

BREAST CARE

Nursing:

- Wear a comfortable nursing bra (without an underwire)
- Apply lanolin to dry or cracked nipples
- Call your lactation consultant for latch, supply, or other breastfeeding concerns
- Call the office if you need a referral, a list of resources, or additional help

Non-Nursing:

- Wear a comfortable but tight-fitting bra at all times
- Avoid breast manipulation if possible
- If engorgement occurs, apply ice packs and take ibuprofen for discomfort

SEX

Please abstain from intercourse until you are examined by a physician and have started an effective method of birth control. Many women experience decreased lubrication and vaginal pain the first few times they have sex after delivery. It is important to take things slow and use an over-the-counter lubricant. These changes are temporary and improve with time.

MENSTRUAL PERIODS

Your period may resume as early as 4 weeks or be delayed up to 12 weeks. If you are breastfeeding, it may not return until your baby has weaned. It is normal for your first period after having a baby to be heavier and crampier than usual.

FOLLOW-UP

Please call the office now to schedule your 4-week postpartum check-up. We recommend you see the physician who delivered your baby.

WHEN TO CALL:

- You saturate one pad per hour for two hours in a row, or you pass clots larger than the size of a tennis ball
- Your pain is severe despite taking ibuprofen, acetaminophen, and narcotic pills (if prescribed)
- You have a fever of $>100.4F$ or $>38C$ that persists for 4 to 6 hours
- You have severe nausea and vomiting, foul-smelling vaginal discharge, or concerns about your incision (stitches have opened, surrounding skin is red or warm, bleeding, drainage, etc.)
- You have significant breast pain and redness (possible mastitis)
- You have concerns or questions that cannot wait until your follow-up visit



PIEDMONT
WOMEN'S
HEALTHCARE



Postpartum Expectations and Instructions

Congratulations on the new addition to your family! The next several weeks will be one of the most exciting times in your lives, filled with both joys and challenges. Here are some recommendations for the postpartum period that will help you to have a healthy recovery from the delivery of your baby.



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RECOVERY

After pregnancy, your return to “normal” will be gradual and progressive. It may take several weeks, but you will soon feel like yourself again.

Activity

For the first week at home, focus on taking care of your baby and yourself; let your partner or others manage everything else. In the second week, you may begin to do light housework and take short walks around the neighborhood. As you enter the third week, you can consider driving, shopping, and social activities.

- Lifting: Avoid anything heavier than your newborn
- Driving: May begin when your pain is well-controlled without narcotic pills
- Travel out of town: Not recommended

Emotions

After having a baby, many women have difficulty adjusting to their new role as a mother. The “baby blues” (feeling tearful, irritable, overwhelmed, and nervous) are normal in the two weeks following delivery. However, if you have no desire to interact with your baby or partner, develop hopelessness, or have thoughts of hurting yourself or others, you may have postpartum depression. Please call the office if you have these or other concerning symptoms. We also encourage you to talk openly about your feelings with family and friends. The more understanding and support you have, the quicker you will recover.

DIET

Continue to eat a well-balanced diet and drink plenty of fluids. Nursing mothers usually require at least 2,000 calories, but non-nursing mothers can return to their average pre-pregnancy intake. Please continue prenatal vitamins and iron supplements (if prescribed).

EXERCISE

Please do not rush into “getting back in shape!” You may go on walks and take the stairs, but do not resume your exercise regimen until after your follow-up visit.

HYGIENE

Showers/Baths: Showers are permitted immediately, but please do not soak in the tub until your follow-up visit. Douching is not recommended.

Bleeding/Discharge: The bleeding you have now will steadily decrease until only a discharge is present after 4 to 8 weeks. It is normal to have occasional small gushes and to pass an occasional small clot. Please use pads and avoid tampons.

Bowel Movements: Daily stools are not necessary, but to stay regular and avoid straining and pain, you may want to try docusate (Colace), sennokot (Senna), bisacodyl (Dulcolax), polyethylene glycol (Miralax), or magnesium hydroxide (Milk of Magnesia). These over-the-counter options are all safe for breastfeeding mothers.

Hemorrhoids: A small amount of bright red bleeding with bowel movements can be normal until your hemorrhoids heal. Follow the instructions for constipation to ensure frequent, soft stools. Try witch hazel pads (Tucks) and creams or suppositories with a lubricant and low-dose steroid (Preparation-H, Annusol) to relieve your symptoms. These over-the-counter options are all safe for breastfeeding mothers.

Vaginal/Perineal Stitches: Clean the area with soap and water as part of your daily shower. Use sitz baths liberally and, if your pain persists despite oral medications, apply a topical anesthetic (gels and sprays are available over-the-counter). Do not be alarmed if you see suture (similar to dental floss) on your pad; the stitches are designed to dissolve as the area heals.

Cesarean Section: It is safe to let soapy water run over your incision, but do not scrub the area with a sponge or loofah. Keep the incision as dry as possible; if needed, place a clean sanitary pad over the area to wick away moisture. Hold a small pillow against your incision when coughing or sneezing. An abdominal binder may also help you to be more comfortable. The tape or glue over your incision will usually fall off on its own within two weeks, but it is okay to moisten and carefully remove after one week if it is bothersome to you. For tape removal, you may also try using a hairdryer on the cool setting.