may use a lubricant, such as K-Y Jelly® or Astroglide® for comfort.

Emotional adjustment

Many women in the postpartum period have concerns about their personal health and well-being, as well as the well-being of their baby. New mothers may often have these common symptoms and concerns:

Fatigue	Loss of independence
Discomfort	Family needs
Difficulty moving around	Relationships
Sleep problems	Safety
Worries about mothering skills	Body image

In addition, fatigue, sleep deprivation, hormone changes, social isolation and the demands of caring for a new baby may lead to feelings of fear, anxiety, frustration, sadness and loss of control. Mood changes lasting longer than 14 days may be a sign of postpartum depression.

We are here to support you. We can provide you with the right care and referrals to healthcare providers who specialize in the emotional aspect of postpartum care. Please call your provider right away if you begin to have signs of postpartum anxiety or depression.

When to call your healthcare provider

Call us right away at 312.926.8811 if you have any of these symptoms:

Heavy vaginal bleeding that does not stop, or the passage of large clots or tissue

Temperature more than 100.4 degrees F

Severe abdominal pain or cramping

Depression, crying too much and/or sleep problems

Severe pain or swelling in the area of your vaginal stitches or C-section incision

Pus-like discharge around your vaginal stitches or C-section incision, with or without foul odor

Breast pain and redness

Pain, redness or warmth in your legs with swelling

Shortness of breath

Chest pain

Severe headaches or visual changes

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