

Postpartum Instructions Vaginal Delivery

ACTIVITY

- No driving while taking narcotic pain medications or if you do not feel strong enough to stop the car in an emergency.
- Gradually advance your activity. You should NOT be on bedrest. Strenuous activity should be avoided for 6 weeks.
- No lifting more than 10-15 pounds (the weight of the car seat) for 4.

WHEN CAN I RESUME SEX?

- Intercourse should be avoided for six weeks to avoid a serious infection of the uterus or pelvis.
- Nothing should be placed in the vagina for 6 weeks, this includes tampons and douching.

WHEN CAN I TAKE A SHOWER?

- You may shower any time.
- Tub baths should be avoided for the first 3 days.

HOW SHOULD I CARE FOR MY STITCHES?

- Keep the area clean and dry by using warm water, avoid soaps and scrubbing.
- Spray analgesics (Dermaplast) and Tucks pads can also be helpful. Try refrigerating the Tucks pads for extra comfort.
- Use Preparation H cream or suppositories as needed for hemorrhoids. Warm baths can also help.
- Avoid constipation and straining.
- Don't be alarmed if you see loose stitches on your pad or in the toilet. Stitches are normally absorbed or loosen as you heal. Your stitches are dissolvable and do not need to be removed in the office.

HOW LONG WILL I HAVE BLEEDING?

- Vaginal bleeding after delivery (lochia) is very normal. It will slowly decrease with time and change in color from bright red to brown to yellow. It will be the heaviest during the first 1-2 weeks but may last for up to six weeks. Call the office if you have bleeding that is heavier than a period or saturating more than 2 pads in an hour.
- Another reason to call is if you develop a foul-smelling vaginal discharge.

I HAVE CONSTIPATION, WHAT SHOULD I DO?

- Constipation can cause severe pain. Drink a lot of water and eat a high fiber diet. You may take **milk of magnesia** or **docusate** with or without **senna**.

You will need an appointment:

- 6 weeks after delivery for postpartum check

Call if you experience:

- Fever > 100.4 degrees
- Shortness of breath
- Vaginal bleeding that soaks >2 pads/hr
- Severe pain, not relieved by your pain medications
- Persistent nausea and vomiting

Monday-Thursday 9AM-4PM call (907) 586-1717

After hours call (907) 796-8913

HOW SHOULD I MANAGE MY PAIN?

- **Ibuprofen** 600 mg every 6 hours should be started after surgery. This should be taken every 6 hours for the first week, then on an as needed basis. It is not excreted into breastmilk at a level that can affect the baby. Avoid Aleve/naproxen.
- **Codeine/acetaminophen** is for break through pain. You can take one tab every 4 hours or 2 tabs every 6 hours. It is best to stagger this medication with the ibuprofen so they are not taken at the same time. If you decide to take plain acetaminophen, make sure you do not take more than 4,000 mg in 24 hours. Note, the prescription sent home with you contains acetaminophen.
- Applying ice to the incision is generally better than heat for relieving pain and swelling.
- The "after pains" may be bothersome for first time mothers and more intense with subsequent babies, especially during breastfeeding. Ibuprofen every 6 hours will be the most effective treatment. Expect cramping to continue for the first several days after birth and realize that this is the body's natural way decrease the bleeding from the uterus and the site where the placenta was attached.



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BREASTS:

During pregnancy, your breasts prepare for lactation (milk production) and after birth hormonal changes and infant sucking trigger a surge in milk supply. Nursing on demand every one to three hours for 15 to 20 minutes on each breast should empty the breasts to prevent engorgement and provide proper nutrition and fluids for your infant. Sore nipples and engorgement are common in the early stages of breastfeeding and the most frequent causes for new mothers deciding to stop breastfeeding.

Proper positioning and latching with frequent nursing can help alleviate these temporary and uncomfortable symptoms. Call the lactation consultant at Bartlett for advice if you are having problems. During growth spurts your infant may nurse more frequently for one to two days for the milk supply to catch up with his/her needs.

It is recommended that infants be exclusively breastfed for the first six months to provide optimal nutrition and protection against infections. Breastfeeding can also help with weight loss. When you are breastfeeding it is important to continue eating a well-balanced diet. You actually need more calories while breastfeeding than you did during your pregnancy! It is a good idea to continue your prenatal vitamins while breastfeeding as well as a lot of fluids (64 ounces a day minimum).

Non-Breastfeeding Mothers: should expect a period of engorgement treatable with form-fitting bras, ice treatments and avoiding stimulation to the breast (pumping or hot showers). Tylenol or Ibuprofen may be taken every four to six hours for relief of symptoms. Cabbage leaves placed on your breast may also relieve your symptoms. Symptoms should resolve within 24 to 48 hours although leaking of milk may continue for days or weeks.

POSTPARTUM BLUES:

It is common to have postpartum blues. This is a normal response to many of the hormonal changes, stress and lack of sleep that go with raising a newborn and physically recovering from the birth. Crying/weepy, sadness, anxiety and a feeling of severe vulnerability are common symptoms but should resolve within 2 weeks. Activities that can be helpful include:

- Getting more sleep
- Try to find time for your own needs, including recreation and social activities with friends, family and your partner. A short period away from infants who are requiring your constant care and attention can be very helpful.

POSTPARTUM DEPRESSION:

Postpartum depression is not uncommon and you should call your physician if you find yourself in a downhill spiral marked by:

- Prolonged crying spells
- Thoughts of harming yourself, the baby or others
- Severe anxiety
- Inability to function or care for your newborn or yourself
- Depressive symptoms lasting longer than two weeks

Please pay attention to your symptoms. It can be helpful to seek a counselor's assistance during this time. Don't hesitate to talk to your doctor about any symptoms or scary thoughts you might be having. If you or someone you know is in crisis and needs immediate help, please call the National Suicide Prevention Hotline 24/7 at 1-800-273-8255.

FIRST MENSTRUAL CYCLE:

Will often occur within the first two months, however, you may not have periods while nursing. The first period may be unusually heavy or prolonged. If you are concerned about this, please call the office.