

*LAKE SHORE
OBSTETRICS & GYNECOLOGY, L.L.C.*

***Post-Partum
Patient Discharge Instructions***

Congratulations on the birth of your new baby!

Whether this is your first child or fifth child, you will certainly be facing new challenges as a parent. Our goal at Lake Shore Obstetrics and Gynecology is to provide you with accurate and helpful information to optimize your health and recovery following pregnancy. Please use these instructions as a reference throughout your postpartum recovery period. If you have any additional questions or concerns, you should always feel free to contact our office.

Your physicians and the staff at Lake Shore Obstetrics and Gynecology wish you good luck and good health!

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**Emergency Evening and Weekend Number:
312-943-3300**

Normal Post Partum Course

Pain:

Regardless of your route of delivery, you will likely continue to experience some discomfort after discharge from the hospital. Initially, the pain may increase at home when you become more active than you were in the hospital. After the first few days, the pain should get progressively better. Please note that pain from cesarean and forcep deliveries may last longer. Until your pain is resolved, you may use the following for pain relief:

Ibuprofen (Advil, Motrin) – mild to moderate pain

These are non-steroidal anti-inflammatory (NSAID) agents that help to reduce inflammation and swelling. By reducing inflammation, they help to prevent and reduce pain. This class of medication is not constipating or sedating. You may take 600-800 mg every 6-8 hours as needed. These medications are available over the counter. No prescription is necessary. Do not exceed 2400mg per day. You may take Tylenol 1000mg every 6 hours if not taking any of the below medications.

Norco, Vicodin or Tylenol #3 - moderate to severe pain

These are narcotic medications which help to alleviate more intense pain. Use these in addition to an NSAID when needed. Narcotics can make you feel drowsy and you should not drive while taking these medications. They are also constipating. All of these medications contain acetaminophen (Tylenol), so avoid taking additional Tylenol when using these medications. You may take 1-2 tablets every 4-6 hours as needed. Your doctor can give you a prescription for one of these medications prior to discharge.

All of the above medications are safe to use when breast feeding!

Nutrition:

Just as you did during pregnancy, you should continue to strive for a well-balanced diet. Good nutrition enhances wound healing and is also important while breast feeding. Though you may desire to quickly lose the weight you gained during pregnancy, dieting should not be an immediate priority.

All post-partum patients should continue taking vitamins as these are an excellent source of iron and can help prevent anemia. If you had a cesarean section or excessive blood loss with your delivery, your doctor will check for anemia. If you are anemic, your doctor may recommend that you take additional iron supplementation.

Breast feeding typically requires 500-600 calories per day in addition to your normal requirements. You will also need 1000-1200mg of calcium daily. This is equivalent to 4-5 healthy servings of dairy daily. It is also important to stay well hydrated to ensure adequate milk production.

Lower extremity swelling (edema):

You may notice an increase in swelling even after you are discharged from the hospital. Swelling of the hands, ankles and feet typically peaks 7-14 days after delivery. It will gradually improve thereafter. It can be normal for tingling sensations to accompany swollen hands and feet.

You should call your doctor if you notice swelling that is predominantly in one leg and associated with pain.

Vaginal Bleeding (lochia):

You may have heavy vaginal bleeding for up to two weeks following your delivery. Sometimes light bleeding can last until 9 weeks post-partum. After a vaginal delivery, bleeding may wax and wane, but in general will steadily decrease as you move further away from delivery. Bleeding after a C-Section is generally lighter and of shorter duration. You should call if you begin passing large clots (larger than a golf ball) or are soaking more than one pad per hour.

Do not use tampons and do not douche until after your 6-week checkup!

Resuming Intercourse:

Avoid intercourse until your post-partum visit unless your doctor tells you otherwise.

When you do resume intercourse, you may have some initial irritation. Some women experience this for several weeks; sometimes it can last for a few months. This is often the result of vaginal dryness which is commonly associated with breast feeding as well as healing changes. To decrease your discomfort, you may use a water-based lubricant such as Astroglide or KY Jelly. You may use Plan B OTC if condom fails.

It is a good idea to begin considering birth control options. Barrier methods include condoms and diaphragms. Hormonal methods include birth control pills, the patch, vaginal ring, and Depo Provera. The best hormonal method to use while breast feeding, to optimize your milk supply, is the pill containing only progesterone. If your milk supply is good, however, traditional birth control pills are a reasonable option. Intra-uterine devices, or IUDs, are other reversible, but effective options that can be placed after your post-partum visit. Permanent forms of sterilization include tubal ligation or tubal occlusion. These require a surgical intervention. Don't forget about vasectomy as a form of permanent sterilization. It is more effective than tubal ligation, and much less invasive!

Breast feeding:

Breast milk is an ideal source of nutrition for your newborn, and breast feeding can be a special experience for you and your baby. Though breast feeding is a natural process, not all babies catch on right away. It is important to be patient and persevere. The nurses on the post-partum floors will help you. Additionally, there are lactation consultants available in the hospital to help you with nursing strategies.

Your milk supply will generally come in between days 3 through 5 following delivery. You will likely experience significant cramping with breast feeding; the hormones that help secrete milk also help the uterus to contract to minimize bleeding. Keep in mind that cramping with breast feeding often worsens with successive children.

If your nipples become sore and cracked, you may rub expressed milk into the surrounding tissue. Additionally, you may apply Lansinoh ointment or glycerin pads to protect chafed nipples. Avoid using soap as it can worsen dryness.

If you have breast feeding questions, please call the Northwestern Memorial Hospital Breast Feeding Helpline: (312) 472-MILK (6455)

Blocked milk ducts:

If you develop a firm, tender area on the breast with no overlying redness, this may simply be the result of a blocked milk duct. Warm compresses applied to the area, as well as massage and frequent breast feeds/pumping can help to relieve the discomfort and occlusion. If there is any overlying pink or red discoloration, it may be a breast infection (mastitis) and you should call your doctor.

Mastitis:

Between 5% and 10% of nursing mothers develop breast infections or mastitis while breast feeding. Initial symptoms typically mimic “the flu” and include aches and chills. The breast may become warm, tender and engorged. The overlying skin may become pink or red. These symptoms are usually accompanied by high fevers (100.4 or greater). You should continue breast feeding or pumping if you develop an infection.

You should call your doctor
if you notice any of the **ABOVE** symptoms.

Breast concerns for non-breast feeding mothers:

If you choose not to breast feed your baby, there are many excellent formulas to choose from. Talk to your baby’s pediatrician about specific recommendations.

In order to minimize the discomfort from breast engorgement, wear tight-fitting bras or athletic bras immediately after delivery and continue for at least one week after your milk comes in. Wear them 24 hours per day for about one week. You may also bind your breasts with an ACE bandage or sheet to minimize symptoms. Avoid direct stimulation of the breasts during this time, such as expressing milk or pumping.

NSAIDs or Tylenol will help with the pain. Additional comfort measures include cold compresses or ice packs. Bags of frozen peas can be used as a substitute for ice packs; they conform nicely to the shape of the breast and are not as harshly cold as larger blocks of ice. There are no medications that dry up breastmilk faster.

Bladder and Bowel Function:

Empty your bladder as soon as you have the urge to void or at least every 3 hours. When your bladder is overly distended, it can cause abdominal discomfort.

Some women will experience leakage of urine immediately following delivery. This usually improves over the six weeks following delivery. Start Kegel exercises as soon as you can after delivery to help strengthen the pelvic floor. Start by contracting the muscles you normally contract to stop your stream of urine. In order to do Kegels properly, you should contract these muscles ten times each set, and do three sets per day. Your goal should be to hold the contraction for 2-3 seconds each.

Bowel function should return within 5 days of delivery. Keeping well-hydrated and active will help facilitate normal bowel function. You may also use stool softeners and fiber supplements as needed. If you have not had a bowel movement by the fifth day following your delivery, call the office for instructions. Do not use a rectal suppository without your doctor’s approval; this may interrupt the healing process.

Hemorrhoids:

Hemorrhoids should improve in the weeks following delivery, however, they may cause some discomfort throughout your recovery period. For relief of pain caused by hemorrhoids, you may use topical remedies such as Tucks pads, Preparation H or Anusol HC. Soaking in a Sitz bath (bath filled with plain warm water) can also be soothing. Epsom Salt may be helpful when added to tub soak.

You can help prevent worsening of your symptoms by minimizing the need to strain with bowel movements. Staying well hydrated is very important. In addition, you can also employ the following:

Colace (docusate sodium) is a stool softener that works by drawing more water into the stool. You may take up to 100mg every 12 hours as needed. Colace, as well as its generic version, are available over the counter and are compatible with breast feeding. Miralax is a gentle laxative that can be taken daily if needed.

Fiber helps to bulk up the stool, which make bowel movements easier to pass. Fruits and vegetables are high in fiber. You can also use fiber supplements: FiberCon, Metamucil, Citrucel and FiberChoice are all available over the counter and are compatible with breast feeding.

Mood:

It is normal to experience the “baby blues” in the first several days following delivery. You may have a depressed mood, a sense of feeling “let down” or experience more tearfulness. Most women will experience these symptoms to some degree, and they pass fairly quickly.

Symptoms of post-partum depression can occur anytime within the first year following a delivery and may occur in up to a third of all women. Women who have a personal or family history of depression are at greatest risk.

Rest and sleep are particularly important for your body during the post-partum period. Lack of sleep can certainly worsen symptoms. Try to rest when you can, and if possible, recruit others to assist you with household chores and errands.

If you find that your “baby blues” are not resolving and if you experience the following symptoms for more than 2 weeks, please call your doctor immediately:

- feeling tearful, sad, depressed
- lack of feeling pleasure from normally pleasant activities
- decreased energy
- decreased motivation
- feeling hopeless
- inability to fall asleep or stay asleep
- decreased appetite
- decreasing weight
- feeling anxious or restless
- poor self esteem
- lack of concentration
- thoughts of harming yourself
- thoughts of harming your baby

Additional Post-Partum Depression Resources:
Northwestern Crisis Line: (312) 926-8100

Vaginal Delivery Concerns

Episiotomy/Lacerations:

You should expect cuts or lacerations to be sore for several days after delivery. Larger lacerations may be sore for up to 6 weeks. Your stitches will dissolve on their own; they are usually completely dissolved by 6 weeks post-partum.

It is very important to keep the area clean by rinsing every time you use the bathroom for about 2 weeks. You may use the hospital-provided squirt bottle for this purpose. The water helps to dilute the urine and prevent burning and stinging and is sufficient to keep the area clean. Use pain medications as noted above for discomfort. Additional comfort measures include soaking in a plain warm bathtub. Epsom Salt may be used but do not use bath salts or bubble baths, which can be irritating. Pat gently or blow the area dry with low heat when you get out of the tub. You may use stool softeners and fiber supplements to prevent constipation and straining. Colace (docusate sodium) is a stool softener that is available over the counter. You may take 100 mg up to every 12 hours. Supplementation with fiber may also be beneficial to prevent constipation. Senekot, Metamucil, Citrucel, Fiber Choice, FiberCon and Miralax are all safe alternatives that are compatible with breast feeding.

You should call your doctor if you experience pain not relieved by pain medications and tub soaks, fever greater than 100.4 or any foul-smelling discharge from the incision.

Exercise and Lifting:

Walking is always good exercise for any woman, but more rigorous exercise may cause a laceration to pull apart. Talk with your doctor prior to resuming your normal exercise regimen.

In general there are no lifting restrictions after a vaginal delivery. If you have a large tear, however, your doctor may recommend that you avoid excessive lifting. Check with your doctor prior to discharge.

Driving:

Do not drive while using Norco. If not using Norco you can drive at any time. You may drive if your pain is well controlled without medication.

Stairs:

There are no restrictions regarding stairs following a vaginal delivery. If you are having a significant amount of pain, however, you should move up and down the stairs slowly.

Cesarean Section Concerns

Incision:

Your staples will be removed in the hospital prior to your discharge. You will have steri-strips placed over your incision. You can get them wet in the shower. Let soapy water trickle over the incision and pat it dry. You do not have to scrub the incision. Pull the steri-strips off in 7 days; if they fall off in less than 7 days, there is no need to worry.

You may take baths. Just be sure to pat your incision dry afterwards.

It is very important to keep your incision dry when you are not bathing. If you notice that it is becoming warm and moist, you can place a gauze pad over the incision to absorb some of the moisture.

A healthy incision may have some areas of firmness or hardness as the underlying tissue heals. You should call your doctor if you notice any redness around the incision, drainage from the incision or any fever greater than 100.4

Expect to have a slight pulling sensation within the wound for several weeks to months. You may also experience some numbness or tingling around the incision site for several weeks.

Exercise and Lifting:

Walking is always good exercise after surgery. It helps to minimize Intra-abdominal adhesions, or scar tissue, and helps to restore normal bowel function. It is also helpful in preventing blood clots from developing after surgery. More strenuous exercise may disrupt your healing wound; it is best to resume your normal exercise regimen after your 6-week post-partum visit.

You should not lift anything heavier than the baby (or ten pounds) for 6 weeks. Premature straining may cause a hernia.

Driving:

You should not drive for 2 weeks. If you are still using Norco at two weeks you should not drive until you are done with Norco.

Stairs:

Climbing stairs is fine after surgery, but take them slowly. Try to minimize the number of times you must go up and down stairs each day while you are still having pain.

All patients should notify their doctor immediately if they develop any of the following:

- Fever > 100.4
- Pain not relieved by pain medications
- Heavy vaginal bleeding (>1 pad/hour, large clots)
- Depressive symptoms
- Redness around the breast
- Swelling, Pain or Tenderness in one leg and not the other

Evening and Weekend Emergency Number
312-943-3300