

The Postpartum State*

by Cam Greene, MD

It is difficult, if not impossible, to set down any hard and fast rules concerning what to do and what not to do when you go home from the hospital. Individuals differ, just as their home and their responsibilities do. However, here is some general information you should know.

Vaginal bleeding and discharge It is normal for bleeding to last up to 4-6 weeks. Small clots are normal. As long as you are not bleeding more than a normal period there is no need to worry. You're your doctors' office immediately if you are having excessive vaginal bleeding (soaking one or more pads per hour for more than one hour), passing large clots or noticing a foul vaginal discharge.

Your first period usually comes 4-8 weeks after delivery if you are not nursing. It may be heavier or lighter than normal.

Activity It is important to rest. Try to nap when the baby is sleeping, day or night. Do not drive for the first two weeks or as long as you're taking prescription narcotics for pain relief. Increase activity gradually over the six weeks following delivery. If you had a cesarean section, do not lift anything heavier than the baby for 4-6 weeks.

Exercise No vigorous exercise until after your 6-week postpartum visit. Kegel exercises should begin soon after delivery to prevent problems of involuntary urine loss. To do Kegel exercises, pull or tighten the muscles of the pelvis as if you are trying to stop your stream of urine. Perform Kegels lying in bed with knees flexed. It is most convenient to do them when you go to bed at night and wake up in the morning. Try to tighten the muscles for 5 seconds and then relax for 5 seconds doing 10 repetitions. Once your strength builds you may add more repetitions but do at least 10.

Baths>Showers Shower for the first two weeks after delivery is probably best unless your doctor has recommended "sitz baths" for a vaginal tear or episiotomy. You may take warm unmedicated baths after that. When showering after cesarean section do not vigorously scrub over the incision where the steristrips are. Simply wash that area and pat dry with a towel.

Diet A well balanced diet high in protein, fruits, vegetables and fiber is important. Stay well hydrated with juice, water and milk. Breastfeeding moms need an additional 300 calories per day and plenty of extra fluids.

Keep bowel movements soft. If constipated use Milk of Magnesia, Senakot or Metamucil. Increasing fiber with whole grains and bran will also help. You may also use Colace (docusate) or Surfak as a stool softener.

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Medication For pain, use extra-strength Tylenol (2 tabs) and/or Ibuprofen (Motrin, Advil, etc) 800mg every 8hrs as needed for cramps or incisional pain. Your physician may also prescribe a narcotic pain medication to take for the first several days. Continue prenatal vitamins until your 6week postpartum visit or as long as you are breastfeeding. If you were given iron supplement prenatally or in the hospital, then continue that as well.

Breast Care If breastfeeding, use a good maternity bra. After each feeding, air dry your nipples and massage the breasts to express any excess milk. If cracking of the nipples occurs, apply breast milk or lanolin ointment as needed. If engorged, use warm compresses. Call your doctors' office if redness, pain or fever occurs.

If you are not breastfeeding, apply a tight binder (such as ACE bandage) or a prepregnancy bra for the first few days. You may apply ice or use Tylenol if breasts become engorged. Do not pump or attempt to empty breasts by expressing milk as this may prolong the process of drying your milk.

Mood It's not unusual to feel sleep deprived. Don't be afraid to ask for help so you can get a good nights' sleep especially if you're breastfeeding. These changes in lifestyle can sometimes feel overwhelming. It's important to talk to your provider if are experiencing any symptoms suggesting a depressed state to include trouble sleeping, crying, feelings of inadequacy, inappropriate anger, or suicidal thoughts just to name a few. There are many successful treatment modalities to help you through this lifestyle adjustment.

Perineal Care Keep the area clean and dry. Change pads frequently. Do not use tampons during the first six weeks. Tucks medicated wipes, Anusol suppositories or ointment can be used for hemorrhoidal pain. Sitz baths may be used any time for perineal discomfort from painful stitches and hemorrhoids.

Cesarean Section In addition to the previous instructions:

If your skin incision was closed with sutures they will dissolve on their own. If staples were used, they will usually come out 3-7 days following your surgery. Please call the office to schedule an appointment for staple removal if they were not removed in the hospital.

The incision may be left uncovered. Clean the incision with mild soap and water. Shower for the first two weeks after delivery and avoid soaking the incision in water for long periods of time.

Do not lift anything heavier than the baby. Stairs are okay but take them slowly. You may drive after the first two weeks but refrain if you are still in considerable pain especially if you're still requiring narcotics for pain relief.

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Mederma cream may be used on your skin incision, which may decrease scar formation.

Intercourse/Contraception We recommend that you abstain from intercourse for six weeks after delivery. When beginning relations again, appropriate contraception is important. This can be discussed at your postpartum appointment or at anytime. Remember, it is still possible to get pregnant even if you have not gotten a period or are breastfeeding.

Postpartum Appointment Please call your doctors office to schedule a postpartum visit. Generally, you will follow-up after 6 weeks for a vaginal delivery and one to two weeks after cesarean section. Often, the provider may ask you to be seen within two weeks after vaginal delivery, especially if there were any pregnancy, delivery, or postpartum complications.

Call your doctor's office if your experience any of the following:

1. Fever (over 100.5 degrees Fahrenheit), chills, heavy vaginal bleeding, yellow or green vaginal discharge, foul odor, persistent nausea or vomiting, diarrhea or difficulty breathing.
2. Redness or severe pain of the breasts or incision, vaginal tear or episiotomy.

*These are general instructions adapted from a standard postpartum handout used in many facilities. Your individual physician may provide you with more specific information as it relates to your postpartum care.

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