

# Postpartum Instructions

## Postpartum

The postpartum period is commonly defined as the six weeks after childbirth. A time in which the mother's body, including hormone levels and uterus size, returns to a non-pregnant state. In the first hours, days and weeks after childbirth, you will experience many changes, both physically and emotionally. The major focus of postpartum care is ensuring that the mother is healthy and equipped with all the information she needs about breastfeeding, reproductive health and contraception.

Please call us with any questions you may have during this important time.

## CONGRATULATIONS on your new arrival!

Please read these postpartum instructions as soon as possible. If you have any questions, feel free to ask us before your hospital discharge or contact the office.

### What To Expect After a Delivery

**Vaginal Delivery:** The vaginal discharge that occurs after delivery is called lochia. Nursing mothers may notice an increase in lochia while breastfeeding. It will be bright red or brownish for the first few days, and then may change to pink or yellowish white. Lochia may last for up to six weeks. Perineal discomfort may be relieved by applying ice packs or soaking in warm sitz baths up to three times per day. This discomfort will gradually ease after the first week. It is important to keep your perineum as clean and dry as possible. Always wipe from front to back and change sanitary pads frequently. It is ok to shower. Some women require stitches to repair a tear or episiotomy; these stitches will dissolve over approximately two weeks.

**Cesarean Delivery:** You may take showers as normal. Please avoid soaking your incision in water. It is important that you keep the incision clean (with

soap and water) and dry to prevent an infection. Do not use any lotions or oils on the incision until it has been completely healed. Please call the office if you notice a fever, drainage or redness around the incision. You may have steri-strips (small band-aid like strips) over your incision. It is fine to shower with these on, if they have not fallen off within seven to ten days.

**Afterbirth pains:** Cramping is very common after delivery. This is the uterus contracting in order to return to its normal size. You may notice increased cramping while breastfeeding or during activity. Women who are having their second or third child may experience more painful and frequent cramping. You may use Motrin or a prescribed narcotic if needed.

**Constipation:** It is very common to experience constipation during the postpartum period. You should drink at least six to eight glasses of water per day. Increasing the fiber in your diet can also help. You may use a stool softener such as Colace if needed.

**Hemorrhoids:** Many women experience hemorrhoids during or following a pregnancy. To lessen the discomfort you may use Tucks, Anusol, or Preparation-H. It is also important to avoid constipation by eating plenty of fiber and drinking water.

**Swelling:** Swelling in your legs is common after delivery. It may worsen before it improves. It typically subsides within one week of delivery. You can lessen this by elevating your feet and reducing salt in your diet.

## **Activity**

You should rest when you can: Sleep when the baby is sleeping. Many women are anxious to resume their pre-pregnancy activities. You should slowly return to these activities over a course of four to six weeks. You should avoid strenuous sports or workouts until after your six week visit. Climbing stairs or walking through the neighborhood will not cause a problem. If you had a cesarean delivery, you should not lift anything heavier than the baby until your six week check. After a cesarean delivery, you also

should not drive until two weeks after the surgery, or no longer require narcotics to allow ample healing time.

## Sexuality

**Intercourse:** When to resume intercourse after delivery depends on many factors. Most women require six weeks for complete healing of stitches. The postpartum bleeding may last up to six weeks for some women. Many new parents are exhausted due to the time required to take care of their newborn and may not be psychologically ready until six weeks or beyond. When you are ready to resume intercourse, many women experience a decrease in vaginal lubrication especially if breastfeeding. You may find it helpful to use a lubricant, such as KY Jelly during this time. Please remember that it is possible to become pregnant before your six week check-up. If you have intercourse before your six week visit, use a condom.

**Contraception:** Contraception options will be discussed at your six week postpartum visit. Options include combination oral contraceptive pills, progesterone oral contraceptive pills, IUD (intrauterine device), Depo-Provera or barrier methods such as condoms or a diaphragm. If you are nursing, you should consider a progesterone only method (“mini pill”, IUD or Depo-Provera) or a barrier method to avoid decreased milk supply.

## Breast Care

**Nursing Mothers:** The first few days after delivery, your breasts make only a small amount of colostrum. This is all that your baby needs. Between 3 to 5 days after delivery, your milk supply will come in. You may experience engorgement, a low grade fever or discomfort at this time. To alleviate this, you should continue to breastfeed. You may take a warm shower or use hot compresses. You may also need to manually express some of your milk to make it easier for the baby to latch on. Engorgement usually lasts 48 hours. You may use Tylenol or Motrin as needed.

Wash your breasts with warm water and wear a supportive bra. After nursing, allowing your nipples to air-dry may help with discomfort. You

should either use Lansinoh or pure Lanolin on your nipples after each feeding to help prevent cracked nipples. Drink plenty of fluids while nursing. A good rule is one glass of water each time you nurse your baby.

**Bottle Feeding Mothers:** Wearing a supportive bra day and night after delivery will help prevent discomfort from engorgement. If breast fullness or engorgement does occur, apply ice packs to the breasts as needed. Do not pump or manually express any milk and avoid nipple stimulation. You may use Tylenol or Motrin as needed for discomfort.

**If you are not feeling well or have any of the following symptoms, please call us:**

- Fever greater than 101° F
- Heavy vaginal bleeding (soaking more than two sanitary pads in a few hours)
- Pain, redness, tenderness, and/or swelling of an isolated leg
- Severe abdominal or back pain
- Pain in either breast with an area of redness
- Drainage or redness surrounding a cesarean section incision
- Concerns about postpartum depression