Postpartum Guide
Taking care of mother after baby is born
Important phone numbers

Family Maternity Centers:
Providence Hood River Memorial Hospital 541-387-6336
Providence Medford Medical Center 541-732-5494
Providence Milwaukie Hospital 503-513-8346
Providence Newberg Medical Center 503-537-1758
Providence Portland Medical Center 503-215-6150
Providence St. Vincent Medical Center 503-216-7391
Providence Seaside Hospital 503-717-7531
Providence Willamette Falls Medical Center 503-657-6723

Neonatal Intensive Care Unit:
Providence St. Vincent Medical Center 503-216-7383

Providence Beginnings:
Providence Portland Medical Center 503-215-9160

Childbirth and newborn care classes:
All Providence Oregon hospitals 503-574-6595 or 800-562-8964

Breastfeeding consultations:
Providence Hood River Memorial Hospital 541-387-6344
Providence Newberg Medical Center 503-537-1400
Providence Portland Medical Center 503-215-6255
Providence St. Vincent Medical Center 503-216-4033

Depression after delivery:
Baby Blues Connection 503-797-2843
Women’s Psychiatric Resource Center 503-629-2131
Providence Resource Line 503-574-6595 or 800-562-8964
Congratulations on the birth of your baby! The time just after a baby is born, the postpartum period, is a special one for families.

The postpartum time brings many physical and emotional changes. This guide will help answer questions about the changes in your body and about your postpartum care. It is not meant as a substitute for professional medical care. If you have questions or concerns, be sure to talk with your doctor, nurse midwife or family maternity nurse.

As you read this booklet, please understand that the phrase “your care provider” refers to the health care specialist who provided your prenatal care and delivered your baby. Depending on your choice, that person may be a family practice physician, obstetrician or nurse midwife.
Table of contents

Postpartum period defined .......................................................... 5
If you had a cesarean section ......................................................... 5
Uterus ................................................................................... 6
Lochia (vaginal discharge) and menstruation .......................... 6
Perineal care after vaginal delivery .......................................... 7
Bladder care after delivery .......................................................... 8
Swelling .................................................................................. 8
Bowels and hemorrhoids ............................................................ 9
Breast care ............................................................................ 10
Diet and nutrition ..................................................................... 12
Activity and exercise ............................................................... 13
Postpartum medical care ........................................................... 15
Resuming sex .......................................................................... 15
Postpartum blues and depression ........................................... 16
Returning to work ................................................................. 17
Childbirth and parenting classes ............................................. 18
Important warning signs ......................................................... 18
Postpartum period defined

The time immediately after you deliver your baby until your reproductive organs return to their pre-pregnancy state is called the postpartum period. It begins as soon as your baby is born and usually lasts about six weeks.

During this time, you’ll likely be on “night shift” with the baby for several days or even weeks. Many babies are more wakeful at night and want to feed frequently in the first few weeks of life. It is important for you to sleep when the baby sleeps, focus only on caring for yourself and your baby. If possible, have family or friends help with housecleaning, laundry and cooking for the first couple of weeks.

If you had a cesarean section

- Keep the incision (wound) clean and dry. Usually you may shower beginning the first day after surgery, but no tub baths for one to two weeks, or as directed by your care provider.
- Your incision may be covered with Steri-strips (little strips of tape that help the incision heal). You can get the Steri-strips wet in the shower, and you can remove the strips after seven days if they have not already fallen off.
- Look at your incision daily with a hand mirror. Report any redness, swelling, separation, drainage or foul odor from or around your incision to your care provider.
- It is OK to lift your baby, but don’t lift anything heavier than 15 pounds for the first six weeks.
- Avoid sitting for long periods with your knees bent or crossed. This position can cause blood clots to form.
- Avoid driving for the first two weeks, or as your care provider suggests.
- Kegels are the only exercise to be done until your six-week checkup, unless advised by your care provider. Walking for short periods is fine with rests in between. (Check with your care provider if you need information on Kegels.)

Most of all, listen to your body. You will know you are overdoing it if your bleeding increases or if your incision, abdomen or back begins to hurt when you’re doing an activity.
**Uterus**

Immediately after your baby is born, your uterus becomes firm and about the size of a large grapefruit. If your abdomen still looks pregnant after delivery, this is normal and will gradually go away.

Six weeks later, the uterus should have returned to its normal size, similar to a small pear. While you are in the hospital, your nurses will check your uterus regularly for location and firmness.

Some mothers, especially second-time mothers, feel painful after-birth contractions when breastfeeding. These contractions, caused by hormones released when you breastfeed, usually disappear in five to seven days. In the meantime, if you experience such contractions, try the following steps to ease pain:

- Apply heat to your abdomen.
- Take mild, nonaspirin pain relievers before breastfeeding.
- Gently massage your abdomen.
- Keep your bladder empty.
- Do deep-breathing and relaxation exercises.

**Lochia (vaginal discharge) and menstruation**

Some vaginal discharge, or “lochia,” will usually be present for two to three weeks, perhaps longer. Initially it will be red with small clots. Notify your care provider if you pass clots larger than a golf ball or if you notice a foul odor to your vaginal discharge. By eight days after the baby is born, the discharge may be pink or brown-tinged. It is normal for the flow to increase whenever you increase your level of activity, even if it is simply getting out of bed.

After leaving the hospital, if the flow turns bright red and becomes heavy, you should rest and count the pads you use. If rest does not slow the flow and you saturate a pad in less than two hours, call your care provider.
You may take showers or (after vaginal deliveries) baths, but no special vaginal care is necessary. However, don’t put anything in your vagina for four to six weeks after birth; no tampons, douching or intercourse.

After giving birth, women start menstruating again on varying schedules. It may take a few months for your cycles to become regular again. Nursing mothers often find it takes 18 weeks or longer to resume menstruation after giving birth.

**Note:** You can become pregnant before your menstrual periods resume, and you can become pregnant even if you are breastfeeding. Be sure to discuss family planning with your care provider.

**Perineal care after vaginal delivery**

The perineum is the area between your vagina and rectum. For comfort and to prevent infection after giving birth, use a peri-wash squirt bottle to clean the perineal area in a front-to-back direction after you go to the bathroom or when your vaginal discharge is heavy. Continue to use the peri-wash bottle until bloody vaginal flow has decreased. You may gently wash the area with soap and a soft washcloth as you shower or bathe.

On the first day, you may apply ice packs to the perineum to reduce swelling and pain. After that, you may find that soaking in a clean bathtub for 10 to 20 minutes several times a day helps relieve pain and discomfort. Your care provider may prescribe medicated pads and/or anesthetic spray for comfort.
Vaginal and episiotomy stitches will dissolve during the healing process and do not need to be removed. You should, however, limit your activity, particularly lifting, for at least two to three weeks. You may be more comfortable if you lie down rather than sit for prolonged periods of time, elevate your feet while sitting and, when you sit, use cushions. Placing a medicated pad on the peripad against the stitches will reduce irritation.

Call your care provider promptly if you notice any of these signs:
- Increasing pain
- Redness
- A foul odor in the perineal area
- Fever

**Bladder care after delivery**

It may take a few days for your bladder to return to normal and for you to regain your normal bladder control. Because your urethra may have been bruised or the bladder overstretched during delivery, or if you were catheterized after delivery, you may be more susceptible than usual to urinary tract infections. Drink plenty of liquids, and empty your bladder at least every three to four hours.

It is normal to feel some tingling or slight discomfort when you urinate, but if you feel burning or worsening pain, call your care provider.

**Swelling**

You may experience some swelling in your legs and feet after you give birth. This is common. Although uncomfortable, it is not dangerous, nor is it a sign of infection or circulatory problems. You may take warm baths and elevate your feet to make yourself more comfortable. Within a week, the swelling should be gone.
**Bowels and hemorrhoids**

Physical inactivity, narcotic pain medications and perineal soreness may cause constipation and gas.

Try these simple tips to prevent or relieve constipation:

- Drink plenty of fluids: six to eight glasses of water a day.
- Eat fruits, including prunes and figs; leafy green vegetables; and whole-grain bread and cereals.
- Take stool softeners and/or laxatives as recommended by your care provider.
- Establish a regular time to go to the bathroom.
- Begin taking walks.

Call your care provider if you have not had a bowel movement within four days of giving birth. Your care provider may prescribe a suppository or an enema to help encourage a bowel movement.

*Note: If you have rectal stitches, do NOT use an enema without consulting with your care provider first.*

Hemorrhoids (painful, swollen veins in the anus) commonly occur and may become tender and inflamed during pregnancy after a vaginal birth. To relieve hemorrhoidal discomfort on the first day after giving birth, use ice packs to reduce swelling. After that, warm, moist heat or soaking in a clean bathtub may bring relief. You may also want to use a hemorrhoidal cream, medicated pad and/or anesthetic spray.

Avoid prolonged periods of sitting or standing. Try to alternate periods of rest and activity. It is important to prevent constipation and straining with bowel movements, so increase your fluids and the fiber in your diet.
Breast care
It is normal for your breasts to get bigger and tender two to five days after delivery. Wearing a well-fitted, supportive bra (with no underwire) day and night may be more comfortable as your body adjusts to these changes. Your breasts may leak milk for several weeks, so wear breast pads (cotton is best) until the leaking stops.

Engorgement
Engorgement is a process in which breast tissue swells and hardens. It lasts about 48 hours and causes varying degrees of discomfort. Some women feel only mild swelling and tenderness, while others have more pronounced soreness as their breasts become firm and the skin stretches and becomes tight and shiny.

If your breasts continue to be uncomfortable, try the following:
• Avoid using heat or hot water, as this may increase swelling.
• Lie on your back.
• Apply ice packs made of crushed ice in plastic bags that will mold to your breasts. Be sure to have one layer of cloth (such as a towel) between your skin and the ice pack. Apply for 20 minutes, one to each side. Alternate them 20 minutes on and 20 minutes off until you are comfortable.
• Some women have found that placing cold, green cabbage leaves on the breasts, lining the bra, can reduce discomfort. Change the leaves as they become warm and wilted.

Breastfeeding
For a few days after your baby is born, your breasts will secrete a thin yellowish fluid called colostrum. Composed of water, fat and protein, colostrum contains substances that can help your newborn’s immune system. Although your milk does not “come in” for several days, your baby will get plenty to eat. Colostrum contains all the nutrients a newborn needs. Nursing your baby on demand or at least every three to four hours acts as a good stimulus for milk production.
Wash your hands thoroughly before each feeding. Keep your breasts and nipples clean, but avoid harsh soap and drying lotions.

**Nipple care**

After several feedings, your nipples may become tender with the first few sucks as the baby latches on. This discomfort should be bearable and improve within the first few weeks of nursing.

If your nipples become very sore, cracked or blistered, the baby is probably not latching on correctly. For breastfeeding help and guidance, you may call your care provider or one of the resources listed at the front of this booklet.

Here are some comfort measures for sore nipples:

- Avoid using soap on nipples. Wash with warm water only.
- Expose your breasts to air and keep them as dry as possible.
- Apply purified lanolin nipple cream after breastfeeding.
- Manually express a small amount of colostrum or breast milk; apply to sore nipples.
- Do not use lanolin if you use a hydrogel dressing, and use caution when removing a dressing; it can dry out and stick to the nipple, further damaging the nipple.
- Cover sore nipples with a special hydrogel dressing (trade names: Vigilon, Second Skin, Water-Jel). These products are available over the counter at most pharmacies. Limit use to 24 hours, or as directed by your lactation specialist or care provider.

**Mastitis**

Mastitis, an infection within the breast, may occur at any time while you are nursing. Symptoms of mastitis include:

- Fever higher than 100.4 F (38 C)
- Increased fatigue
- Flu-like symptoms
- A red, tender area in the breast
- Red streaks extending toward your armpit
If you experience any of these symptoms, call your care provider immediately, as medications may be necessary. Be sure to continue nursing or pumping your breasts.

Breast care for non-nursing mothers

Even if you choose to bottle-feed with formula, you may experience engorgement. In addition to the suggestions on page 10, you may express one to two ounces of milk every few days to relieve pressure in your breasts, but regular pumping will stimulate milk production and cause your breasts to remain engorged longer. You may take acetaminophen (Tylenol) or ibuprofen (Advil) to relieve breast discomfort. Milk production usually stops within a week or so.

Diet and nutrition

Busy, tired new mothers often find it difficult to eat regular meals and drink plenty of fluids, but these are important to your recovery. You will need energy and strength to care for yourself and your infant. You should eat three good meals daily, with healthy snacks and plenty of water in between.

Do not be overly concerned about losing the weight you gained during pregnancy. If you follow the food pyramid guidelines and limit most sweets and fats, you will naturally lose excess weight. If you have prenatal vitamins left when your baby is born, continue taking them as prescribed.

If you are breastfeeding, your diet should include extra calories for milk production. You can do this easily by adding an extra serving of protein and calcium to your diet. You may also consider continuing your prenatal vitamins while breastfeeding. Drink when you are thirsty, but avoid alcoholic beverages. Caffeinated drinks should be limited to one to two servings per day.
Activity and exercise

Most women find that full recovery from childbirth takes from six to eight weeks. You may notice that you tire easily and that you welcome household help for a few weeks. Try to nap and rest as much as you can. This is a time to pamper yourself.

Because sitting slows the circulation to your legs, you should not sit for too long. When you do sit, put your feet up. If you notice a red, hard and tender area on your leg, just under the surface of your skin, or if the leg is swollen and painful, especially when you stand or walk, notify your care provider to discuss the symptoms.

As your recovery progresses, you can incorporate increasing levels of activity and exercise into your daily routine. Exercise helps to restore muscle tone needed to protect your bones and joints. It will also help you lose weight gained during pregnancy. You can start these simple strengthening exercises as soon as you feel comfortable:

- Lie on your tummy with a pillow under your hips to relieve back strain, and relax your abdominals. Don’t let your back sag.
- Tighten and release the perineal muscles (Kegel exercises) to tone muscles that were stretched during the birth process. Repeat 10 times at least twice daily.
- Lie on your back with your arms at your sides. Raise your head so that your chin touches your chest. Slowly lower your head. (Raising your head strengthens abdominal muscles.) Repeat 10 times, four times daily.

You can begin other exercises, such as those illustrated on the following page, in 10 to 14 days if you feel strong enough. Feel free to make minor changes in the movements. Yoga or stretching exercises are fine if they are not too strenuous. Most health care providers recommend waiting six weeks before gradually resuming strenuous exercise.
Exercises

Add one new exercise each day. Begin by repeating the exercise five times and gradually increase to 10 times.

1st day: Breathe deeply, expanding your abdomen. Hiss as you slowly exhale, then forcibly draw in your abdominal muscles.

2nd day: Lying on your back with your legs slightly apart, place your arms at right angles to your body and slowly raise them, keeping your elbows stiff. When your hands touch, lower your arms gradually.

3rd day: Lying with your arms at your sides, draw your knees up slightly, and arch your back.

4th day: Lying with your knees and hips flexed, tilt your pelvis inward and tightly contract your buttocks as you lift your head.

5th day: Lying with your legs straight, raise your head and left knee slightly, then reach for (but do not touch) your left knee with your right hand. Repeat, using your right knee and left hand.

6th day: Lying on your back, slowly flex one knee and one thigh toward the abdomen; lower your foot toward your buttock, then straighten and lower your leg.

7th day: Leaning on your elbows and knees, keep forearms and lower legs together. Hump your back upwards, strongly contracting your buttocks and drawing in your abdomen. Then relax and breathe deeply.
Walking is usually a good exercise for new mothers. Ask your health care provider about specific activities you want to undertake. Remember to listen to your body. You will know you are overdoing it if your bleeding increases or if your abdomen or back begins to hurt during an activity.

**Postpartum medical care**

Within a few days of going home from the hospital, call your care provider to make an appointment for a postpartum medical checkup. The timing of this visit will vary according to your care provider’s preferences and your delivery experience. It will be scheduled for sometime between two and six weeks after your baby is born.

After leaving the hospital, you are always welcome to call your care provider. If you are a Providence Health Plan member, you may wish to call the Providence RN advice line. The advice line telephone number is on the back of your Providence Health Plan member identification card. You will need to give the nurse representative your member identification number, located on the front of your member card.

**Resuming sex**

*Note: Pregnancy can occur before your menstrual periods resume.*

You will have an opportunity to discuss family planning with your care provider at your postpartum visit. Most care providers suggest that you refrain from intercourse until your stitches stop hurting and the birth canal has healed. This usually takes four to six weeks after delivery. When you resume sexual intercourse, it may be beneficial to use additional lubrication and go slowly.
Postpartum blues and depression

Having a baby brings many dramatic changes – changes in your lifestyle, your sleep, your hormones, and your views of yourself and your family. It is not surprising that mood swings and feelings of sadness, resentment and self-doubt accompany your delight in your new baby.

Many mothers feel overwhelmed and very, very tired. Such feelings are normal. They usually do not last more than a few weeks. However, if your feelings are more than you can cope with, do not hesitate to call your care provider for help.

Normal “baby blues” symptoms may include:
• Lack of sleep
• No energy
• Anxiety or worry
• Sadness
• Confusion or nervousness
• Concern over physical changes
• Crying more
• Oversensitivity
• Irritability
• Excitability

Some mothers may experience postpartum depression. Symptoms of this more serious condition may include:
• Chest pain or palpitations
• Hyperventilation
• Despair
• Inability to cope
• Impaired memory or loss of memory
• Confusion
• Bizarre or strange thoughts or fantasies
• Hallucinations
• Panic attacks
• Hostility
• Suspiciousness
• Phobias
• Nightmares
• Irrational statements
• Anger toward your baby
• Feeling “out of control”
• Feeling as if you are “going crazy”
• Thoughts of hurting yourself or your baby

These symptoms are often caused by a hormone imbalance, which may require treatment by medication and/or counseling. Call your care provider if you experience any of these symptoms.

Other resources for postpartum depression are listed on the inside cover of this booklet.

**Returning to work**

Many women who work outside the home return to their jobs when their babies are 6 to 12 weeks old. Consult your care provider before driving, returning to work or going on out-of-town trips.

Many women successfully pump their breasts at work to continue the benefits of breastfeeding. In Oregon there is legislation that protects your ability to pump your breasts while at work. If you need advice or supplies for pumping your breasts, you may contact a breastfeeding expert at one of the centers listed inside the front cover of this booklet.
**Childbirth and parenting classes**

During this time of change – pregnancy, postpartum period, and the rapid growth and development of your baby – you will have numerous questions.

Providence Health Education Services offers numerous classes on general health improvement, exercise, cooking, safety and stress management. Of particular interest to you may be our classes on childbirth, breastfeeding, infant care, child development and parenting.

Please call the phone number listed inside the front cover of this booklet for classes available in your area.

**Important warning signs**

Call your care provider immediately if you develop any of these warning signs:

- Abdominal pain that gets worse instead of better
- Cesarean incision that separates, becomes hot or red, or develops foul-smelling drainage
- Bright red or heavy vaginal bleeding, with or without clots, that saturates a pad in less than two hours
- Passing clots larger than a golf ball
- Foul-smelling vaginal flow
- Fever or chills with a temperature over 100.4°F
- Ongoing urinary or perineal discomfort
- Burning, frequent or bloody urination
- Severe or persistent hemorrhoidal pain
- No bowel movement within four days of giving birth
- Cracked nipples or red, tender areas in a breast that don’t respond to home treatment
- Postpartum depression symptoms
OUR MISSION
As people of Providence, we reveal God’s love for all, especially the poor and vulnerable, through our compassionate service.

OUR CORE VALUES
Respect, Compassion, Justice, Excellence, Stewardship

www.providence.org/pregnancy

Providence Health & Services, a not-for-profit health system, is an equal opportunity organization in the provision of health care services and employment opportunities.