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OBSTETRICS & GYNECOLOGY
Postpartum Care
**D o’s**

- Go to bed early
- Limit visitors
- Accept help with chores and meals
- Sleep when the baby sleeps
- Listen to your body

**Postpartum Warning signs**
You should notify us immediately if you experience any of these symptoms:
- Excessive vaginal bleeding that does not stop, soaking 1 pad per hour or the passage of large clots of tissue the size of a golf ball
- Fever above 100.5 and/or chills
- Severe abdominal pain or cramping
- Depression, excessive crying, inability to sleep
- Severe pain or swelling of the episiotomy site or perineum
- Pus-like discharge from the episiotomy site or C-section incision with or without foul odor
- Foul smelling discharge with fever
- Breast pain, redness
- Increased swelling in the legs with associated pain, redness, warmth
- Shortness of breath
- Chest pain
- A bad headache or blurred vision

**Normal postpartum course**
- Vaginal bleeding is normal for 6-8 weeks although it may stop earlier, or stop and start; the passage of small clots (the size of a prune or raisin) is normal; bleeding will start out red and heavy and become lighter in color and amount
- Stitches will dissolve in about 6 weeks
- Breast milk should come in between day 3-5
- Uterine cramps will increase with breastfeeding and successive children
- Hemorrhoids – may use Anusol or Prep H, Tucks pads. Avoid constipation by using Fibercon, Metamucil or Citrucel; Colace can also be used. Narcotics will tend to be constipating

Call our office sometime during your first week home to make your 6-week postpartum appointment, unless directed otherwise by your provider.

**D o n’ts**

- Lift anything heavy
- Put anything in the vagina until your 6 week postpartum visit (tampons, intercourse)
- Add bath salts, perfumed bubbles, soap to bath

**Cesarean Section Follow-up Care**
Same general postpartum guidelines and;
Office visits – If you had a C-section, you need a visit in two weeks and six weeks after delivery. Our nurse practitioners will be glad to see you at these visits.

**Incision Care for C-section**
Keep incision clean and dry. You may shower and clean the incision with soap and water. If your staples have been removed, you will have steri strips on the incision. They may start to fall off naturally and you may remove them after one week. If your staples have not been removed, we will tell you when you come to our office for their removal.

Call the office if you notice redness around the incision, drainage, excessive pain or separation of the incision.

**Recommended Medications**
- Calcium (1000mg/d or 3-4 serving of dairy daily)
- Prenatal vitamins daily
- Iron, if indicated
- Ibuprofen (Motrin, Advil) 600mg (or three 200 mg tablets) every 6-8 hours, if needed (good for cramping, muscle soreness)
- Tylenol 650 mg every 4-6 hours, if needed. Do not take more than 3000 mg daily
- Metamucil, Fibercon
- Colace
- Narcotic if prescribed
- Medications containing pseudoephedrine (Sudafed, Zyrtec D, others) — use with caution because pseudoephedrine can decrease milk supply
Vaginal Bleeding
Lochia is the name given to postpartum bleeding and discharge. This bleeding will last up to six to eight weeks. It will start out bright red and heavy during the first few days and change to dark red, brown pink or whitish yellow. You may notice a gush of bleeding when you first stand up after you have been lying down, nursing your baby or increasing your activity. This is normal. If heavy bleeding persists after resting, contact your physician. DO NOT USE TAMPONS.

Uterine Cramps
The contractions of the uterus after delivery are called after-birth pains. The after-birth pains worsen with breastfeeding, since nursing stimulates the release of a contraction-stimulating hormone called oxytocin. They are usually stronger in women who have already had children. Comfort measures include keeping your bladder empty, taking warm showers, using a hot water bottle on your abdomen and relaxation techniques. Ibuprofen or Tylenol may be used to provide relief.

Perineal Care
Perineal soreness is normal following deliveries whether or not you have a laceration or an episiotomy. Usually this discomfort is most severe during the first few days following delivery, but your activity level may also affect your comfort level. Good perineal hygiene is essential after delivery and includes:
- Washing your hands before and after perineal care, urinating or having a bowel movement
- Changing your pads frequently, at least every four hours while awake
- Removing soiled pads from front to back
- Always wiping from front to back
- Using the hospital provided squirt bottle or pouring warm water over the perineum after urinating or having a bowel movement. This will help cleanse the area and provide pain relief while urinating. Do this for the first few weeks
- Avoiding tampons
- Taking sitz baths (fill tub with 6-8 inches of warm water and soak until the water cools off, about 10-20 minutes). Do not add soaps or powders to the water for the first few weeks
- Using witch hazel compress, Tucks medicated pad, or Anusol HC for perineal discomfort or hemorrhoid pain.

Breast Care for breast feeding moms
Most women have colostrum (the first milk) immediately after birth. Your milk should come in 3-5 days after delivery. You can anticipate your breasts getting quite large and uncomfortable (engorgement). Try to feed the baby about every 2-3 hours in order to empty the breast. Your breast/ nipples may get quite tender during this time of transition. The following suggestions will help:
- Apply warm compresses to breast to help the milk let down before nursing
- Squeeze out some colostrum/milk and rub onto nipples and let air dry after nursing
- Apply cabbage leaves to the breast after nursing (buy a whole cabbage and keep refrigerated, using one leaf at a time for each breast)
- Call with the following symptoms (signs of breast infection which may need antibiotics):
  - Breast mass that will not go away after nursing
  - Redness of the breast
  - Breast tender to touch
  - Open sores on breast/nipples
  - Fever above 100.4 F

Breast Care for bottle feeding moms
If you are not nursing, you will still produce milk for your baby. Follow the instructions below to minimize the time it takes your body to stop producing milk
- Wear a tight fitting bra 24 hours a day (sport bras may be more comfortable) starting immediately after delivery
- Apply ice backs to breast, avoid heat
- Avoid stimulation of breast (turn your back to the shower)
- Take ibuprofen as needed for tenderness

Nutrition
While the average weight loss is 10-12 pounds after delivery, this varies from woman to woman. This is not the time to undertake a diet to lose the weight you gained during pregnancy. If you are breastfeeding, you will need to consume additional amounts of food that comes from a well-balanced diet. Nursing requires an additional 500-600 calories a day. Adequate fluid intake is critical to establish and maintain breast milk production. Eight to ten glasses a day of water, low fat milk and juices are good choices. Continue taking 1000-1200 mg of calcium per day. You may wish to avoid gassy or spicy foods. Wine, chocolate and caffeine are alright in small amounts.
Urination/Bowel Movement Function
You should empty your bladder as soon as you have
the urge to void and try to urinate every couple of
hours while awake in the first days after delivery, even
if you do not feel the urge. A full bladder may prevent
effective uterine contractions, resulting in increased
blood loss. Bladder fullness can contribute to the after
birth pains discussed earlier, and an increased risk of
urinary infection. Bowel function should return to
normal within a few days of vaginal delivery. Drink
plenty of fluids, eat a high fiber diet, especially fresh
fruits and vegetables and engage in some sort of
activity. Walking is usually adequate to increase the
activity level of your intestines. Enemas should be
avoided unless ordered by your provider. Stool
softeners or bowel stimulants may be prescribed for
you. Call if you do not have your first bowel
movement within five days of delivery.

Kegel Exercise
The kegel exercise may tighten the muscles of the
vagina and pelvis.
• Tighten the muscles of your vagina and pelvic floor.
• Hold until you cannot hold any longer and then
release.
You should feel as if you are starting and stopping
urination. Repeat this exercise each day, several
times.

Resuming Intercourse
Abstinence is required until after the 6 week
postpartum visit, even if you had a C-section. Your
provider will want to make sure everything is fully
healed before you resume sex or tampon use. It is
important to think about birth control options.
Discuss these with your provider at your 6 week
postpartum visit. Breastfeeding alone is not an
effective birth control method. You can ovulate and
conceive before your first period returns! Once
intercourse is resumed, you may notice less
lubrication of the vagina, especially if you are
breastfeeding. Lubrication such as K-Y Jelly or
Astroglide can be used prior to penetration.

Hemorrhoids
Hemorrhoids, which can cause itching and pain, are
not uncommon during pregnancy and immediately
after delivery. Sitz baths, witch hazel compress or
Tucks, Anusol HC and mild analgesics provide relief.
Prevention of constipation promotes the healing of the
hemorrhoids and also reduces the discomfort
associated with them.

Emotional Adjustment
Women in the postpartum period report concerns
about their personal health and well-being and that of
their baby. Studies have indicated that the concerns
of new mothers include fatigue, discomfort, impaired
mobility, sleep disturbances, worries about mothering
skills, dependence, family needs, relationships, safety
and body image. Fatigue, sleep deprivation, hormonal
fluctuations, social isolation and the demand of caring
for a new baby may lead to feelings of fear, anxiety,
frustration, sadness and loss of control. If you begin
to experience depression, fear of hurting yourself or
your baby, lose interest in your appearance, cannot eat
or sleep, call your provider immediately. It is
important that you report this to us so we can provide
you with appropriate care and referrals to a specialist
in this area.

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