

# Postpartum Instructions

## DOs

- Go to bed early
- Limit visitors
- Accept help with chores and meals
- Sleep when the baby sleeps
- Listen to your body

## DON'Ts

- Don't lift anything heavy
- Don't put anything in the vagina until your 6-week postpartum visit (tampons, intercourse)
- Don't add bath salts, perfumed bubbles, soaps to baths

## Postpartum Warning Signs

**You should notify us immediately if you experience any of these symptoms:**

- Heavy vaginal bleeding that does not stop, or the passage of large clots or tissue
- Fever above 100.4 F and/or chills
- Severe abdominal pain or cramping
- Depression, excessive crying, inability to sleep
- Severe pain or swelling of the episiotomy site or perineum
- Pus-like discharge from the episiotomy site with or without foul odor
- Breast pain, redness
- Increased swelling in the legs with associated pain, redness, warmth
- Shortness of breath
- Chest pain

## Normal Postpartum Course

- Vaginal bleeding is normal for 4–6 weeks although it may stop earlier, or stop and start; the passage of small clots (the size of a walnut or smaller) is normal; bleeding will start out red and heavy and becomes lighter in color and amount.
- Stitches will dissolve in about 6 weeks. This area will feel painful at first, then stretchy, then itchy as it heals.
- Breast milk should come on the second through fourth day
- Uterine cramping will increase with breastfeeding and successive children
- Hemorrhoids

Call our office at **312-926-8811** during your first week home to make your 6-week postpartum appointment, unless directed otherwise by your provider.

## Recommended Medications

- Prenatal vitamin daily
- Iron, if indicated
- Ibuprofen (Motrin®, Advil®) 600 mg (or three 200 mg tablets) every 6 to 8 hours, if needed (good for cramping, muscle soreness)
- Tylenol® 650–1000 mg every 4 to 6 hours, if needed
- Docusate Sodium (Colace®, Dulcolax®) 100 mg twice, daily
- Narcotics (if prescribed) - caution (can make drowsy, increase constipation)

## Self Care

### Vaginal Bleeding

Lochia is the name given to postpartum bleeding and discharge. This bleeding will last up to 6 weeks. It will 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 persists after resting, or if you soak one thick pad per hour, contact your care provider.

### Perineal Care

Perineal soreness is normal following all deliveries whether or not you have a laceration or an episiotomy. Usually this discomfort is most severe during the first few days following delivery, but your activity level may also affect your comfort level.

Good perineal hygiene is essential after delivery and includes:

- Washing hands before and after perineal care, urinating or having bowel movement
- Changing your pads frequently, at least every 4 hours while awake
- Removing soiled pads from front to back
- Always wiping from front to back
- Using the hospital-provided squirt bottle or pouring warm water over the 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 shower head to cleanse the area.
- Avoiding tampons
- Taking sitz baths (fill tub with 6 to 8 inches of warm water and soak until the water cools off (about 10–20 minutes); do not add soaps or powders to the water
- Using witch hazel compresses, Tucks® medicated pads, or Anusol® HC for perineal discomfort or hemorrhoid pain

## Cesarean Section

- May remove steri strips if still present after 2 weeks
- Keep incision dry (pat dry after showering)
- Keep clothes from binding area
- Call if incision is red, inflamed, oozing or has a foul odor
- No heavy lifting (nothing heavier than infant)
- No driving for 2 weeks. Before driving, make sure you would be able to brake and turn quickly if needed
- May use stairs slowly

## Breast Care for Breastfeeding Moms

Most women have colostrum (the first milk) immediately after birth. Your milk should come in 2 to 4 days after delivery. You can anticipate your breasts getting quite large and uncomfortable (engorgement). Try to feed the baby about every 2 to 3 hours in order to empty the breasts. Your breasts/nipples may get quite tender during this time of transition. The following suggestions will help:

- Apply warm compresses to breasts to help the milk let-down before nursing
- Squeeze out some colostrum/milk and rub onto nipples and let air-dry after nursing
- Apply lanolin cream, or Lansinoh® to nipples after nursing
- Apply cabbage leaves to breast after nursing (buy a whole cabbage and keep it refrigerated, using one leaf at a time for each breast)

Call if you have any of the following symptoms (signs of breast infection, which may need antibiotics):

- Breast mass that will not go away after nursing
- Red breast
- Breast tender to the touch
- Open sores on breasts/nipples
- Fever above 100.4 F

## Breast Care for Bottle Feeding Moms

If you are not nursing, you will still produce milk for your baby. Follow the instructions below to minimize the time it takes your body to stop producing milk.

- Wear a tight fitting bra 24 hours a day (sport bras may be more comfortable)
- Apply ice packs to breasts; avoid heat
- Avoid stimulation of breasts (turn your back to the shower)
- Take ibuprofen as needed for tenderness

## Nutrition

While the average weight loss is 10–12 pounds immediately after delivery, this varies from woman to woman. This is not the time to undertake a diet to lose the weight you gained during pregnancy. If you are breastfeeding, you will need to consume additional amounts of food that come from a well-balanced diet. Nursing requires an additional 500–600 calories a day. Adequate fluid will replace some of the fluids you lost during childbirth and is critical to establishing and maintaining breast milk production.

## Uterine Cramping

The contractions of the uterus after delivery are called afterbirth pains. The afterbirth pains worsen with early breastfeeding efforts, since nursing stimulates the release of a contraction-stimulating hormone called oxytocin. They are usually stronger in women who have already had children. Comfort measures include keeping your bladder empty, taking warm showers or baths, using hot water bottle on your abdomen and relaxing techniques. A mild analgesic suggested by your provider can be used to provide relief.

## Urination/Bowel Function

You should empty your bladder as soon as you have the urge to void and try to urinate every couple of hours while awake in the first days after delivery. A full bladder may prevent effective uterine contractions, resulting in an increased blood loss for you. Bladder fullness can contribute to the “afterpains” discussed earlier, and an increased risk of urinary tract infection.

## Postpartum Instructions *(continued)*

Bowel function should return to normal within a few days of vaginal delivery. Drink plenty of fluids, eat a high fiber diet, especially fresh fruits and vegetables and engage in some sort of activity. Walking is usually adequate to increase the activity level of your intestines. Enemas should be avoided, unless ordered by your care provider. Stool softeners or bowel stimulants may be prescribed for you.

### Hemorrhoids

Hemorrhoids, which can cause itching and pain, are not uncommon during pregnancy and immediate after delivery. Sitz baths, witch hazel compresses or Tucks®, Anusol® HC and mild analgesics may provide relief. Prevention of constipation promotes healing of the hemorrhoids and also reduces the discomfort associated with them.

### Activity

You will be able to resume your usual activities more rapidly if you have an uncomplicated vaginal delivery, rather than a complicated birth or a cesarean section. Listen to your body and do not overexert yourself. Light housework, short walks and short trips out of the house can begin soon after discharge from the hospital. If you become fatigued, cut back on your activities and get more rest. Gradually increase your activities, paying close attention to how you feel. Kegel exercises should be started as soon as possible. Abdominal tightening exercises, neck lifts and pelvic tilts can be added. Walking is encouraged and you should gradually increase the distance you walk. Check with your provider before starting any vigorous exercise program or wait until your 6-week postpartum visit.

### Resuming Intercourse

Abstinence is best until the 6-week postpartum visit. Your provider will want to make sure everything is fully healed before you put anything in your vagina. It is important to think about birth control options. Discuss these with your provider at your 6-week postpartum visit. Breastfeeding alone is not an effective birth control method. You can ovulate and conceive before your first postpartum period. Once intercourse is resumed, you may notice less lubrication of the vagina, especially if you are breastfeeding. Lubrication such as K-Y Jelly® or Astroglide® can be used prior to penetration.

### Emotional Adjustment

Women in the postpartum period report concerns about their personal health and wellbeing, as well as the wellbeing of the baby. Studies have indicated that the concerns of new mothers include fatigue, discomfort, impaired mobility, sleep disturbances, worries about mothering skills, dependence, family needs, relationships, safety and body image. Fatigue, sleep deprivation, hormone fluctuations, social isolation and the demands of caring for a new baby may lead to feelings of fear, anxiety, frustration, sadness, and loss of control. If you begin to experience depression, fear hurting yourself or your baby, lose interest in your appearance, cannot eat or sleep, call your provider immediately. It is important that you report this to us so we can provide you with appropriate care and referrals to specialists in this area.