

Postpartum quick reference guide

Ascension Medical Group
Seton Women's Health



**Ascension
Seton**



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Postpartum appointments

A telehealth or phone check will be scheduled about 3 weeks after delivery. A full exam will be scheduled about 6 weeks after delivery. If your pregnancy, delivery or postpartum course was complicated, your doctor may want you to be seen sooner than this. Please contact your pediatrician with any infant care questions.

General postpartum expectations/symptoms

Pain

Uterine cramping will occur several days after delivery. This is frequently more noticeable while breastfeeding and can worsen with second or third deliveries. Increasing pain should be reported to the office, along with any pain that is not relieved with prescribed pain medication.

Bleeding

You can expect to have bleeding like a heavy period for 5-7 days, whether you had a vaginal delivery or a cesarean section. This flow will taper off and become dark brown to pink to clear in color over the next few weeks. This discharge may continue for up to 6 weeks with intermittent spotting. If your bleeding increases, you need to rest more and decrease your activity. Your first menstrual cycle after delivery is often heavier than usual. When you breastfeed, you may not have a period for several months, however, this is not reliable birth control. If you choose not to, or are unable to breastfeed, in general you will have a period within 6-10 weeks after delivery.

Perineal care

Continue to use the squirt bottle from the hospital to cleanse the perineum for the first 2 weeks, patting yourself dry gently after cleaning. Change your pads frequently and do not use tampons. Sitz baths can help with healing and you can do them 3-4 times daily as needed. The cervix needs time to heal, so avoid tampons, douching, swimming and intercourse. If you have stitches, they will dissolve within a couple of weeks. For comfort, you can try ice packs, witch hazel pads or sitting on an inflatable donut or extra Boppy pillow.

Bowel habit changes

Constipation and hemorrhoids are common after delivery due to the pressure on the rectum during pregnancy, pushing and delivery. Drink plenty of liquids, avoid caffeine, and eat fresh fruit, raw vegetables, and other high-fiber foods. Stool softeners may be used for discomfort. Occasionally laxatives may be necessary. Sitz baths, witch hazel pads and over-the-counter hemorrhoid creams may be used to provide comfort for hemorrhoids. If these do not help, please contact us.

Activity

Your activity needs to be modified when you go home from the hospital. Say “yes” to help from family and friends. Try to rest as much as you can. You may notice some swelling in your feet, hands and legs when you first get home. This is a result of IV fluids and physiologic transitions in your body. Strenuous activity and heavy lifting may delay your recovery; limit lifting to 10-15 pounds for the first couple of weeks. If you had a cesarean, limit lifting anything heavier than the baby. You may drive in 1-2 weeks, once you are no

longer taking narcotic pain medication. Walking for exercise is safe immediately postpartum, and is encouraged. Start slowly and gradually increase as tolerated. Avoid strenuous aerobic exercise, weightlifting, or abdominal exercises until 4-6 weeks after delivery, when cleared by your provider. If you had a cesarean section, wash your incision daily with mild soap and water and pat dry gently. Keep the incision dry and notify the office if you have fever, tenderness, redness or discharge from the incision. If the Steri-strips have not fallen off by day 10 after delivery, remove them – this may be easiest in the shower.

Physical warning signs

- Temperature greater than 100.4 F
- Red area on breast associated with pain and firmness (it is normal to have breast fullness, pressure and slight warmth for a couple of days when your milk comes in)
- Heavy vaginal bleeding requiring changing pad every hour for 3-4 hours or multiple clots the size of a lemon
- Foul-smelling vaginal discharge
- Severe abdominal pain unrelieved by pain medication.
- Urinary tract infection symptoms, such as increased urinary frequency with painful urination
- Redness, swelling, or yellow or green discharge from any incision site (C-section stitches or perineal stitches)
- Asymmetric calf swelling with pain

Intimacy

Avoid vaginal intercourse until you come for your in-office postpartum visit (C-section or vaginal birth). If you desire, sexual pleasure is safe as long as nothing enters the vagina. When you are cleared by your provider, make sure to use adequate lubrication, especially if breastfeeding, as this can lead to vaginal dryness. Water or silicone-based lubricants are both safe to try. It is important for you and your partner to be patient with each other.

Feeding your baby — breast or bottle

Ascension Medical Group Seton Women's Health has received a Texas Ten Step designation, which recognizes successful efforts to implement policies aligned with optimal breastfeeding practices.

Breastfeeding benefits include:

- Decreased rate of common childhood infections
- Decreased rate of childhood obesity in children who were breastfed as infants
- Decreased rate of necrotizing enterocolitis (serious gastrointestinal condition mostly affecting premature babies)

- Decreased risk of sudden infant death syndrome
- Increased bonding between you and infant
- Decreases your rate of hypertension, hyperlipidemia, diabetes, and cardiovascular disease
- Decreases rate of ovarian and breast cancers in the breastfeeding parent
- Improved return to pre-pregnancy weight
- Improved birth spacing

Breastfeeding is not always as natural or easy as you might expect, and it requires commitment and support from family members. If you experience difficulty in the first couple of weeks, please call our office or reach out to one of the lactation consultant resources listed in this packet. To maintain an adequate milk supply, get plenty of rest, drink 10 glasses of fluid per day and increase your calorie intake by 300-500 calories. If your breasts become engorged, you can use warm packs and take acetaminophen or ibuprofen prior to nursing.

If you have a reddened area to the breast that is hot to the touch or sore, and/or a temperature greater than 100.4 F, you may have mastitis (breast infection). Call the office to discuss these symptoms and possible treatment. You should continue to nurse with mastitis. If your nipples are cracked or very tender, the baby may not be latching well, or may have thrush. Wash with water only and use lanolin or gel shields designed to heal this sensitive area. If symptoms do not improve with this, you may need to be seen in the office to determine if prescription treatment is needed.

Bottle feeding may be the best option for you – you have the right to make the informed choice on whether or not to breastfeed. Bottle feeding is still a very important bonding time for you and baby. Consider being skin-to-skin while bottle feeding. Give them your full attention and do not prop a bottle up for them until they are able to sit up and hold it on their own. Wear a tight-fitting bra and use an ice pack for comfort if you experience tenderness or engorgement; this will pass in a few days. There is no safe medication to “dry up your milk supply.” Do not express milk as this will increase discomfort and stimulate more milk production. You may use acetaminophen or ibuprofen as needed.

Pelvic floor health

Pregnancy and delivery (vaginal or cesarean) can have an impact on our pelvic floor. Some symptoms women may experience postpartum include incontinence, overactive bladder, pelvic pain, constipation or painful intercourse. These symptoms may be improved with pelvic floor therapy. In Europe, this is a standard part of postpartum care. Pelvic floor muscle therapy helps to strengthen your pelvic floor muscles with the use of biofeedback. We offer a pelvic floor muscle therapy option in our office with Consortia during several once-weekly sessions for up to eight visits.

In some instances, your provider may refer you to a pelvic floor physical therapist. Physical therapists are required to complete a graduate physical therapist program (DPT or Doctor of Physical Therapy) and pass a state licensure exam. Our physical therapists, in addition to having generalist PT training, also have additional training in pelvic floor physical therapy, and can evaluate and manage problems associated with the pelvic floor muscles, or pregnancy/postpartum-related musculoskeletal issues.

Conditions which a pelvic floor physical therapist treat include:

- Musculoskeletal pain: back, hip, neck, shoulder and knee

- Pregnancy and postpartum related pain: pelvic girdle pain, back and neck pain, and carpal tunnel syndrome
- Urinary or fecal incontinence
- Pelvic floor pain, vulvodynia (vulvar pain), dyspareunia (painful intercourse), or vaginismus (involuntary contraction of the muscles surrounding the vagina)
- Postpartum diastasis recti (partial or complete separation of the rectus abdominis muscles)

Talk to your provider if you are experiencing any of these symptoms.

What happens during my postpartum hospital stay?

The first 12 hours after your baby is born...

- If you've had no complications, you will transfer from Labor and Delivery to the Mother-Baby Unit.
- You'll start to get some education on: safe sleeping positions for baby, choking prevention, and security for your baby while in the hospital.
- You will start keeping a log of baby's feeds, get breastfeeding education, and receive the "Mother and Baby Care" book.
- You'll submit the initial birth certificate worksheet.
- You and baby will receive any vaccinations that you need – TDAP or rhogam if applicable for you, Hep B if applicable for your baby.
- If you are planning a circumcision for your baby, you'll sign the consent form.
- Your nurse will verify which pediatrician you will use on discharge, and your preferred pharmacy.

The second 12 hours after your baby is born...

- You'll receive a visit from the lactation consultant.
- Your car seat should be available in your room.
- You'll make sure your pediatrician and obstetrician follow-up appointments are scheduled.
- The routine newborn hearing screen will be performed (after the first 24 hours of life).

The third 12 hours after your baby is born...

- Your baby will have the routine newborn blood tests – jaundice test, newborn screen (routine test mandated by law in Texas), and the newborn heart screen.
- If applicable, your baby will be circumcised.

- Your vital signs (temperature, blood pressure, heart rate) will be checked a final time four hours prior to discharge.
- You'll sign and complete the official birth certificate.
- If applicable, your prescriptions will be sent to the pharmacy and your home medication regimen will be reviewed with you.

The fourth 12 hours after your baby is born...

- You and the baby will need to be cleared for discharge home by the obstetrician and pediatrician.
- If needed, lactation follow-up will be arranged.
- You'll be given your vaccination information cards if you received vaccinations in hospital.
- Your baby's newborn identification bands will be verified, and the security tag removed.
- You'll receive discharge education from your nurse, and discharge forms signed.

Perinatal mental health

Perinatal mood disorders affect 10%-15% of women in the United States. They can occur during pregnancy and up to one year postpartum. Perinatal mood disorders encompass depression, anxiety, obsessive-compulsive behaviors, post-traumatic stress disorder, and rarely psychosis or manic episodes. We are here to support and care for you, and if you experience any of these symptoms, you do not need to suffer – we can help you find the help you need.

Baby blues

Baby blues are when you experience feelings of depression, anxiety or anger in the immediate postpartum period. They usually start 2-3 days after you give birth.

Some of the symptoms to monitor for are:

- Crying for no clear reason
- Having trouble making decisions, eating or sleeping
- Questioning whether you can handle taking care of a baby

Baby blues are transient, related to the abrupt hormonal changes after birth. They generally last 1-2 weeks at the most. If you are experiencing any of these symptoms for more than 2 weeks, please let your doctor know.

Perinatal depression

This is depression that occurs during pregnancy or up to 1 year postpartum. It is one of the most common complications of childbirth.

Warning signs include:

- Feelings of anger or irritability
- Lack of interest in the baby
- Appetite and sleep disturbances
- Crying and sadness
- Feelings of guilt, shame or hopelessness
- Loss of interest, joy or pleasure
- Possible thoughts of harming yourself or the baby

Perinatal anxiety

This can be experienced alone but can also occur in conjunction with perinatal depression.

Warning signs include:

- Constant worry
- Feeling that something bad is going to happen
- Racing thoughts
- Sleep and appetite disturbances
- Inability to sit still
- Physical symptoms like dizziness, hot flashes and nausea. Occasionally these can manifest as a severe panic attack

Perinatal obsessive-compulsive symptoms

These symptoms are a combination of distressing thoughts (obsessions) and ritualistic behaviors (compulsions). Research has shown that these behaviors tend to be related to anxiety.

Some warning signs include:

- Obsessions (intrusive thoughts) are persistent, repetitive thoughts or mental images that are related to the baby. These can be very upsetting to the parent.
- Compulsions occur when the parent does certain things over and over to reduce fears or obsessions (cleaning constantly, checking things multiple times, counting or reordering things).
- Fear of being left alone with the baby.
- Hypervigilance about protecting the baby.

Perinatal PTSD (post-traumatic stress disorder)

Perinatal PTSD is a result of real or perceived trauma during delivery or postpartum. These traumas can include: unplanned C-section, operative vaginal delivery (forceps or vacuum), baby going to NICU, feelings of lack of support and reassurance during labor and delivery, or severe physical complications of pregnancy or childbirth.

Warning signs include:

- Intrusive re-experiencing of traumatic event
- Flashbacks or nightmares
- Avoiding stimuli associated with the event (thoughts, feelings, people, places and details of event)
- Anxiety and panic attacks
- Feeling a sense of unreality and detachment

Bipolar mood disorders

Bipolar disorders are characterized by highs (mania) and lows (depression). Many women are first diagnosed during pregnancy or the postpartum period. Bipolar depression may be very similar symptom-wise to a very severe depression or anxiety.

Warning signs include:

- Periods of severely depressed mood/irritability
- Periods where mood is much better than normal
- Rapid speech
- Little need for sleep
- Racing thoughts, trouble concentrating
- Continuous high energy
- Overconfidence
- Impulsiveness, poor judgment
- In severe cases, delusions and hallucinations

Postpartum psychosis

This is a very rare illness that occurs in about 1-2 of every 1,000 deliveries. It usually occurs suddenly, many times in the first 2 weeks postpartum.

Symptoms include:

- Delusions or strange beliefs
- Hallucinations (seeing or hearing things that aren't there)

- Feeling very irritated
- Hyperactivity
- Decreased need for or inability to sleep
- Paranoia and suspiciousness
- Rapid mood swings
- Difficulty communicating at times

If you or your partner notice you are experiencing any of these symptoms, contact your doctor right away.

The bottom line is that anyone can develop a perinatal mood disorder. They are medical illnesses that can be treated. They are not your fault, and you did not do anything to cause them. We are here for your support, we understand what you are going through, and can get you the medical help you need.

Medication and supplement safety in breastfeeding

It is important to talk to your doctor about all prescription and non-prescription medications you are currently taking or you plan to take. This includes vitamin supplements and so-called “natural supplements.” DO NOT discontinue any prescription medications you take for significant medical problems unless you have talked with your doctor and the prescribing doctor (if applicable). All medications carry risks and benefits and all medications transfer to human milk to some degree.

Some general guidelines for medications while breastfeeding:

- Avoid medications and/or supplements that aren't necessary.
- Choose medications for which there is published data.
- Evaluate the infant for risk (and talk with your pediatrician as well). More caution is needed in infants that were born prematurely than with infants born at term.
- Avoid medications that diminish your milk supply (see below).
- Always read labels to make sure you know ALL the active ingredients in the medication (such as OTC cold medications).

Medications are broken down into “lactation risk categories” as follows:

- L1: Safest. Studies of large numbers of women have shown no adverse effects to infant
- L2: Safer. Limited research showing no adverse effects, so probably OK to use with caution
- L3: Moderately safe. No studies in humans; or controlled studies show only minimal or non-threatening effects. Give only if potential benefit outweighs risks
- L4: Possible hazardous: Positive evidence of risk to infant or to breastmilk production. Benefit to mother must outweigh risk to baby

- L5: Contraindicated: Do not use while breastfeeding - harmful to baby

Herbs to avoid while breastfeeding:

- Buckthorn bark and berry
- Kava kava
- Black or blue cohosh
- Comfrey
- Mate tea
- Gordolobo yerba tea
- Fennel (used for medicinal purposes)
- Nutmeg (used for medicinal purposes)

Medications that were safe in pregnancy but not recommended in breastfeeding:

- Doxylamine L4
- Pseudoephedrine - not recommended as it can decrease milk supply

Other medication or factors that can diminish milk supply:

- Estrogen-containing contraceptives
- Antihistamines and decongestants
- Diuretics (water pills)
- Not drinking enough water
- Too much caffeine intake
- Excessive exercise without proper rehydration

Medication and supplement safety in breastfeeding:

Listed below are common conditions and medications that are generally considered to be safe (unless noted otherwise) to be used on an occasional basis. If known, breastfeeding categories for medications are listed as well.

Allergies or runny nose (antihistamines)	Loratadine L1 Cetirizine) L2, observe for sedation Diphenhydramine) L2, observe for sedation Fexofenadine L2, generally considered safe
Antifungals	Clotrimazole L1, OK for topical use Mycostatin L1 Fluconazole L2 Miconazole L2

Nasal sprays	All saline nasal sprays are safe Nasal spray L1 L3, no human studies but considered safe
Cough	Dextromethorphan L1 Expectorant L2 A combination of dextromethorphan and guaifenesin and is considered safe
Congestion	Do not use pseudoephedrine - can decrease milk supply by up to 25% Decongestant nasal sprays containing oxymetazoline are safe, but observe baby for insomnia, nervousness. If symptoms persist for more than 3 days, contact your PCP for further evaluation Nasal decongestants containing phenylephrine are safe. If symptoms persist for more than 3 days, contact your PCP for further evaluation
Constipation	Fiber supplements Stool softeners: Docusate L2 Laxatives
Diarrhea	Loperamide L2
Gas	Simethicone
Headache or fever	Acetaminophen L1 Ibuprofen L1
Heartburn, indigestion or reflux	Famotidine L1
Hemorrhoids	Witch hazel Anusol HC
Herpes outbreak	Domeboro soaks, sitz baths Discuss prescription medication with your provider
Sore throat	Lozenges, salt-water gargles
Skin irritation, itching or wounds	Hydrocortisone 1% cream