Postpartum Helpful Hints

Congratulations! Guidance for your recovery in the weeks after delivery.

Now the fun begins. All of your hard work has paid off and it's time to enjoy your baby. Expect some fatigue and mood swings. Labor is hard work. You may be especially tired if you labored and then had a C-section. This may be more noticeable if you have other children at home. Within a few days of delivery you will notice a big change in your body and your moods. There is a large shift in body fluids and hormones that may affect how you feel. Be patient, every day should bring an improvement.

WOUND CARE

If you had an episiotomy or a tear, you can expect to have some discomfort. Some things that are helpful are warm sitz baths followed by using a hair dryer on a low setting to keep the area clean and dry. Avoid tight clothes and change your pads frequently. Do not use tampons or a douche. You should feel a little better every day. If you notice increasing pain or a foul-smelling discharge, check your stitches for redness or separation and call our office. Occasionally stitches dissolve faster than the tissue heals and you'll notice small pieces when you wipe — that's normal. Call us if you have increasing pain, discharge, or a temperature greater than 100.5°F.

BOWEL MOVEMENT

Some people really dread their first bowel movement after delivery. You can take a stool softener (Miralax, Colace, or Ducolax). If you're still constipated, add milk of magnesia in the evening. Until you're comfortable with your bowel movements, you can pause your prenatal vitamins; resume them once things feel back to normal.

HEMORRHOIDS

If hemorrhoids are bothering you, keep your bowels soft with Colace, increase fiber in your diet with a bulking agent such as Metamucil, and use Tucks pads or Preparation H pads with each bowel movement. Occasionally a hemorrhoid will develop a clot that doesn't dissolve and becomes very uncomfortable. If you've tried all of the above and you're still not better, call the office (338-8900).

BREAST CARE (NOT BREASTFEEDING)

If you chose not to breastfeed, your milk will still come in — usually 48-72 hours after delivery. Wear a well-fitting, supportive bra and avoid changing it for 2-3 days. Tight binding, such as wrapping with a wide Ace bandage, is no longer recommended — research shows it's associated with more tenderness and leakage,

with no real advantage over a supportive bra alone. Avoid direct hot water on the breasts in the shower, and use ice packs to ease engorgement and discomfort. Plain ibuprofen or Tylenol can help with soreness. Chilled, washed cabbage leaves applied inside your bra can also help with engorgement. Change leaves once warm or wilted (about 20 minutes), you can do this 2-3 times per day. Minimize nipple stimulation so your body doesn't keep 'getting the signal' to make milk. Once your body senses milk isn't needed, supply will taper off over several days to a week; if leakage persists, repeat the steps above. Call the office if you develop a temperature greater than 100.5°F or your breasts become red and tender.

MASTITIS & SORE NIPPLES

Breastfeeding-related breast pain falls on a spectrum, from a simple clogged duct to true infection (mastitis), which can cause flu-like symptoms and fever. Not every case needs antibiotics right away. Keep milk moving: continue breastfeeding or pumping frequently, starting on the affected side, and make sure the baby gets a deep latch — most of the areola, not just the nipple — varying positions between feeds. Use ice packs or a cold compress between feedings to calm inflammation; brief warmth just before a feed can help with let-down, but avoid vigorous massage of the affected area, which can worsen tissue irritation. Ibuprofen can help with pain and inflammation. Let nipples air-dry a few minutes after feeding and use cloth breast pads when possible — paper disposable pads can be irritating. Call the office if you have a fever, flu-like symptoms, or things aren't improving within 24-48 hours — that's when antibiotics may be needed.

LOCHIA

The discharge/bleeding after delivery is called lochia. Initially it will be as heavy as a period, but should become lighter over a week to ten days. You may notice an increase after nursing or increased activity. If the discharge increases or becomes bright red, decrease your activity level. If that doesn't help reduce the flow, call the office.

About 5-9 days after delivery the scar tissue from where the placenta was attached will slough off. Around this time most women will notice about 4-6 hours of heavier bleeding, potentially with small clots. If you have persistent bleeding, please contact our office.

BIRTH CONTROL

Believe it or not, you may have the desire for intercourse again. There's no magic time frame to resume intercourse — wait until your lochia has stopped and you're no longer sore. If breastfeeding, you may need extra lubrication. Unless you want babies nine months apart, you'll need birth control: you will ovulate before your next period, and while breastfeeding delays ovulation, many people become pregnant while nursing. Good options include short acting contraceptives (birth control pills, condoms, patches, insertable or injectables) or long acting reversible contraceptives (IUD or Nexplanon).

OFFICE FOLLOW-UP

You will need to schedule your 6-week postpartum exam. If you had a C-section, you'll also need a 2-week wound check in addition to your 6-week visit. Current guidelines also recommend an earlier check-in — by phone or in person — within the first 3 weeks after delivery, so don't hesitate to call us sooner if anything feels off; we'd rather hear from you early. We will also want to speak with you 1 week after you were discharged from the hospital if there were concerns about your blood pressure. At your visit(s) we'll discuss birth control, breastfeeding, and how you're coping emotionally.

PAIN MEDICINE

You can use plain Tylenol (Acetaminophen) or Motrin (Ibuprofen). If you need a refill on prescription medicine, please contact your pharmacy and have them send a request.

POSTPARTUM DEPRESSION

About 2-3 days after childbirth, some women begin to feel depressed, anxious, or upset. They may feel angry with the new baby, their partner, or other children; cry for no clear reason; have trouble sleeping, eating, or making choices; and question whether they can handle caring for a baby. These feelings — the 'postpartum blues' — may come and go in the first few days or weeks. Postpartum depression is different: intense sadness, anxiety, or despair that prevents you from managing your daily tasks. It can occur up to a year after having a baby but commonly starts about 1-3 weeks after childbirth. We screen for postpartum depression using a brief validated questionnaire at your postpartum visit(s), but you don't have to wait for an appointment — if you're worried about how you're feeling at any point in the first year, please call us right away at 208-338-8900.