



Congratulations on your New Arrival!

You have just experienced one of the most extraordinary events of your life.

The providers at The Northwestern Specialists for Women know this postpartum period can be a challenging time. Whether this is your first baby or third baby, the next six weeks (often called “the fourth trimester”) can be a time of uncertainty. We encourage you to use these pages as a primary resource to help you and your family during this life transition. Hopefully many of your questions and concerns will be addressed here. Know you can always call us or contact us through the portal for anything you need. We are not only your providers; we are all mothers too.

Best wishes,

Drs. Wise, McMahon, Salasche, Venkatachalam, Dugan-Kim, Cox-Batson, and Wu

General Advice for All in the Postpartum period

1. Dealing with Advice From Everyone

Be prepared for a million pieces of advice from everyone – your mother, mother-in-law, partner, the grocer, etc. – about how to take care of yourself and your baby. It can sometimes be overwhelming because advice might be conflicting. For example, one person might tell you to use a pacifier and another will say it’s the worst thing you can do. Someone might tell you not to exert yourself for weeks and others will tell you to start training for a marathon. The most important thing we can share is that there are many ways to take care of your baby, so trust your instincts and pick the advice that works best for you, your partner, and your baby.

2. Ask for Help and Accept It

It is true that to “raise a child, it takes a village” and that starts from day one! Don’t feel guilty. Ask for help!!! It will only make you a better mother. Don’t be fooled. Many of the moms you have seen that are “so together” are getting help. Be creative. Neighborhood teens and tweens make great mother’s helpers. Those friends that call and ask, “what can I do to help?” Tell them. “Go to the store. Fold the Laundry. Water the plants.” When your partner offers to help, let them, and don’t worry if they don’t do things exactly as you would. If your partner doesn’t offer to help, ask him or her. You might be surprised to find they were just waiting to be asked.

3. Limit Company

While everyone is excited to see you and the baby, this is a time for you to be selfish. The first few weeks tend to be a stressful time. Give yourself time to adjust without having to worry about taking care of anyone else. Give you and your partner time to find your family’s new rhythm. Be kind and honest with your family. If it really isn’t helpful to have your great aunt LuLu come stay for the month, say so. Though your family means well, some well-meaning family members create stress.

4. Listen to Your Body

When you get home, the natural tendency is to try to get back to your normal routine as soon as possible. However, the healing process for the body in the postpartum period really does take 6-8 weeks. Let your body rest! Rest does not mean sedentary. For every hour of activity you might do, it should be followed with an hour of rest. This will ensure you don’t overdo things while your body recuperates through movement. Another good piece of advice is that when the baby sleeps you should nap also. Do not use

this as an opportunity to check e-mails or write thank-you notes. As your body heals and you regain strength, you can increase your activity. After a vaginal delivery, many women can start a light exercise regimen, including low-impact cardio workouts (i.e. brisk walks, elliptical, light jogging), abdominal workouts, and pelvic exercises after 2 weeks. Anything more aggressive (i.e. full runs, cardio classes, etc.) should start after six weeks unless you have consulted your doctor.

5. Do not lift anything greater than 15 pounds

During pregnancy, a hormone called relaxin essentially relaxes all the ligaments and tendons of your body so that your body can grow and accommodate your baby. However, this makes all your joints and pelvic floor much more prone to injury. Heavy lifting increases this risk further. This hormone continues to work for the first few weeks after delivery as well, and this is why you should limit lifting to less than 15 pounds. This essentially means carry only the baby. Not the baby in the car seat (most car seats are 15 lbs. or more). Not the stroller (most are over 20lbs). You can gradually increase this restriction after 2 weeks as your body feels stronger. It also means limiting lifting laundry baskets and groceries (see #1 – ask for help!)

6. Do not put anything inside the vagina

This means no sex, fingers, tampons or douching (actually, you should never douche). Your cervix needs about 6-8 weeks to heal and if you received any stitches they need time to dissolve.

7. Don't drive for the first 5-7 days

Your abdominal muscles and pelvic area will be sore after you deliver. This means your reflexes while driving may be a little slower. Get used to the way your body feels before you start to drive. The best way to know if you are ready to drive is if you can move your foot from the accelerator to the brake without pain. You need to be prepared to suddenly apply the brakes without hesitation (just in case a child darts in front of the car). You should also not drive if you are still using a narcotic (e.g. Norco, Ultram) for pain. If you had a cesarean section, wait until your 2-week visit when we will clear you for driving.

8. Bleeding is normal for 6-8 weeks

You will bleed regardless of whether you had a vaginal delivery or cesarean section because this is how your uterus gets back to its normal size. There will be days where there is minimal bleeding and days where it's like a heavy period. You will also notice more bleeding when you breastfeed because the uterus has more contractions during this time. Clots are normal at this time as well, but they should be smaller than an egg and should not occur frequently. If you are not soaking through a pad an hour for two consecutive hours, you're doing fine.

9. Leg swelling may be normal

Many women notice that they have increased swelling in their legs and feet for the first 4-5 days after they deliver. Remember, during your pregnancy you gained over 2 liters of extra blood volume, and after delivery the fluids will gradually leave the body. Thanks to gravity, this fluid usually settles into the legs before your body gets rid of it in the form of urine. If your swelling is in both legs or feet and is not red or warm to the touch, this is most likely normal. By 2 weeks after delivery the swelling should be minimal.

Painful swelling in only one leg may be the sign of a blood clot. If you are having unremitting shortness of breath along with this painful swelling it could mean that a clot has traveled from your leg to your lungs. Contact us immediately.

10. Vitamins and Hydration

Just because you had your baby doesn't mean you should stop taking your prenatal vitamin. Either your prenatal, a postnatal, or even a multivitamin is important to take for the first 6 weeks. If you are breastfeeding, you should continue until you are done breastfeeding. Staying hydrated is just as important now as it was during pregnancy. New mothers are busy and often forget to drink. Dehydration causes

constipation, headaches and interferes with breast milk production. The best way to know if you are well hydrated is to look at your urine – the clearer it is, the better hydrated you are. Also, remember your calcium. Your postpartum body needs it to recover, even more so if you are breastfeeding. Most prenatal/multivitamins only have about 200 mg of calcium, and your goal should be 1200-1500 mg of calcium a day. This is equivalent to 4 cups of milk or 2 1/2 cups of almond milk or about 6 cartons of yogurt or about 8 slices of cheese. An easy way to hydrate *and* get your calcium is that whenever you feed your baby, drink a glass of milk and/or water.

11. ***Avoid Constipation***

Many women experience a change in their digestive system after a delivery. For most women this is constipation. We promise that the anticipation of the first bowel movement is worse than the actual event, especially if you take preemptive measures. To avoid this common problem: hydrate, hydrate, hydrate! Colace, a stool softener, taken twice a day can be beneficial. This can be purchased over the counter. Other supplements that help your digestive system function better include Benefiber, Fiber Choice, Miralax or Metamucil. These supplements work by pulling water into the digestive tract to help “move things along”. So these supplements are only effective if you are maintaining good hydration. Rely on what works for you. Some people find a particular food or drink stimulates their bowels. Prune juice, cabbage, bananas, coconut water and kale are some examples that may be helpful.

12. ***Make your appointments to see us!***

If you had a vaginal delivery, make a postpartum appointment to see your provider in 6 weeks. At this visit we will clear you for more vigorous/normal activity and discuss contraception if needed (remember, nothing in the vagina until then). If you had a cesarean section, make an appointment for your postoperative checkup about 2 weeks after the delivery. This post-operative check-up will often be with one of our nurse practitioners, who will make sure your incision is healing well and you are progressing as expected. Please call soon to make these appointments. Hint: You can schedule these appointments while still in the hospital.

Recommended Medications after Your Delivery (all safe for breastfeeding!!)

1. **Prenatal vitamin/multivitamin** every day.
2. **Ibuprofen** (Advil, Motrin): Take three, 200 mg tablets every 6-8 hours as needed. This medication is great for cramps and soreness. Always take with a small bit of food.
3. **Acetaminophen** (Tylenol): Take this as directed on the bottle. You can take Tylenol and ibuprofen together. They are different drugs and work on different pathways. ***You cannot take tylenol with Norco.
4. **Narcotic (Norco, Ultram): Take this** every 4-6 hours as needed. If you had a cesarean or a more extensive vaginal delivery you probably received a prescription for a narcotic. Everyone does not need a narcotic for pain. Due to state laws we can no longer call in prescriptions for narcotics. We cannot e-prescribe them either. You need a paper prescription to take to your pharmacy. We will not give you enough narcotic to make you dependent on them. The medication works best if you take it when you are having sharp or surgical pain that is 3-4 on a scale of 1-10. It will not work well if you wait until your pain is more severe. Do NOT take the medication preemptively in “anticipation of pain,” unless directed by your doctor. Narcotics may make you feel sleepy and you should not drive if you are taking them. Some common side effects from narcotics are nausea, headaches, dizziness, itching and constipation (see hints below for managing constipation). Remember: DO NOT take Norco with Acetaminophen/Tylenol.
5. **Colace**: Take a 100 mg tablet 2-3 times a day. This helps prevent constipation, especially if you are taking a narcotic. You can purchase this over the counter.
6. **Anti-constipation/hemorrhoid supplements**: Take a fiber supplement like **Metamucil** or **Benefiber** to help stave off constipation. **Hydrocortisone ointment, Cortaid, Tucks pads, or Anusol** can help

with hemorrhoids. **Simethicone, Milk of Magensia, or Mylanta** can help with digestion/gas pains. Take all as directed on the bottle.

Issues Specific to a Cesarean Section

1. Activity is good for you!

It is very important to stay mobile after having surgery because it helps with recuperation and decreases the risk of deep venous clots in the legs. A good rule of thumb for the first two weeks is that for every hour of activity, you should take about an hour of rest. This ensures that you are being active, but not overdoing it. If you are naturally a very active person you might modify this with the advice of your doctor.

2. Take your pain medicine at regular time intervals

Everyone wants to avoid taking medication, however, in the first two weeks after a cesarean section you need to keep your pain under control to allow you to engage in activities that are going to help you heal faster (e.g., walking). It is difficult to play “catch up” to pain. Once it is severe it is very difficult manage. Everyone’s medication needs are different. Some women need narcotics regularly for the first 7 days, while others need it only at night. Almost everyone will benefit from ibuprofen (Advil, Motrin) because it not only helps manage the soreness from surgery, but also treats the cramping that occurs as your uterus returns to normal size. For the first 2 weeks, most individuals benefit from 400-600 mg of ibuprofen every 6-8 hours (always with some food or milk). Following that, you can start decreasing the amount you need depending on your pain threshold.

3. Changing Positions

When changing positions from sitting to standing or sitting to lying, you may notice more pain in your abdominal area. This is typical. Your muscles are still healing. Take care to not move too quickly. When moving from lying to sitting do NOT have someone pull you up. Instead roll onto your side with your knees slightly bent and push yourself up to a side sitting position (as in yoga) by placing your hands on the bed/couch near your breast. This method places minimal strain on your incision and lower back.

4. Taking care of your incision

The skin over the incision typically heals after 72 hours. The steri-strips (small pieces of tape) that we may place over the incision ensure the incision stays clean and decreases the tension on the incision. They do NOT hold the incision together. It’s okay if these fall off before your two-week visit. Make sure you keep the incision clean and dry. When you shower whatever soap and water gets on the incision is fine. Do not actively bathe or scrub the area. Pat it dry when you are done. It is very important the incision stays dry. This can be challenging especially in the summer. The incision is often in a fold and it is hard for you to see. This fold is like a new armpit. It likes to sweat. Keep it dry! After showering you can use a hair dryer on a cool setting to ensure the skin is dry. If it is constantly staying moist place a clean cloth or gauze in the fold over the incision and change it several times a day. Call us if the if the incision starts to look red; is hot to the touch; is constantly draining or oozing; or if the incision begins to open. Your pain should get better, not worse! These may be signs of an infection, which occurs in up to 15% of all cesareans and will heal well without complications if treated in a timely fashion.

Perineal Care

1. Perineal soreness is normal

Pelvic soreness is normal if you had a laceration/tear or an episiotomy. This is because the skin and muscles have been stretched to allow you to push a baby out! If you were pushing for a while and then ended up with a cesarean section, this same phenomenon still occurs. If you have stitches, normal activity will not harm them. Your stiches will usually dissolve within 3-4 weeks. Try to make time to soak the area in a warm bath for 10-15 minutes once or twice a day. This is also called a sitz bath and helps accelerate healing by improving blood flow to the area. There are two ways to do this: 1) either sit in a tub filled with 5-

6 inches of warm water, or 2) buy a Sitz bath at the drug store which fits over the toilet seat. Do not add salts or bubbles to the water – these can irritate the skin. Remember, a soak is ok, but complete submersion is not; you want to avoid water entering through the cervix. Maintaining good hygiene in the area allows for quicker healing. Make sure that you change your pads at least every 4 hours. Be gentle when cleaning after going to the bathroom. Dabbing rather than wiping may be useful. Use your peripartum wash bottle (the plastic bottle given to you in the hospital) to keep the area clean. A lot of the perineal and vaginal pain after a delivery also comes from swelling. Just as your feet and legs can swell, so can your perineum and vagina. You can continue to use ice on and off if it feels good to you. Ice packs, frozen peas, hollowed-out diapers filled with ice, and sanitary pads frozen with aloe and/or witch hazel are all methods women have found helpful to ice the area. Make sure to not apply ice directly to your skin.

5. Hemorrhoids are Common

Whether you pushed for 15 minutes, 3 hours, or ended up with a cesarean section, the blood vessels in the rectum can get a little lax after a delivery and when they collapse, this is a hemorrhoid. Using Tucks pads, Anusol, or witch hazel compresses (all found over the counter) can help with any discomfort. Taking Colace at least twice a day will also help soften your stool so that you don't have to strain as much.

Signs of the Postpartum Blues/Baby Blues

It is normal to feel a range of emotions for the first few weeks after delivery. Happiness, inadequacy, frustration, fear, anger, and love are all fair game....And then there is *FATIGUE*. Many women have never been more tired in their lives *and* there is a new life to care for! The extreme sleep deprivation and demands of your baby can set up a perfect storm for depression. The first two weeks after the birth is a time of transition. Some tears and frustration will happen and are normal. After two weeks your mood should be more stable. You will still be exhausted and likely irritable, but you should have figured out some coping mechanisms. One way to describe this transition is that for the first 2 weeks, you may feel like you are suspended upside down and don't know which way the sky is. Weeks 3 and 4 you may still be feeling upside down but at least you now know which direction the sky is. Weeks 5 and 6 you should begin to feel like you are right side up again and can look up at the sky. This is postpartum blues.

Signs of Postpartum Depression

Postpartum depression is common. One in five women may experience postpartum depression. This can occur from just after delivery (more common if you have a history of depression) to 6 months later. Even if you have a wonderful relationship with your partner and lots of help at home you may experience postpartum depression. So how do you know you have postpartum depression? While a range of emotions is common, as is emotional lability (when your mood changes quickly), you should not feel isolated from your baby or from your family. You should still be able to find pleasure in things, even if you don't have the opportunity to get to them. It is normal to struggle with the conflicting demands of your new full time job as a mother. It is normal to question how you will find a healthy balance in your new life. These typical musings should not however cause you to have feelings of worthlessness, nor should these thoughts be all consuming. You should not have feelings of wanting to hurt yourself or others. You should not constantly feel anxious or fearful. You should be able to eat and sleep. Your mind should be able to turn off. These are some (but not all) of the symptoms of postpartum depression.

Sometimes a woman can be in such a bad place she might not recognize she is depressed. Often it might be a family member who first recognizes the symptoms. We encourage your family to call us if they are worried about you so that we can talk to you and see how we can help. The treatment of postpartum depression does not always involve medication. In many instances, therapy and additional support systems are sufficient. Most importantly, treatment for postpartum depression does NOT mean you have failed as a mother. In fact, by taking steps to improve, you are proving yourself to be an amazing mother to your child.

Breastfeeding

We strongly encourage all women to attempt breastfeeding unless there is a medical or physical reason this is not advisable. However, if you and your family have made the decision not to breastfeed we will support your decision. If you are breastfeeding, you will probably have more questions about this subject than any other during your postpartum period. Here are some words to live by.

1. *There is no magic switch that suddenly turns your milk supply on after you deliver*

It can take up to 7 days for your milk to come in, so don't feel overwhelmed if it feels like you can't breastfeed right away. Stay with it and continue to put the baby to breast every 2-3 hours. If your pediatrician has recommended supplementing with formula, never fear. Sometimes your baby needs a little more energy, obtained through formula, to have the strength to get better at breastfeeding. If your baby does need formula supplementation, in general it is preferable to put your baby to your breast first to attempt breastfeeding. Once again, don't forget to hydrate (remember the rule – every time you feed the baby, drink a glass of milk and/or water). When your milk comes in, your breasts will become full, larger, a little tender, and warm. During this time, make sure you continue to breastfeed every 2.5-3 hours, regardless of whether the baby actually gets any milk. The routine stimulation of the breasts will make it more likely that your breast milk will come in. Remember that the baby is a very efficient pump, actually better than the electric pump in most cases. Most pediatricians will suggest that for the first 3 weeks, a baby needs to be awakened at least every 3-4 hours for a feeding.

2. *Normal symptoms while breastfeeding*

- It is common to have low grade temperatures (less than 100.4 F) when the milk comes in and during the breastfeeding period. If you have breast engorgement (the breast feels hard, warm, and tender), your initial steps should be to take a warm shower or apply heat packs to the breast. Manually pumping the breasts to try to alleviate the fullness or massaging the breasts does wonders too. Don't forget to take an NSAID such as ibuprofen (Advil, Motrin – 600 mg every 6 hours). This will resolve most engorgements within 24 hours. Feeling very tired or sleepy or blue while breastfeeding is also common.
- As part of the milk let-down reflex some women have a strong sense of relaxation, fatigue, feeling blue or less commonly euphoria.
- Menopausal-like symptoms: hot flashes and night sweats are quite common. They can start as early as right after delivery, but normally start 2-3 weeks postpartum. These symptoms occur due to the hormonal shifts that occur to allow your milk to come in (a drop in your estrogen allows for the prolactin hormone to rise and make milk).

3. *Breast Hygiene*

Make sure you always wash your hands before handling your breasts/nipples. After breastfeeding, let the nipples air-dry; breast milk is a natural lubricant for your nipples and will help prevent cracking. You can also use lanolin cream after each feeding – it's safe for the baby as well.

4. *Mastitis*

- Mastitis, or an infection of the breast, is common in breastfeeding moms. In most cases, it develops due to the transfer of bacteria from the baby's mouth to the nipple, and thereby to the milk ducts of the breast.
- Signs of mastitis: in general, mastitis does not occur without a fever greater than 101. This really helps distinguish it from breast engorgement. Look for any tender breast lumps that cause the skin above them to turn red and that do not improve despite taking ibuprofen (Advil, Motrin), massaging the area, or adding heat to it.

- It is preferable to keep breastfeeding while treating mastitis as the flow of milk will keep the bacteria from moving further into the breast and allows you to keep your baby fed. More importantly, you are not transferring any new bacteria to the baby.

Breast Care for Bottle-feeding Moms

There are many reasons, including medications, cultural reasons, depression, and previous breast surgery that may make bottle-feeding the best option for your baby. There are certain tips we suggest to help you transition your breasts if you don't plan on breastfeeding.

1. *Avoid stimulation of the breast*

Any type of stimulation to the breast will signal the body to make milk. We recommend you wear a tight-fitting bra 24 hours a day until the breast stops making milk. Slightly small sports bras are a great option. Turn your back when you shower so that the breasts aren't being stimulated by the warm stream. Try to keep the baby from nuzzling your breast. This increases hormonal stimulation, keeping the milk supply going.

2. *Apply ice packs, do NOT apply heat*

Ice will decrease the inflammation in your breasts and help the milk ducts to shrink faster to stop making milk. Cold cabbage leaves really do work; there is a chemical in cabbage that helps reduce swelling and edema. Know that a low grade temperature of less than 100.4 is common as your breasts transition.

3. *Take ibuprofen:*

You will have breast tenderness for approximately 7-10 days as your breasts stop making milk. Taking 400-600 mg of ibuprofen (Advil, Motrin) every 6 hours during this time can help alleviate the swelling and pain.

Reasons to Call Us Immediately

- Bleeding that soaks a pad an hour for two consecutive hours or passing more than one clot the size of an egg or larger
- Fever greater than 100.5
- Severe abdominal pain not alleviated by your pain medicine
- Shortness of breath, "air hunger"/chest pain that does not go away after a few minutes
- Pus-like discharge from the perineum or from your incision site
- Asymmetrical swelling in the legs with pain or redness
- Inability to stop crying, desire to stay away from the baby or loved ones, or other signs of depression
- Hard, red breast lump associated with fever that does not improve with supportive measures