



Going Home Instructions

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Post Partum Appointment

1. If you delivered vaginally, schedule an appointment with your physician or one of the nurse practitioners for approximately 6 weeks after delivery.
2. If you had a Cesarean delivery or plan to have a Laparoscopic Tubal Coagulation (sterilization) postpartum, schedule an appointment with your physician for approximately 6 weeks after delivery.

Activity Restrictions

1. If you had a Cesarean delivery, please see the specific instructions later in this information.
2. Restrict unnecessary physical activity for at least two weeks.
3. Avoid lifting anything heavier than your baby for one week.
4. You may climb stairs, but minimize your trips up and down as they are tiring.
5. Morning and afternoon rest periods are advisable for at least 1 – 2 weeks.
6. You should not drive for one week – you may ride in a car during that time.
7. Nothing in the vagina for 6 weeks. This includes sexual intercourse, tampons and douching. Although not advised, if you choose to resume intercourse before your 6 week check, use some type of protection, such as foam or condoms. Do not use a diaphragm or vaginal suppositories.

Vaginal Bleeding

1. Vaginal bleeding may continue for three to six weeks after your delivery. It may increase somewhat as you become more active.
2. It is normal to pass small clots (size of 50 cent piece).
3. If your bleeding becomes heavy (soaking a pad every 1 – 2 hours), or you pass large clots, call the office or the doctor on call.
4. If you are breast feeding, you may not have a period until at least 3 months after delivery. Menstruation may not return until you stop nursing. It is normal to have irregular periods while nursing. Nursing is not a means of birth control.

Episiotomy/Perineal Care

1. Continue the routine you used in the hospital. When the wipes, cream and spray are completed, resume normal care.
2. After using the bathroom, continue the care of your episiotomy as you were instructed in the hospital.
3. Sitz baths may be used for 1 – 2 weeks, as needed.
4. It is normal to have a pulling, tight sensation around the vaginal and rectal areas as the stitches heal and absorb.

Breast Feeding

1. Your milk supply will be coming in over the next 2 to 4 days. Your breasts will become larger, firm and somewhat tender. Wear a properly fitting bra 24 hours a day.
2. If your breasts become engorged, they will feel hard, tender and the nipples may flatten. Apply warm moist heat to your breasts for 15 minutes prior to feeding. Disposable diapers filled with warm water make good soaks. A warm shower will also help soften the breasts. If the nipple has flattened, you may need to hand express or use a breast pump to express enough milk to allow the nipple to protrude and make it easier for the baby to latch on.

3. Encourage frequent feeding (approximately every 2 to 3 hours) to keep the breasts emptied. Remember engorgement is temporary, usually lasting 12 – 48 hours.
4. If you notice a reddened area on your breast that is warm and tender plus you have flu-like symptoms, including an elevated temperature, please call the office as you are probably developing a breast infection (mastitis). This may be treated with antibiotics.
5. Suggestions to relieve sore nipples:
 - a. Cradle the baby on its side facing you when nursing. Alternate this position with the football hold and lying on your side in bed.
 - b. When putting the baby to the breast make sure its mouth is open wide enough to include a portion of the areola (brown area behind the nipple) and not just the nipple itself.
 - c. When taking the baby off the breast, carefully break the suction by inserting your finger in the corner of the baby's mouth, between the gums.
 - d. Avoid using soap, lotions or creams, other than Lansinoh Cream, which may be applied sparingly after each nursing.
 - e. If the above measures do not help or if the nipple is not healing please call the office and leave a message for the lactation consultant or phone nurse to return your call.
6. If you decide to stop nursing, gradually drop one feeding at a time. Alternate the bottle and nursing until you are using the bottle only. Follow the instructions under bottle feeding to help decrease discomfort.

Bottle Feeding

1. To minimize discomfort from your milk coming in, wear a comfortable, supportive bra 24 hours per day. A sports bra may be most comfortable. If a bra does not provide adequate support, make a binder of a receiving blanket or light weight towel. Pin this snugly around your chest.
2. Minimize stimulation to the breast. When showering, stand with your back to the nozzle and do not allow the water to flow over the breasts.
3. Don't express milk from your breasts. It is normal for your breasts to leak for as long as 2 to 3 months after delivery or stopping nursing.
4. Avoid sexual stimulation to the breasts.

Diet, Vitamins and Iron

1. New mothers should eat regular, well-balanced meals including the recommended food groups. If your appetite is less than usual, frequent, small meals may be more appealing.
2. You should be sure to get adequate fluids (at least six 8 ounce glasses per day) to ensure good bowel and bladder function.
3. Breast feeding mothers should drink 12 – 16 ounces of water (or other liquid) every time the baby nurses. Adequate fluids are important in the production of breast milk.
4. Continue your prenatal vitamins until your 6 week check. If you are nursing, continue them until you stop.
5. If you were on iron during your pregnancy, or were sent home on iron, complete the medication you were given.
6. If you are nursing and have specific questions about various foods that seem to make your baby fussy, please call our lactation consultant or your baby's doctor.
7. For future reference, if you plan to conceive again, resume prenatal vitamins 1 – 2 months before attempting conception.

Medications

1. Tylenol, ES Tylenol or Ibuprofen (Advil, Motrin, Nuprin or generic) may be used to control episiotomy or incision discomfort.
2. When nursing, any medication you take is transferred to the baby via the breast milk. Please be sure to notify any physician prescribing medication for you that you are nursing.

Constipation

1. Keep bowel movements soft by drinking adequate amounts of water and other fluids.
2. Have a diet with 5 servings of fruits and vegetables per day.
3. Bran is helpful.
4. Prune juice or occasional use of Milk of Magnesia is safe.
5. Stool softeners suggested for both breast and bottle feeding mothers are Surfak, Colace, Metamucil, Citrucel or Fibercon.

Discomforts after Delivery

1. Afterbirth cramps are common as the uterus is shrinking down in size. These cramps seem worse with each baby and are more noticeable when you are nursing. The cramping usually subsides within 3 to 7 days.
2. Hemorrhoids are enlarged or dilated veins in the anal canal. They can be started in the hospital to make you more comfortable. Use the Tucks and hydrocortisone cream you use for your stitches on the hemorrhoids. Sitz baths 3 to 4 times daily may help. Keep your bowel movements soft (see constipation instructions).
3. Swelling similar to what you may have had during pregnancy may persist the first few days after delivery. Continue to drink plenty of water and limit your salt intake. If the swelling does not gradually improve, call the office.
4. Varicose veins may continue to be a problem for you. If you wore support hose during your pregnancy, it would be helpful to continue to wear these for at least two weeks. This will help prevent the formation of clots.
5. Night sweats may occur during the first few weeks after delivery. These result from a temporary hormone change.
6. Mild hair loss is common after delivery and may last as long as 6 months. This is normal.

Post Partum Blues

1. During the first few weeks after your baby is born, it is normal to feel somewhat blue or depressed. You may feel like crying, be upset by little things, feel irritable, angry, tense, anxious, tired, but have difficulty sleeping and have mood swings. This is a normal reaction and should pass in 2 to 4 weeks. Your body is undergoing hormonal changes which contribute to these feelings.
2. If these feelings seem to be worsening, you feel overwhelmed, fear you could hurt yourself or your baby, or they last longer than one month, please call the office.
3. For help or information about post partum disorders, you may contact:

- a. Post Partum Depression Support Group
Lutheran Hospital
7950 W. Jefferson Blvd.
260.435.7069

- b. Depression After Delivery
P.O. Box 1282
Moorisville, PA 19067
1.800.944.4773
- c. Post Partum Support International
927 N. Kellogg Ave.
Santa Barbara, CA 93111
1-805-967-7637

Cesarean Birth Instructions

Immediate Post-operative Care

1. Post-operatively, you may be uncomfortable from the abdominal incision and may have general muscle aches and back pain. It is important that you move, cough and deep breathe as instructed, even though moving may cause discomfort. All these activities help prevent post-operative pneumonia and/or blood clots.
2. You will have an IV for 12 to 24 hours post-operatively. This is to ensure fluid replacement until you are able to take adequate liquids orally. Any abdominal surgery may slow down the intestinal function and can result in nausea and vomiting. This is less of a problem with spinal or epidural anesthesia. You will be offered a clear liquid or light diet until bowel sounds are heard with a stethoscope, or until you start expelling gas rectally. This usually takes 12 – 48 hours.
3. You will have a catheter in your bladder for 12 – 24 hours.
4. The evening of, or the day after your surgery, you will get up, with help, to use the bathroom and/or sit in a chair. If you had spinal or epidural anesthesia, you may be up as soon as the feeling returns in your legs.
5. For the first 12 – 24 hours, pain control is managed by medication given through your IV (through a patient controlled pump or injection by the nurse) or by injection in your arm or hip.
6. Your incision will be covered by a gauze dressing or clear plastic covering. You may have a drain in your incision. You may have an ice bag applied to your incision for the first 24 hours.
7. If you had general anesthesia, your throat may be sore, dry and/or scratchy from the tube that was used to keep your airway open. To relieve this discomfort, suck on ice chips or sip fluids.
8. You will be able to shower when your IV and any drains are removed, usually in 1 – 3 days.
9. You will most likely have a menstrual like flow while you are in the hospital.
10. Your doctor or one of his/her partners will see you daily while you are in the hospital. Your stay is usually three to four nights.

Post-operative Care at Home

1. The first week you are home, pamper yourself as your energy level will be low. Alternate rest periods with short walks around the house or outside. You may care for your infant as you feel able, but it would be helpful to have someone to assist you.
2. Your incision will be closed with staples or sutures. If sutures under the skin are used, you may have steri strips over your incision. You may remove these after one week. If staples are used to close your incision, they will be removed 3 – 7 days after your surgery and steri strips may be applied. If you have steri strips, you may remove them after 7 days. You may shower with the steri strips in place. If you have any drainage from your incision, keep the area clean by washing with an antibacterial soap, such as Dial. Your incision will probably be numb for several months.

3. Avoid lifting anything heavier than your baby until after your post partum check up – this includes laundry baskets, grocery sacks, children, pets, etc. Also avoid strenuous activities such as vacuuming, pushing a grocery cart, gardening, mowing the yard, shoveling snow, etc.
4. Climbing stairs should be limited for about one week. This is not dangerous, but it is tiring. Plan your activities so you are close to a bathroom and do not make unnecessary trips up and down stairs. You may go upstairs to sleep.
5. No driving for two weeks, or while you are taking prescription pain medication (whichever is longer). If at two weeks you are still tender, wait another week. You may be a passenger in a car as soon as you feel able. Please wear your seat belt.
6. Do not resume intercourse until after your post partum six week appointment.
7. Do not use tampons, douches or vaginal creams (unless ordered). Use only non deodorant pads or panty liners.
8. Showers are preferred until your vaginal bleeding has stopped and your incision is healing well (at least one week). After this time, a warm tub bath may help relieve residual aches and pains.
9. It is not uncommon to have low back and/or low abdominal pain which should gradually diminish over two to three weeks. It is permissible to use a heating pad as needed at home. If the pain increases, you are probably overdoing. Reevaluate your daily activities, increase your rest time and concentrate on taking good care of yourself. It may take at least two months to regain all your strength. Do not be alarmed if you tire easily.
10. When you no longer need prescription pain medicine, you may use Tylenol, ES Tylenol or Ibuprofen for discomfort. Do not drink alcohol during the time you are on pain medication.

Post Partum Sterilization

1. If you had a sterilization done after delivery, you will have incision discomfort. As your uterus returns to normal size, you may have cramping which may occur both in the middle low abdomen and on either side. This should gradually lessen over the next few days.
2. You do not need to keep a dressing on your incision. You will probably have steri strips over your incision. Leave these on for 5 to 7 days. You may shower with them in place. If you have a clear plastic covering (Tegaderm) over your incision, please remove it when you get home.

Exercises After Delivery

(Courtesy of Teri Maciejewski, Physical Therapist)

These exercises are appropriate for women who experienced an uncomplicated delivery.

Exercises: Immediately Post Partum to Day Seven

Kegel Exercises

Kegel exercises strengthen the pelvic floor muscles, increase circulation, and may relieve pain. While lying on your back with knees bent, tighten the muscles around your vagina, as if you are trying to stop the flow of urine or keep from passing gas. Hold for 3 seconds. Relax for 3 seconds. Perform 10 repetitions. Do this every hour for the first couple of days. Progress to a 10 second hold.

Pelvic Tilt I

This exercise tightens and tones the abdominal muscles and can relieve discomfort from backache, gas or constipation. While lying on your back with knees bent, breathe out while pulling in your stomach muscles, squeezing buttock muscles together and pressing the lower back into the surface. Hold 5 – 10 seconds. Do ten repetitions, 3 times per day.

Spinal Flexion and Extension

This exercise stretches the spine and helps increase circulation. While standing in a resting position with hands on your knees, take a deep breath in and slowly lift your head up. Then breathe out and ease into a flexed posture, rounding your upper and lower back, by pulling in your abdominal muscles. Do ten repetitions, 2 – 3 times per day.

Abdominal Toning I

This will strengthen abdominal muscles. While lying on your back, knees bent, crisscross hands across abdomen, hands resting at hip bones. Blow out while tilting pelvis backward (pelvic tilt exercise above). Press your hands toward each other to gently squeeze the stomach muscles together. Now lift head off the surface with chin tucked to chest. Hold 5 seconds. Start with five repetitions and work up to ten repetitions, 2 times per day.

Posture Correction Exercise

This exercise will improve your posture. Start this exercise while standing, feet 6 inches from wall, back against wall, knees bent. Shoulders should be back, arms out at the side, palms up. Head is pressed back against wall so that chin is tucked. Do a pelvic tilt. Drag arms up the wall until a stretch is felt in the upper back. Hold 5 seconds. Lower arms. Relax. Do ten repetitions, 2 times per day.

Exercises: Week 1 through Week 6

Kegel Exercise – “Elevator”

You can do this exercise in any position – lying, sitting, standing. Tighten the muscles around your vagina as in the Kegel exercise above. Pretend there is an elevator in your vagina that you have to move up and down. Perform a small contraction to reach the first floor. Tighten more strongly to reach the second floor, etc., and then slowly lower back to ground level. Be careful to allow the stomach muscles to stay relaxed as you contract the pelvic floor muscles. Do ten repetitions, 3 times per day.

Pelvic Tilt II

You can do this exercise in any position – lying, sitting, standing, on hands and knees. Proceed as with pelvic tilt exercise above, but now hold contraction 10 seconds. Perform 10 – 20 repetitions, 2 times per day. Practice tightening these abdominal muscles whenever you lift, carry, push or pull.

Abdominal Toning II – Partial Sit Up

Proceed with abdominal toning above, but now lift head and shoulders off the surface. Start with 5 repetitions and work up to 10 repetitions, 2 times per day.

Fragile Ball

This exercise tones the musculature in the legs and back. Begin by standing with feet shoulder width apart and pretend you are holding a fragile ball. As you breathe out, slowly bend down as if you were gently setting down the fragile ball. Breathe in as you get up to the starting position. Keep your back straight. Do 10 repetitions, 2 times per day. Progress to 20 repetitions.

Leg Toner

This exercise tightens and tones the legs and abdominal muscles. Start this exercise by lying on your back on the floor, with hands behind your head and one knee bent. While blowing out, tighten stomach muscles and raise your head. Keep chin tucked to your chest. Switch legs. One leg slides down as the other comes up. Perform one head lift for each leg change. Advance by doing 2 – 4 or more changes with each head lift. Start with 5 repetitions, 1 – 2 times per day.

Bridging

This exercise tones the abdominal and buttocks muscles. While lying on the floor with your knees bent, breathe out and tighten your stomach muscles. Keep your stomach muscles tight as you lift your hips off the floor. Slowly lower your back to the floor. Start with 10 repetitions, 1 – 2 times per day. Work up to 20 or more repetitions.

Upper Back Lifts

This exercise will strengthen your neck, shoulders and upper back. Lie on your stomach with a pillow under your hips. With arms overhead, lift head, neck and chest up and down. Do 10 repetitions. With arms straight out at shoulder level, lift head, neck, chest and arms up and down. Do 10 repetitions. With arms out to sides, elbows bent, lift head, chest, upper back up and down. Do 10 repetitions, 1 – 2 times per day.