



Atlanta Women's

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Postpartum Instructions

Congratulations on your new arrival! The next several days, weeks, and months will be full of new adjustments, joys, frustrations, and probably some sleepless nights. If this is your first baby, you may feel overwhelmed at times—this is normal. Just take one day at a time, and remember that your baby has no idea you're new at this. If you have other children at home, you will probably feel less anxious about your new baby. But it will be a major adjustment for the older sibling(s), and this may prove your greatest challenge. The following instructions are meant to be rough guidelines. Everyone is different in terms of how quickly the postpartum recovery progresses. Listen to your body and don't overdo it. Please also refer to the appropriate chapter(s) in *Pregnancy, Childbirth and the Newborn*.

Activity

You may be up and around as your energy permits, but try to get at least one good nap in the daytime, more if needed. Remember that you may not get a solid night's sleep for many weeks, and this can be a real energy drain. Light housekeeping in a week or two is fine, but don't worry if your house gets a little messy or if you are behind on your laundry. Take advantage of the offers you get from friends and relatives to help.

Try to plan the day so you are not running up and down the stairs all day long, and climb slowly at first. As your strength returns, you can gradually increase activity, and begin with short walks in the neighborhood.

You may ride in the car any time, but you mustn't drive until you are walking and climbing stairs at a normal speed, and are free of any pain or discomfort. You won't tear any stitches, but you may have difficulty if you need to stop suddenly. If you have had a cesarean birth we ask you not to drive prior to the two-week checkup. We will reassess at that time.

Hygiene

It is important to keep clean any areas where there have been stitches. In the case of an episiotomy or a perineal tear, this is best accomplished by generous washing after each trip to the restroom. Take home the squirt bottle you have been given in the hospital, and fill it with warm water before either urinating or having a bowel movement. After you have washed, pat the area dry instead of rubbing. You may prefer to use a blow dryer on a low setting. The stitches will dissolve in 3–4 weeks, but the pain will have subsided before then. The portable sitz bath will also give soothing relief, as well as cleansing. Use it 2–3 times per day as needed for pain.

The vaginal bleeding will taper down over the next few weeks, but some bleeding may continue off and on for 4–6 weeks. Use a pad or panty liner as needed. Do not use tampons, except when swimming.

You may shower or tub-bathe at any time. However, if you have had a cesarean birth, do not submerge the incision for 7–10 days.

If you have had a problem with hemorrhoids, they will shrink, but this will probably take a little time. You may use Tucks or proctofoam for symptomatic relief. The iced magnesium solution available at the hospital is also very effective. Take it home with you if you've been using it.

Diet

This is not the time to begin worrying about getting back into all your pre-pregnancy clothes. The postpartum period is a stress on your body, and eating a healthy diet will help you feel better.

If you are breast-feeding, you will need even more calories than when you were pregnant, a total of about 500 calories/day over the pregnancy diet. You need to pay particular attention to getting enough liquids, calcium (about 2000 mg/day), protein, and rest, as all of these will affect you and the quantity/quality of the breast milk. Each time the baby nurses, you should drink 8–12 ounces of fluid.

If you are bottle-feeding, you may resume your pre-pregnancy diet, but be sure it is balanced. In either case, keep track of your bowel movements, and don't get constipated. Bran, fiber, prunes or prune juice, Metamucil or Colace will all help if you are having trouble. You may also stop the prenatal vitamins temporarily—the iron is constipating.

Medications

Some discomfort is normal after the delivery. This may be in the perineum if you had a vaginal birth and had an episiotomy, a tear, or pushed a long time. The incision will be sore for a while if you had a cesarean birth. There may also be some uterine cramping off and on. It may be particularly noticeable when you are nursing, and tends to get more pronounced after the second or third delivery. In addition, there may be discomfort when your milk comes in. Refer to the section on care of the breasts.

You may use plain Tylenol if desired. Ibuprofen is also an excellent pain reliever and will not sedate the baby if nursing. You may take 600 mg (3 x 200 mg tablets) every 6 hours or 800 mg (4 x 200 mg tablets) every 8 hours as needed. If you feel that you may need something stronger, please discuss this with us on the day of discharge—some of the pain relievers we prescribe cannot be telephoned in to the pharmacy, and require a written prescription. Bear in mind, however, if you are nursing, that these stronger pain relievers may sedate the baby, and so take them as little as possible.

The prenatal vitamins should be continued at least 4 weeks. If you are breast-feeding, continue them as long as you are nursing. If you are on iron supplementally prior to delivery, it is probably not necessary to continue it. Your hemoglobin (blood count) will be checked after delivery. If it is unusually low, we will ask you to take iron once or twice a day. Do not start the prenatal vitamins or iron until you have had at least one or two bowel movements, since they can cause constipation.

Care of the Breasts

If you are not breast-feeding, your milk will still probably come in, two to four days after delivery. This can be quite uncomfortable for a few days, and may cause a fever for a day. You may use either a sports bra, an ace wrap to bind the breasts, or a tightly fitting brassiere until the engorgement goes down, usually in 2–3 days. Do not empty the breasts, since this will promote further milk production. Ice packs and ibuprofen should be used as needed for symptomatic relief. The injection that was used in the past to dry up the milk is no longer available. There is medication available that can given by mouth to prevent lactation, but it is our preference not to use it except in unusual circumstances. It must be taken for fourteen days, and the milk will come in after that time in as many as 40–50% of women. In addition, it can rarely be associated with serious side effects.

If you are breast-feeding, the discomfort associated with engorgement usually subsides in 2–3 days. Use ibuprofen and warm packs as needed, or stand in a warm shower. Wear a supportive bra at all times, as your breasts will be heavy. If a milk duct is clogged, massage it firmly to help relieve the blockage. The nipples themselves may be sore when the baby latches on—this will improve in a few weeks, and usually only lasts a minute or so. The Lamaze breathing and relaxing music will help. If the nipple is bruised or cracked, keep the flaps of your nursing bra open, to allow air drying. Express a little breast milk after you nurse, and allow it to dry on the sore area of the nipple. Lanolin or vitamin A&D ointment may also help. A large crack or fissure may require vitamin E oil to heal, but be sure to wash it off thoroughly prior to nursing.

The baby will get most of the milk in the breasts in the first 5–10 minutes on each side. If the baby is a slow nurser or has to be prodded to suckle, this may take a little longer. Try to limit the nursing time at each feeding to this, until the nipples are no longer sore.

Most breast infections derive from bacteria in the baby's mouth. Plain water is all that should be used to keep your breasts clean, on a daily basis. Signs of breast infection (mastitis) include flu-like symptoms, fever, and a red, tender, warm spot localized to one breast or the other. This would require antibiotics.

Exercise

Refer to Pregnancy, Childbirth and the Newborn. You may begin these exercises in 2–3 days after vaginal delivery, or after the two-week check up if you've had a cesarean delivery. Remember to start gradually, and not to push yourself. You should refrain from swimming for at least 3 weeks.

Contraception

We want you to be a “postpartum” patient for a while, not a “new OB!” In general, we ask that you refrain from intercourse until after you have had your postpartum checkup, to be sure that everything has healed. In no circumstance should you have unprotected intercourse until you are ready to start another pregnancy. Use a condom and foam at the minimum. While you are nursing, foam & condom or a diaphragm is suggested. Other options include IUD, the long-acting injectable contraceptive (Depo-Provera) or progesterone-only oral contraceptives (Minipill). If you are not nursing, any of those or oral contraceptive pills are options. Natural family planning can only be resumed once your menstrual cycles are regular. The best choice for contraception is determined by your medical history, frequency of intercourse and how long you plan to wait to conceive again. Sterilization is an option (male or female) if you are certain you have completed childbearing. We have information on all birth control options and will be happy to help you with your decision.

Special instructions after cesarean birth

You should be careful not to lift more than 10–15 pounds the first few weeks. You will need even more rest, since, in addition to having had a baby, you have had major abdominal surgery. Your steri-strips may be removed about a week after delivery if they have not already fallen off. Remember, no driving until your two-week check. You will need to be seen at two and six weeks following delivery, instead of the usual six week postpartum visit. Call if your incision separates, if it is becoming increasingly red or painful, or if it is draining pus. A small amount of blood tinged drainage is not unusual.

Followup office visits

You should be seen at six weeks if you’ve delivered vaginally. After cesarean delivery we need to see you at two and six weeks. You should call sooner if vaginal bleeding is excessive, if you think you may have an infection (fever, flu-like symptoms, pain in the breast or uterine area or stitches), or if you are having any symptoms that don’t seem normal.

Finally, we need to hear from you if you think you may be depressed. Some degree of the “postpartum blues” is normal, but rarely does this develop into a serious situation. We want to hear from you if you are feeling overwhelmed. Getting plenty of rest and avoiding exhaustion may help prevent this, so be sure to take advantage of all your available help
