

Women's Health Partners, LLC

Stewart Newman MD, FACOG
Jane E Rudolph MD, FACOG
Gostal Arcelin MD, FACOG
Melissa Friedman MD, FACOG
Lauren Feingold DO, FACOG
Rachel Ciaccio MD, FACOG
Masha Sashenko MD, JFACOG
Kristine Tibavisky MD, JFACOG
Terry DeFilippo MSN, CNM
Rachel DeVaney MSN, CNM
Laurie Gibbons MSN, CNM
Tyler Halvaksz MSN, CNM



POST-PARTUM INSTRUCTIONS & INFORMATION

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Congratulations on the birth of your baby!

Please review these instructions before your discharge from the hospital. They should serve as a guideline for you and answer some of the most commonly asked questions about the post-partum period.

Day of Hospital Discharge

When you go home from the hospital you will have more than tripled your activity since delivery. We advise that you spend the remainder of the day at home, preferably in bed, with no visitors.

General Activity

In general, it usually takes about six weeks from delivery until you have completely returned to normal. This will vary from woman to woman and is dependent upon a number of factors, including whether your delivery was vaginal or by cesarean section. Recovery is a progressive process and each day you will feel better and stronger. Rest is extremely important and for the first two weeks we recommend naps each day, preferably when your baby naps.

It is important during this time period to be sensible and do things in moderation. You may gradually increase your activity but strenuous work, heavy lifting and excessive social activity should be avoided.

Commonly Asked Questions

- **Bathing:** We ask that you only shower for the first two weeks. Thereafter baths and swimming are acceptable.
- **Travel:** We advise no long auto or plane trips the first two weeks.
- **Driving:** Avoid driving if you are taking any narcotics, otherwise, you may begin to drive after the first or second week depending on how you feel. Prior to this your leg reflexes are poor. Of course, when you do first drive it should be for short distances. If you had a cesarean section make sure you have someone with you when you first drive. You should brake firmly prior to driving and if this causes your incision to hurt driving should be postponed until you can use your brake with no discomfort.
- **Exercise:** You may start post-partum exercises as early as the first few days after delivery if you had a vaginal delivery. Begin with Kegel exercises (voluntary tightening of the muscles around the vagina and rectum) and by the end of the first week you may add sit ups, leg lifts (both legs at the same time) and pelvic tilts in limited amounts. If you had a cesarean section or tubal ligation,

you should wait until 6 weeks before you start exercising.

- Intercourse: We advise no intercourse until after your post-partum check-up. There will be some discomfort when you reestablish sexual activity, but this should gradually diminish. It sometimes takes several months before you are "back to normal". If you are breast feeding, you might find that vaginal lubrication is a problem and this may be improved by a water-soluble lubricant such as K-V jelly. It is possible to get pregnant at any time after childbirth, even if you have not had a menstrual period, so contraception is advised.

Stiches (Vaginal Births)

Whether you had an episiotomy or a laceration, the care for your stitches is the same. The stitches will dissolve over a two-week period and do not need to be removed. To aid with the healing process and help relieve discomfort we recommend:

1. Use the spray bottle provided at the hospital to frequently clean the area.
2. Sitz baths or hot tub baths using approximately four inches of water in the bath tub, 2-3 per day, allowing the water to continuously run as it is slowly draining. You should continue this for approximately one week. The heat will increase blood flow and enhances healing.
3. Local anesthetic spray or cream like the one you have been given in the hospital (Epifoam, Americaine Spray, Dermoplast or Tucks pads) may be useful.

Vaginal Discharge

Some discharge or "lochia" is normal and will occur for 2-3 weeks and occasionally longer. At first it will be bright red, and then gradually change to pink by the second week and finally a yellowish discharge. It will have a slight odor and disappear by 6 weeks. Sometimes excessive activity will cause return of the red color for several days. You may occasionally pass a blood clot, especially if this was not your first baby. This is acceptable as long as your flow is not heavy or steady. Do not douche or use tampons until you come in for your six-week check-up as this could cause an infection. If you feel your discharge is too heavy, please call us.

Hemorrhoids and Constipation

Hemorrhoids that appear for the first time late in pregnancy or as a result of delivery will usually get better and disappear. They may be compounded by constipation which is common during the first few

weeks. Both problems are usually overcome by reestablishing good diets including 6-8 glasses of water per day, citrus fruits, roughage in your diet (celery, lettuce, greens, etc.) and if needed stool softeners (Colace, Senokot). If needed a mild laxative (milk of magnesia or Pericolace) is acceptable. Avoid straining with stools. If your hemorrhoids are very painful you should try sitz baths and local anesthetics as discussed for care of stitches. Ice packs are also helpful in reducing swelling and pain.

Breasts (If you are breastfeeding)

Cleanse your nipples with warm water only. Wear a bra with good support. To help prevent sore nipples, make sure the baby is properly positioned on the breast. The baby's mouth should cover the nipple as much as possible. You should change the position of the baby with each nursing so the stress will be rotated to different parts of the nipple. In the early days of breast feeding, you should air dry your nipples for ten minutes after each nursing session.

If you have sore or cracked nipples, you can use a low watt light bulb as a heat lamp. Expose your nipples approximately 18 inches from the heat lamp for ten minutes, several times a day. If your nipples are extremely sore, you may apply ice or ice water to the nipple for a few minutes before nursing to reduce the immediate pain when your baby first grasps the nipple. It is also helpful to get the milk flowing before putting the baby to the breast. You can do this by taking a warm shower or applying warm compresses to the breast and then manually squeezing out some milk. This is also beneficial in preventing or relieving any engorgement (fullness) of the breasts.

Engorgement often occurs 2-5 days after delivery when the milk comes in. Frequent nursing and varying the baby's position on the breast are probably the most helpful things a breast-feeding mother can do to relieve engorgement. We will be happy to give you more information on breast-feeding. If you are having difficulty breast-feeding please feel free to contact us or call Labor and Delivery for the phone numbers of the local lactation consultants.

Most medications which are permissible to take when you are pregnant are also permissible when you are breast-feeding (i.e. Tylenol), however you should call if you have questions.

Breasts (If you are not breastfeeding)

Breast milk production may still occur in 2-5 days after delivery. To alleviate discomfort from engorgement, keep your breasts well supported with a tight bra, apply ice packs to your breasts, take Tylenol or Advil for the discomfort and avoid squeezing out milk from your breasts. You may run a slight fever during this time. The fullness and discomfort will usually last 3-4 days. Breast engorgement which is associated with

redness, tenderness, fever, or cracked nipples could be a sign of breast infection (mastitis). Contact our office as soon as possible for evaluation. Medications are not prescribed to reduce milk.

Menstrual Periods

If you are breast-feeding, you probably will not have a period for the first few months. If you are bottle feeding, the onset of menstruation is usually between 6-12 weeks after delivery. It is possible to get pregnant even if you are not menstruating so contraception is advised. The first period is usually heavier and more erratic than your normal period and may be associated with clots.

Swelling

Commonly, swelling of the legs may actually worsen when you get home. This is caused by the administration of large amounts of intravenous fluids you receive in the hospital and increased standing once you are discharged from the hospital. In most cases it disappears within the first week home.

When to Call Our Office

As before, we are available to you 24 hours a day, but please call us when your problem begins. Remember, problems get worse at night. CALL if you have:

- severe chills and/or fever greater than 100.5 degrees
- excessively heavy or prolonged vaginal bleeding
- frequency, burning or blood in your urine
- fainting
- swelling, redness or tenderness in one area of a breast
- If you are experiencing excessive anxiety or troubled thoughts.

Pain Medications

We encourage you to use pain medications if you need them. Narcotics (by prescription only) such as Tylenol with Codeine and Percocet are for more severe pain such as after a C-section. Use them carefully as over use can lead to sedation and constipation. Non-narcotics such as Tylenol and Ibuprofen work very well and should be used if possible. Follow the instructions on the label for proper use.

Cesarean Section Mothers

Attention on recovery shifts from baby to mom. Your baby (except in special cases), is in a healthier state than you. You are the one who needs more recovery time. In the hospital, you should get up as soon as

possible. The nurses in the hospital will have you up in 24-48 hours. Your I.V. and catheter tubes will also be taken out at this time. It won't be easy at first but movement is important for your recovery. Your objective is to go home within 3-5 days. Listen to your body. It will tell you when to stop and when to go.

You can breast-feed successfully. It may take time and patience on your part. A good way to breast-feed your baby is to lie on your side, since your incision may be tender. Another way is holding the baby "football" style, cradled under one arm, as a running back holds the football when he runs or, hold the child in your lap using pillows to protect your incision. Whatever way you choose to breast-feed you can and will have a normal relationship with your baby.

Exercising In the Hospital

Even before you get up for the first time, it is important to have some exercise right there in your hospital bed. Start by wiggling your toes and flexing your calves. Push your feet against the end of the bed. Place a pillow under your knees and move your feet around in circles. Bend them up and down at the ankles. Lie on your back with your knees bent and your feet flat on the bed. Now raise your head, hold it there for about 30 seconds, and then lower it. Rock your pelvis from side to side — no more than is tolerably uncomfortable. Lying propped up a little under your head and shoulders, your knees bent, reach forward with your arms, and try to touch your knees. Don't go too far. Just a little stretch will do.

Home Recovery for Mom & Baby

Help will be needed. You should have someone there to take care of baby and you for the first 3-5 days after coming home from the hospital. For 1-2 weeks, you should stay around the house. You should get adequate rest, plenty of sleep and eat a balanced diet. No driving for 2 weeks.

If you are breast-feeding, caring for the infant is particularly easy. All you should do is take the baby into bed with you for a meal. If you are bottle-feeding, it is helpful to use prepared formulas.

During the first week at home, the best way to pick up your baby is to have someone else hand him or her to you. If this isn't possible try to place the bassinet-1e at about waist level so that you may pick up the baby using only your arms. If you must bend down, don't bend at your back, instead bend your knees, lower yourself to the level of the baby and straighten up again. This puts little pressure on your abdominal muscles.

If you have other children in your home you should explain to them why you can't pick them up and hold them. Don't let them think that since you have a new baby you don't care about them anymore. Sit on a couch and have them snuggle up to you. Explain that your tummy is very sore

and as soon as it gets better you will hold them real tight. Making them your "helpers" is always a good way to make them feel important.

Company is usually welcome and of course you'll want to show off your beautiful new baby but, keep the visiting to a minimum and only for a few minutes. If you kindly explain that you tire easily and need your rest your guests will understand and gladly leave after a short time.

Since you had an operation, your need for pain medication might be greater and so we will probably prescribe something for you at the time of discharge from the hospital. The only activity you should be doing at home the first week is taking care of yourself and your baby. Avoid any housework or exercising.

Keep the incision clean with soap and water. No bandage is necessary unless the incision is draining. Do not rub on the incision after showering, just pat it dry. If the incision appears swollen or red or is draining, please let us know.

We should see you in the office one week after discharge from the hospital for an incision check. The second week, you may increase your activity to include walking outside and maybe some light housework. No heavy lifting, pushing, or pulling. A good thing to remember during this time period is to know what is too much, for example: if it hurts — don't do it. When you get tired — stop and rest. Driving is permissible in the third week with the special considerations as outlined above. As with a vaginal delivery, lots of rest and drinking lots of fluids are extremely important, even more so. Your energy level will gradually increase week by week and by the fourth week you should be back to your normal routine. All the other guidelines for activity are the same as allowed for a vaginal delivery. Good Luck!

Appointments

When you get home, please call the office, and schedule a six-week appointment after a vaginal birth or one week after a C-section.

Please remember to bring a picture of your baby for us at your six-week check-up!

Remember: Notify your health insurance carrier ASAP to enroll your new family member.

Women's Health Partners, LLC

6859 S.W. 18th Street, Suite 200, Boca Raton, FL 33433-7056
(561) 368.3775

7545 W. Boynton Beach Blvd., Suite 101, Boynton Beach, FL 33437
(561) 754-5710
www.myobgynoffice.com

WHP – Post-Partum Instructions - rev. 03/18