



POSTPARTUM

Instructions



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The information in these instructions is designed to aid patients and practitioners regarding appropriate postpartum care. These Instructions do not establish a standard of care and should not be construed as dictating an exclusive course of treatment or procedure. Variations in practice may be warranted, which may be based on (among other things) the needs of the individual patient, resources, and other limitations unique to the specific situation.



The weeks and months following childbirth are a period of many physical, mental, and social changes. In fact, many refer to it as “the fourth trimester,” and the transition can vary from woman to woman. Keep in mind that recovery from childbirth is a progressive process, and generally you should feel a little better with each passing day. It is extremely important to rest when possible. It is also important to listen to your body, focus on caring for yourself and your baby, and not expect too much of yourself.

GENERAL WARNING SIGNS AND PRECAUTIONS

If you are feeling well, you may gradually increase your activity (including walking), but be sure to avoid excessive activity or heavy lifting for the first six weeks. Ask for help with general household duties (cooking, cleaning, laundry, etc.). You may find yourself experiencing common symptoms such as lack of sleep, fatigue, pain, breastfeeding difficulties, depression/anxiety, lack of sexual desire, and urinary incontinence. We are happy to discuss these with you at any time, and you may always call the office at 212-722-7409 to schedule an appointment sooner than your six week visit.

If you are not feeling well or having any of the following symptoms, please call us immediately

- Fever greater than 101F
- Heavy vaginal bleeding (soaking through more than two pads per hour)
- Foul-smelling discharge
- Extreme tenderness of vaginal repair site or c-section incision
- Unusual drainage from or redness surrounding c-section incision
- Severe abdominal or back pain
- Pain or redness in one breast, especially if you also have a fever
- Severe headaches that do not go away with medication
- Pain, redness, tenderness, or swelling of one leg
- Symptoms of postpartum depression (extreme sadness, feelings of hopelessness or worthlessness, thoughts of hurting yourself or others, or any other unusual symptoms)

BLEEDING PATTERNS AFTER DELIVERY

Most women will have vaginal bleeding and discharge (lochia) for a few weeks following delivery.

- Generally, you will notice red blood for the first few days following delivery.
- The discharge will then become more watery and pinkish/brown in coloring, which can last for 2-3 weeks. After this, the discharge becomes more yellowish/white.
- As you increase your activity, you may notice that your bleeding also increases. This is normal and typically improves within a day or two.
- It is normal to pass clots – sometimes the clots may be as large as a tennis ball. As long as there is no continued bleeding afterwards, it is not a cause for alarm.

PAIN CONTROL AFTER DELIVERY

Most women will experience some amount of discomfort following delivery of their baby. In general, the pain should become less noticeable with each passing day. It is common for cramping/pain to increase while breastfeeding or during activity.

- Continue taking Motrin/Advil (ibuprofen) 600mg every 6 hours and Tylenol (acetaminophen) for the first few days after being discharged from the hospital. Tylenol dose should not exceed 4,000mg in 24 hours (975mg or 1,000mg every six hours)
- If you had a c-section, you may also take a narcotic medication (which will be prescribed to you prior to your discharge from the hospital) as needed for breakthrough pain. Try to limit use of this medication since narcotics can be constipating, sedating, and addicting.

If your pain is not controlled with the above medications, please call our office.

CARE AFTER DELIVERY

VAGINAL DELIVERY

It is important to avoid irritation of the vaginal and perineal regions following a vaginal delivery to allow complete healing and avoid infection.

- You should avoid placing anything in the vagina (including douches or tampons), having sex, or taking baths/swimming until after you are seen for your postpartum visit in 6 weeks.
- You should keep your perineum (the area between the vagina and rectum) as clean and dry as possible by wiping front to back after using the bathroom, frequently changing your sanitary pads, and using the spray bottle provided at the hospital to clean the area frequently.
- The stitches used for any repair of laceration or episiotomy will dissolve in 2-3 weeks; do not worry if you notice small pieces of suture (string-like material) on your underwear or toilet paper. It is normal to have itching or burning for the first few weeks.

CESAREAN SECTION

It is important to avoid irritation of the abdominal incision to allow complete healing and avoid infection.

- You may take showers as usual; however, you should not scrub the incisional area. Let the soap and water from your chest/upper abdomen run over the incision and then pat the area dry after your shower.
- Do not take baths or go swimming until after you are seen for your postpartum visit in 6 weeks.
- You should remove the steri-strips (white surgical tape) covering the incision when your baby is 2 weeks old. If they start to fall off before then, you may take them off.
- Do not use any lotions or oils on the incision until it has completely healed.
- A small amount of light pink or clear drainage from the incision is normal.
- The stitches underneath your skin will dissolve in 2-3 weeks; do not worry if you notice small pieces of suture. It is normal to have itching or numbness for the first few weeks.



BREAST CARE

IF YOU ARE BREASTFEEDING

- The American Academy of Pediatrics recommends exclusively breastfeeding during the first 6 months after birth. As a practice, we also encourage you breastfeed your child, if possible.
- To help prevent sore nipples, make sure the baby is properly positioned on the breast. The baby's mouth should cover the nipple and areola as much as possible.
- For sore nipples, apply ice to the nipple for a few minutes before nursing.
- For engorged breasts (breasts that feel firm and painful), take a warm shower or apply warm compresses, massage your breasts, and manually squeeze out some milk.
- Make sure you are eating and hydrating adequately to support breastfeeding. It takes an average of 800 calories per day to produce the milk your baby needs.
- Many women find it helpful to meet with a lactation consultant in the first week after arriving home with a newborn, especially if any discomfort persists beyond the first few days. The doctors at MFMA do not recommend any specific lactation counselors.

IF YOU ARE NOT BREASTFEEDING

- If you are unable or do not desire to breastfeed, keep your breasts well-supported with a tight-fitting bra, even when sleeping. This will help reduce milk production, which may still occur 2-5 days after deliver.
- Apply ice packs to your breasts.
- Take Tylenol (acetaminophen) or Motrin/Advil (ibuprofen) as needed for discomfort.
- Avoid stimulation of your nipples or breasts (do not squeeze milk out of your breasts) since this will send the message to your body to continue producing milk. However, if you become engorged and are very uncomfortable, expressing a small amount of milk may help relieve the pain.

MEDICAL CONCERNS

POSTPARTUM BLUES

- Postpartum blues can affect up to 50% of women.
- Symptoms usually occur within the first 10 days postpartum but will typically resolve within 2 weeks of their onset.
- Symptoms include unexpected or uncontrollable crying and irritability.
- If symptoms persist or worsen, you may be experiencing postpartum depression.

POSTPARTUM DEPRESSION

- Postpartum depression is estimated to affect 10-20% of women.
- Symptoms can occur any time within 12 months after delivery.
- Symptoms include the following: trouble sleeping (even when the baby is sleeping or others are caring for the baby), lack of interest in your usual activities, feelings of guilt or increased anxiety, loss of energy, difficulty concentrating, changes in appetite, restlessness or slowed movements, or thoughts or ideas about hurting yourself/others or suicide.
- If you have any of these symptoms, or do not feel “yourself,” call our office.
- If you ever think about hurting yourself, your baby, or others, call our office or 911 for help.

HIGH BLOOD PRESSURE

- If you had high blood pressure during pregnancy, delivery, or postpartum, you should continue to check your blood pressure at home after discharge from the hospital.
- Continue any medications prescribed during pregnancy or in the hospital to keep your blood pressures normal.
- Follow up with your cardiologist or in our office within 1-2 weeks to make sure your blood pressure is normal/well-controlled.
- Call our office (or your cardiologist, if you have one) if your blood pressure is higher than 160/110 (either number), if your blood pressure is 150/100 on two readings taken 1 hour apart, or if you are having severe headaches, visual changes, nausea, vomiting, or other unusual symptoms.

DIABETES

- If you had gestational diabetes, you should plan to take a follow-up test at or after your postpartum visit to make sure the diabetes has resolved.
- This test takes 2 hours and you must fast on the day of your test.
- It is important to ensure resolution of diabetes after pregnancy; persistence of high blood sugars warrants long-term management by an endocrinologist to avoid complications of diabetes.

OTHER GENERAL CONSIDERATIONS

DIET

- Drink water when thirsty to avoid dehydration. Women who are breastfeeding will find they need to drink more than usual to stay hydrated.
- Aim to eat a well-balanced diet.
- Continue taking prenatal vitamins daily, especially if breastfeeding.

CONSTIPATION

- To avoid constipation, drink plenty of water and fill your diet with food that is high in fiber (whole grains, citrus fruits, leafy greens, etc.)
- Stool softeners (Colace, Senokot, Metamucil) are recommended for the first few weeks following delivery to prevent constipation.
- Mild laxatives (Milk of Magnesia, Miralax, Dulcolax) are also safe and should be used as needed.

HEMORRHOIDS

- Avoid straining by using stool softeners daily.
- Ice packs can reduce swelling and pain; sitz baths and witch hazel pads may also help.
- Over the counter Anusol or Preparation-H can be used as needed.
- If severe pain persists despite the above, please call the office.

SWELLING

- Swelling in both of your legs is common following delivery; it may worsen before it gets better.
- Swelling will typically subside within 7-10 days after birth.
- Elevating your feet may help.
- If you notice that one leg is significantly more swollen than the other, or there is redness, pain, or warmth in one leg, call the office immediately.

TRAVEL

- Speak with your pediatrician regarding travel with a newborn.
- If you are traveling within 6 weeks of delivery, make sure to walk around and stretch your legs every few hours since you are still at risk of developing blood clots during this time period.

DRIVING

- Avoid driving if you are taking narcotic pain medication.
- Most women are not ready to drive within 1 week of a vaginal delivery or 2 weeks of a c-section. It is difficult to say when you will be “ready” to drive. However, you should be sure you have full range of motion, minimal pain, and are not too fatigued.

MENSTRUAL PERIOD

- If you are breastfeeding, you may not have a period for the first few months after delivery.
- If you are formula-feeding, you will likely start having periods again within 6-12 weeks.
- The first period after having a baby is usually heavier and less predictable than your normal periods. You may also notice passage of some clots.
- Call the office for heavy vaginal bleeding (more than two pads per hour).

INTERCOURSE

- Do not have intercourse until after you are seen for your postpartum visit in 6 weeks.
- Once you resume sexual activity, you may experience some discomfort. This can persist for several months. If you have severe pain, please call our office.
- If you are breastfeeding, you may experience vaginal dryness. The use of water-based lubricants (KY Jelly, Astroglide) can be very helpful.
- Keep in mind that you can get pregnant again at any time after childbirth (even if you have not yet had a period), so contraception is advised upon resuming sexual activity.

KEGEL EXERCISES

- Women who have had babies are likely to experience loss of urine when laughing, coughing, changing positions, or exercising. This will usually resolve within 3 months of delivery.
- Kegel exercises can help strengthen your pelvic floor and reduce urinary incontinence or other symptoms.
- To correctly perform kegel exercises, squeeze the muscles you use to stop flow of urine. Hold this for 3 seconds, then relax for 3 seconds. Do 10 contractions at least three times a day. Increase the hold by 1 second each week up to 10-second holds. Breathe normally through these exercises.

VACCINES

- If you know that you are not immune to varicella (chicken pox), measles, or rubella, we recommend vaccination after delivery and before getting pregnant again.
- Ideally you will receive your first dose of these vaccinations in the hospital, and the second dose can be given 4 weeks later.
- We also recommend receiving the Tdap and flu vaccines if you did not do so while pregnant.

EXERCISE

Traditionally, women are often told to avoid exercise for six weeks after delivery. However, women who had an uncomplicated delivery may feel ready to increase their activity sooner than that. Use your judgment and increase activity slowly.

BIRTH CONTROL OPTIONS

- You should avoid estrogen-containing birth control for the first 6 weeks after delivery due to the increased risk of blood clots.
- If you are breastfeeding, you should also avoid estrogen-containing birth control since this can decrease your milk supply.

NOTE: *Breastfeeding does suppress ovulation, though this is unpredictable. It's possible to get pregnant while breastfeeding exclusively, contrary to popular belief!*

Options for birth control while breastfeeding

- Norethindrone (Micronor or "Mini-pill"): progesterone-only oral contraceptive; taken daily
- Nexplanon: progesterone-only implant in your arm; lasts for up to 3 years
- Depo-provera: progesterone-only shot; administered every 3 months
- Paragard: copper intrauterine device; lasts for up to 10 years
- Liletta/Mirena/Skyla: progesterone-only intrauterine device; lasts for up to 5 years

Options for birth control if you are not breastfeeding

- You may use any of the above methods as well as the combined (estrogen and progesterone) oral contraceptive pills.
- If you are interested in having an implant or IUD placed at your postpartum visit, please notify our office prior to your scheduled appointment.
- If you would like permanent birth control, talk to your doctor about tubal sterilization or salpingectomy, or vasectomy for your partner.



The MFMA team is privileged to have participated in your prenatal care and delivery. We appreciate the opportunity to care for you during this very special time.

THE HIGH RISK PREGNANCY EXPERTS



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