



The Northwestern Specialists For Women

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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 time of uncertainty, so we want to equip you with some vital information about these next six weeks. We encourage you to use this information as your primary resource to know what is normal and abnormal in the postpartum period.

General Advice for All Postpartum Moms

1. **Accept Help:** It is true that to “raise a child, it takes a village” and that starts from day 1! Don’t feel guilty to ask for help!!!—it will only make you a better mother because you’ll have the energy and strength to take care of your little one
2. **Limit company:** While everyone is excited to see you and the baby, this is a time for you to be selfish on behalf of yourself and your baby. The first few weeks can be a stressful time while learning to handle a new life situation, so give yourself time to adjust without having to worry about taking care of anyone else.
3. **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! Then, as your body continues to feel better, 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 jog), abdominal workouts, and pelvic exercises after 2 weeks. Anything more aggressive (i.e. full runs, cardio classes, etc.) should start only after six weeks.
4. **Do not lift anything greater than 15 pounds:** This is to make sure that you don’t hurt any muscles or ligaments. You can gradually increase this after 2 weeks as your body feels stronger.
5. **Do not put anything inside the vagina** (i.e. no pads, no intercourse) Your cervix needs about 6-8 weeks to heal.
6. **Don’t drive for the first 5-7 days:** Your abdominal muscles and pelvic area will be sore after you deliver. Therefore, your reflexes while driving may be a little slower. Get used to your new body before you start to drive. You should also never drive as long as you are still taking a narcotic for pain. If you had a cesarean section, wait until your 2 week visit when we will clear you for driving.
7. **Bleeding is normal for 6-8 weeks!!** You will bleed regardless of whether you have 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’ll also notice more bleeding when you breastfeed because the uterus has more contractions during this time. Clots are normal at this time as well. As long as you are not soaking through a pad an hour for two consecutive hours, you’re doing fine.
8. **Make your appointments to see us!** If you had vaginal delivery, make your postpartum appointment in 6 weeks. If you had a cesarean section, make an appointment for your postoperative checkup in 2 weeks. You can schedule these while still in the hospital.

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

1. **Prenatal vitamin** every day. This will be taken until your six week postpartum check or for as long as you are breastfeeding.
2. **Ibuprofen** (or Advil, Motrin): Three 200 mg tablets every 6 hours for the first 10 days, then as needed. Great for cramps. This is all most women need after a vaginal delivery. If you had a cesarean section, take it for the first 2 weeks on time.
3. **Narcotic** (Norco, Ultram): Every 4-6 hours as needed. If you had a cesarean, take it as scheduled for the first week. This can make you feel sleepy. You should not drive as long as you are taking it. This has a side effect of constipation, so make sure you are on a bowel regimen (see below) if you are taking it.
4. **Colace:** 100 mg tablet two to three times a day. Helps prevent constipation, especially if you are taking a narcotic.
5. **Other:** A fiber supplement like **Metamucil** or **Benefiber** can help stave off constipation. **Cortaid**, **Tucks pads**, or **Anusol** can help with hemorrhoids. **Simethicone**, **Milk of Magesia**, 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 really important to stay mobile after having surgery because it helps with recuperation and decreases the risks 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 engage in, you should take about an hour of rest. This ensures that you are being active, but not overdoing it.
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 in order to allow you to engage in the activities that are going to help you heal faster (i.e. walking). It is always difficult to play “catch up” to pain; once it starts, you’ll end up taking more than you needed to begin with. For the first 7 days, it’s appropriate to take your narcotic medication every 4-6 hours. For the first 2 weeks, you should take your ibuprofen (i.e. Advil) every 6 hours. This regimen will allow you to control the pain that occurs from the incision, from the healing process of surgery, as well as the normal cramping and pain that occurs with delivering a baby.
3. **How to take care of your incision:** The skin over the incision typically heals after 72 hours. The steri-strips that we may place over the incision simply ensure the incision stays clean and decreases the tension on the incision. It’s okay if these fall off before your two week visit. Make sure you keep the incision clean and dry. Do call us, however, if the incision starts to look bright red or has any oozing from it—this may be a sign of an infection, which occurs in up to 15% of all cesareans and will heal without any complications if treated in a timely fashion.

Perineal Care

1. **Perineal soreness is normal:** Whether you had a laceration or an episiotomy, a certain amount of pelvic soreness is normal. This is because the skin and muscles have been stretched in order to allow you to push a baby out! If you have stitches, normal activity will not make them tear. Maintaining good hygiene in the area allows for quicker healing. So make sure that you change your pads at least every 4 hours, always wipe from front to back, and use your peripartum wash bottle (given to you in the hospital) to keep the area clean.
2. **Sitz baths are okay, full body baths are not:** Sitz baths are a way to soak the perineum to improve blood flow and accelerate healing. There are two ways you can do this: either fill your tub with 5-6 inches of warm water and soak the area for 15-20 minutes or you can buy a Sitz hat at the drug store which fits over the toilet seat, fill it up with water, and soak for the same amount of time. You do NOT need to add anything to the water (i.e. salts, etc). However, do not take a full body bath for at least 6 weeks. The cervix is still open during this time and you are still bleeding.
3. **Hemorrhoids are Common:** Whether you pushed for 15 minutes or 3 hours or ended up with a cesarean section, the blood vessels in the rectum do get a little lax after a delivery. Using Tuck pads, Anusol, or witch hazel compresses (all found over the counter) can help with any discomfort. Taking Colace at least once a day will also help soften your stool so that you don't have to strain as much.

Signs of the Postpartum Blues or Postpartum Depression

It is normal to feel a range of emotions for the first few weeks after delivery, ranging from happiness, scared, frustration, and most of all, fatigued. However, these emotions should not make you feel isolated from your baby or from your family or make you feel a loss of control. It is essential that you call us if you start feeling depressed, have any fears of hurting yourself or the baby, or cannot sleep or eat because you feel anxious or scared.

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 the milk to come in, so don't feel overwhelmed if it feels like you can't breastfeed right away. When the milk comes in, your breasts will become full, larger, a little tender, and warm. During this time, make sure you continue to try to breastfeed every 2.5-3 hours, regardless of whether the baby actually gets any milk. It is absolutely acceptable to supplement with formula during this time if needed, and the routine stimulation of the breasts will make it more likely that your breast milk will come in.
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 pump the breasts to try to alleviate the fullness, massage the breasts, and take an NSAID like Ibuprofen 600 mg every 6 hours. This will resolve most engorgements within 24 hours.
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 them from cracking. You can use lanolin cream after each feeding—it's safe!
4. **Mastitis:** Mastitis, or 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, 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 really tender breast lump that causes the skin above it to turn red and does not improve despite taking ibuprofen, massaging the lump, or adding heat to it.
 - **It is preferable to keep breastfeeding while treating mastitis:** The flow of milk will keep the bacteria from flowing further into the breast and allows to keep the 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, 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 continue to signal to it that it's supposed to make milk. Therefore, wear a tight fitting bra 24 hours a day until the breast stops making milk (sports bras are a great option here). Turn your back to the shower so that the breasts aren't constantly being stimulated by the stream. Try to keep the baby from nuzzling on your breast (this increases hormonal stimulation, keeping 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. Know that a low grade temperature of less than 100.0 is common as your breasts transition.
3. **Take ibuprofen:** You will have breast tenderness for about 7-10 days as your breasts stop making milk. Taking three 200 mg tablets of ibuprofen every 6 hours during this time will help alleviate the swelling and pain.

Reasons to Call Us Immediately

- Bleeding that soaks a pad an hour for two consecutive hours
- Severe abdominal pain not alleviated with your pain medicine
- Pus-like discharge from the perineum or from your incision site
- 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.
- Fever greater than 100.5
- Shortness of breath/chest pain that does not go away
- Asymmetrical swelling in the legs with pain or redness