

After Delivery

Postpartum Instructions

The following guidelines will help both you and your baby have a healthy and happy postpartum recovery. Please call our office at (920) 468-3444 to schedule your postpartum visit 6 weeks after your delivery, or if you have any other questions or concerns.

Call Your Health Care Provider if any of the Following Occur:

- A flu-like feeling, fever $>100.5^{\circ}$ or chills
- Foul-smelling discharge or unusual abdominal tenderness
- Redness or tenderness of your breasts
- Extreme tenderness in the area of your stitches or vagina
- Tenderness of your pubic bone accompanied by frequency, urgency, and burning with urination

These symptoms may indicate an infection and require urgent care and treatment.

Care of Mother:

Vaginal Bleeding – Your bleeding after delivery will resemble a period, but will be heavier at times, especially the first one to two weeks. Please use pads instead of tampons during this time. Do not have sexual intercourse. Activity or breast-feeding/pumping may increase bleeding at times. You may notice small clots. Blood clots should never be larger than an egg. The color of the bleeding will change from red to brown and then from yellow to clear. You may continue to bleed for the full 6 weeks, but it should be decreasing over time. **Please call our office for urgent care if you are saturating a pad hourly or heavy bleeding suddenly restarts after weeks of slowing.**

Urination – If you are having difficulty urinating, use the peribottle to spray the area with warm water. Gently spraying the area after voiding will be soothing and will help keep the area clean. **Call our office if you are unable to empty your bladder.**

Bowel Movements – It may take 2-4 days to resume normal bowel activity. Eating foods that will promote a soft stool is advised. Include raw fruits, vegetables, bran, and plenty of fluids in your diet. **Call our office if you have not passed a bowel movement by the fourth day.**

Pain Management – Usually you will be given a prescription pain medicine for your first week home. This typically has a narcotic in it that can cause constipation. Plan to wean from this medicine during your first week and change it to ibuprofen/Advil/Motrin. The prescription pain medicine often contains acetaminophen/Tylenol, so try not to take any additional with it. You can alternate between the two medicines initially every 6 hours. Substitute the ibuprofen for the prescription medications as tolerated. You may take up to 800 mg every 8 hours as needed. Make sure you take the ibuprofen pills with food to avoid stomach upset.

Rest – Focus on self and baby during this time. Do not expect too much of yourself. You will not be able to “jump” back into your usual routine. Get plenty of rest for the first few weeks. Take naps when your baby is sleeping. Obtain help for general household duties if possible. Limit visitors to family and close friends and make sure handwashing occurs before visits with baby. Remember that fatigue will not only decrease your milk supply, but may also limit your ability to cope with your new responsibilities.

Activity – Limit excessive activity for your first week home. Limit stair climbing as much as possible and avoid heavy lifting. Gradually increase normal activity over 6-week period. Plan to gradually increase your exercise and don’t plan on returning to your usual level of activity until you have had your 6-week postpartum checkup. Plan to avoid driving yourself for up to 1-2 weeks following your delivery, especially if you are using narcotic pain medication.

Nutrition – A good diet is the best way to help your body recover. Plan to eat a balanced diet with plenty of fruits and vegetables. Try to get a least two 6-oz. servings of protein daily to aid healing. Drink 64 oz. of water daily. Water is essential for healing and maintaining an adequate supply of breast milk. Adding a bit of bran daily will help avoid constipation. Continue your prenatal vitamins. If you are breast-feeding, your caloric needs increase from an extra 300 calories per day in pregnancy, to an extra 400 calories per day. Failure to eat enough calories will result in fatigue for you and a decrease in breast milk for baby.

Bathing – DO NOT use any bubble baths or oils in your bath water. Showers may be taken as necessary and may be soothing for engorged or sore breasts. Douching is NEVER advised. This practice can cause trauma and infection. If you have had a cesarean section, it is important to keep your incision site clean with soap and water. You should pat the area gently and keep it dry after showering.

Breast Care – Ensure that baby has a good latch with feedings. Get as much of the areola in the baby’s mouth as possible. Make sure to loosen the suction from your breast with your finger when stopping a feeding to avoid undue traction on the breast. Do not wash the breasts between feedings or use soap to the area when showering. It will take a few weeks for you and baby to adjust to each other. Your breasts may feel very full at these times. This is called engorgement and can be relieved with warm packs or a warm shower followed by feeding your baby or pumping. Cold cabbage leaves in your bra may also relieve this sensation. If you feel a lump, massage it towards the nipple during feedings. ***If a breast lump persists, hurts, becomes red, or your nipples become sore or cracked, please call our office for advice.***

If you are not breast-feeding, you may treat breast engorgement by wearing a tight fitting bra, using ice or cabbage leaves on the breasts, and taking ibuprofen.

Stitches & Hemorrhoids – Warm tub baths sometimes called a “sitz bath” are advised several times a day. You may use warm packs (a rolled up wash cloth) to the area as an alternative. At times cold packs are also soothing and can reduce swelling. You may take the same rolled up wash cloth and place it in the refrigerator or freezer in a zip lock bag and use to the painful areas. Spray analgesics and Tucks pads can be helpful. Try refrigerating the Tucks pads for extra comfort. Use Preparation H cream or suppositories as needed for hemorrhoids. Avoid constipation and straining. Don’t be alarmed if you see loose stitches on your pad or in the toilet. Stitches are normally absorbed or loosen as you heal. Your stitches are dissolvable and do not need to be removed in the office.

Intercourse – We encourage you to wait until after your 6-week postpartum visit to resume intercourse. Most women may resume intercourse when the vaginal area feels comfortable and your stitches have healed. Gentleness and additional lubrication may be needed for comfort initially. Please contact our office for evaluation with persistent pain or problems. Birth control **MUST BE USED** to prevent pregnancy any time after delivery. Breast-feeding does not prevent you from ovulating. Oral contraceptives must be used for two weeks compliantly to protect you from pregnancy. Please back up with condoms if you have not completed at least two weeks of pills before resuming intercourse. We encourage you to wait 18 months between pregnancies to allow your body to recuperate and replenish vitamin stores.

Postpartum Blues – Due to hormonal changes during the first 10 days after delivery, you may feel unexpectedly emotional. Frequent crying and irritability are common. If these symptoms worsen or persist, you may be experiencing postpartum depression. It is estimated that 10% of all women suffer from postpartum depression anytime within six months following delivery. Please call our office if any of the following symptoms persist longer than 10 days or become severe:

- Sleep disturbance
- Loss of appetite
- Fear and anxiety
- Hopelessness
- Hostility or self-blame
- Inability to bond with your infant
- Difficulty concentrating or making decisions

Please call our office immediately or proceed to the emergency room for immediate care if you experience thoughts of harming yourself or others.

Fathers and significant others play a key role in the prevention and early detection of postpartum depression. Their caring support and presence during this time are vital to the health of mom and baby.

Care of Baby:

Please contact your pediatrician if you have any questions regarding your baby's health.

Care of the Umbilical Cord – Allowing the cord to air dry will encourage it to fall off sooner. Fold diapers down to expose the area to air and avoid contamination from wet diapers. You may use a cotton square to wipe it with rubbing alcohol after baby's bath once daily. Be careful to avoid getting any alcohol on baby's skin. The cord site may bleed slightly when it falls off. **CALL YOUR PEDIATRICIAN IF THERE IS SUBSTANTIAL BLEEDING OR REDNESS TO THE SKIN OR AROUND THE BASE OF THE CORD.**

Feedings – Feeding your baby on-demand is a wonderful way to help your baby learn to regulate food intake. When breast-feeding, keep in mind that the more frequently the baby sucks, the more your milk supply will be stimulated. Feedings should occur 2-3 hours apart with no more than one 4-hour stretch between feedings in a 24-hour period. Ideally, nursing or feeding sessions should take 20-30 minutes.

Burping – Generally, the best position for burping is to hold your baby in an upright position while sitting on your lap or on your chest. Rubbing or gently tapping the back may produce a burp. Some babies are more comfortable after burping, other don't seem to mind not burping. Get to know your baby's preferences. Newborns frequently spit up one ounce or less after feedings. **Call your pediatrician if baby is vomiting large amounts or has projectile vomiting.**

Elimination – Your baby's wet diapers are a good indication of hydration and adequate breast milk or formula. Once baby is eating adequately, 6-8 wet diapers per day is normal. The first stool has a sticky black tar appearance and is called meconium. Stools will then change to green and then finally to yellow. Stools are more frequent and looser with breast-fed babies. They will look yellow and seedy. Formula-fed infants will have more formed yellow stools. Initially, baby will have 3-5 bowel movements each day. As your baby gets older, their bowel routines will vary.

Sleeping – It is recommended to place newborns on their back on a firm surface for sleeping. This position is advised as prevention for SIDS (Sudden Infant Death Syndrome). Newborns generally sleep in 2-3 hour intervals. Many infants will begin to sleep through the night by eight weeks of age.