

Postpartum Instructions

Congratulations on your new arrival!



Wisdom. Compassion. Integrity.

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CONGRATULATIONS!!! We hope your delivery went well and that you and your baby are doing well. If not, please let us know. You are facing many changes, here are some suggestions to make your recovery smoother. Please remember to let people help you and call us for any concerns.

First couple days at home: Emphasis should be on resting and feeding the baby. Nights are often more stressful because you will be tired and yet fully responsible for the care of your new baby. On your first day home, you may have more pain because you are more active, take Motrin, Aleve or Tylenol regularly that first 24 -48 hours and then wean down as you feel better, heating pads also help for cramping.

Self care during the first 4-6 weeks: You are going to be tired, as you sleep better and your energy improves you can gradually increase your daily activity. If you are getting little sleep, daily rest periods are VERY helpful, sleep when the baby sleeps. EVERYTHING is harder when you are exhausted. Try to minimize added responsibilities that will add to your fatigue, let other people help you with cooking and cleaning, if visitors are adding to your fatigue, have them come later. Don't forget to eat a healthy diet, focusing on lean or plant based protein, fresh fruits and vegetables, minimize sweets; some new moms forget to eat. Showering is fine once you go home, recommend waiting for baths until the bleeding has stopped. Although you may return to work at 6 weeks after a vaginal delivery and 8 weeks after a c-section, many new mothers try to take advantage of the 12 weeks allowed by the Family Medical Leave Act.

Care of Perineum:

- **Stitches:** If you have stitches, they will be dissolve in 4-6 weeks. It is normal to be uncomfortable, try the following: Sitz bath: Sit in a tub containing several inches of plain, warm water for 15 minutes 2 to 3 times a day. Apply Tucks pads periodically (put in freezer and they may be more soothing). Wash off with your peri-bottle after you have a bowel movement while having vaginal flow (lochia), this is not necessary, only do this if it feels better. Avoid constipation (discussed below). Cool compresses for swelling, do not put ice directly on your skin.
- **Lochia:** The bloody vaginal discharge called "lochia" will gradually decrease, the color can be red, pink, brown, or yellow. You may bleed off and on for 6 weeks. It is normal to occasionally bleed heavier for short periods of time, you may pass small clots.
- **Constipation:** Constipation is common after having a baby. Narcotics also increase constipation. Drink plenty of water and, if necessary, use a stool softener, such as Colace and/or miralax or Milk of Magnesia. If these options don't help, you can use a suppository or enema, unless you were told not to. If you are still having problems, let us know. When having bowel movements, wipe from front to back, especially if you have stitches.
- **Hemorrhoids:** Try to avoid constipation. Any over the counter medications for hemorrhoids are fine. If they are not working, please call for a prescription.

First Menstrual Period: Can occur within the first 2 months if you aren't breast feeding. If you breast feed, you may not have periods until you stop breast feeding. The first period may be unusually heavy or long.

"After Pains:" The "after pains" are contractions after the baby is born. You will notice them more when you are breast feeding. Tylenol or ibuprofen every 4 to 6 hours and heating pads help the pain. The cramping gets better in the first week after delivery.

Exercise: You may begin 2 to 3 weeks after the baby is born. Start gradually. Walking for 20 to 30 minutes is a good way to start. Avoid pool exercises until after your lochia stops. Wait 4 to 6 weeks for strenuous exercise.

Kegel Exercises: You may leak urine after you have a baby. This usually improves with time, however Kegel exercises may help. We will review this at your 6 week post partum visit.

Sexual Intercourse: We recommend waiting for your 6 week checkup so you know that you are completely healed. Due to hormonal changes and the birth process, you may experience vaginal dryness and painful intercourse. This can be relieved with the use of a vaginal lubricant, such as Replens or coconut oil. This pain usually improves quickly, if not, let us know. It is also normal to have decreased sex drive after having a baby, especially when you are really tired.

Pain meds: You will have a prescription for anti-inflammatories, usually Motrin or prescription dose of Aleve. If Motrin or Aleve isn't helping enough, you can take it with Tylenol (follow instructions on the bottle). Tylenol + Motrin or Aleve works just as well as a narcotic for most women. You may also get a prescription for a narcotic such as Percocet, hydrocodone, or Dilaudid. Try to wean off within 1-2 days after getting home from the hospital. Side effects of these meds: fatigue, nausea, and constipation. ***Narcotics can go to your breast milk so monitor your baby for increased fatigue, poor latch or fewer wet and poopy diapers. By law, narcotics cannot be called in, if you continue to have pain after you are done with your prescription, you need to be seen to make sure you are not having any problems.***

WORRISOME SYMPTOMS :**CALL 911:**

- PAIN in your chest
- Shortness of breath
- Seizures

CALL YOUR PROVIDER:

- Thoughts of hurting yourself or your baby
- Fevers with or without chills (temp of 100.4° or higher)
- Any difficulty with urination (burning, frequency)
- Heavy vaginal bleeding: soaking through more than a pad an hour or passing clots larger than an egg
- Infection of your incision: redness, swelling, hot feeling, pus drainage, increased pain at incision
- Headaches that don't respond to medicines or headaches with visual changes
- Sudden extreme weakness or passing out
- Swelling, redness, or tenderness in one area of the breast
- Swelling, redness, or tenderness of one leg

Birth Control: Specific recommendations will be based on your personal history, plans for more children as well as breast-feeding. If you breastfeed without any supplementation, the risk of pregnancy in the first 6 months is very low. However, since you ovulate before your first period you can get pregnant without having a period. When considering more children, remember the best spacing for your health is 2 years.

Options include:

- Progesterone-only Birth Control Pills (Mini Pill)
- Combined Birth Control Pills (Regular Pill) or Nuvaring
- Condoms
- IUDs
- Nexplanon
- Permanent options include: bilateral tubal ligation (tying tubes) or vasectomy.

Follow-up Appointments: Your postpartum visit will be 6 weeks after delivery. In some circumstances, your doctor may recommend a visit 2 weeks after delivery. Please call and make this appointment soon after you are discharged.

Your 6 week postpartum visit will consist of a pelvic exam and a Pap smear may be performed. Issues discussed include birth control, weight loss, leaking urine, breast feeding, post partum depression as well as any concerns you would like to discuss.

Additional Information If You Had a Cesarean Section:

After leaving the hospital, you should slowly increase your activity. Your incision will not reach its maximum strength for approximately 4 to 5 weeks, so try not to overdo it. Usual activities such as walking, climbing the stairs, and light housework are ok, try to avoid heavy lifting in the first 2 weeks. If you have older children, we know that sometimes they have to be picked up and held but try to minimize this. Most of the time you may start driving about 2 weeks after the baby is born. Do not drive if you are taking narcotic pain medication (Percocet, hydrocodone, Demerol, dilaudid)

Your incision should be kept clean and dry and should be left either uncovered or loosely covered. Showers are fine, make sure you dry the incision after bathing. If there are small bandage strips on the wound, these may be gently removed 7 days after you return home. We will remove these paper strips at your 2 week visit.

With time, your incision will become less sensitive. It is common to feel a thick ridge beneath the incision; this will gradually disappear. Some numbness and/or itching around the incision is normal and will go away. If you develop redness of the incision, increased pain and tenderness, or fever (temp>100.4), you may have an infection please call right away.

Breast Feeding (BF):

Benefits for the baby: Breast milk supplies antibodies to the baby to help decrease infections in the baby including fewer ear infections and episodes of pneumonia, decreased infections of the bowel in premature babies, breast milk supports the healthy bacteria in the baby's gut. Babies who breast feed have a lower risk of childhood obesity and diabetes, decreased incidence of SIDS, fewer childhood cancers, asthma and atopic dermatitis (skin rashes).

Benefits for you: helps with weight loss and decreases the risk of breast cancer. It is cheaper!!!

During pregnancy, your breasts prepare for lactation (milk production) and after birth, hormonal changes and infant sucking trigger a surge in milk supply. One of the best ways to improve your chance to breast feed is doing skin to skin with the baby right after delivery and breast feed within the first hour. The baby will give you clues that they are ready to breast feed. For the first few days your baby will get colostrums. Colostrums is produced in small quantities but is rich in antibodies, helps clear meconium and satisfies your baby's thirst and hunger. Over the next 2-4 days the colostrums will transition into milk. In this early stage, the baby really doesn't need very much; remember the baby's stomach is smaller than your thumbnail!

Frequency of nursing is a little different for all babies; most newborns need to nurse 8-12 times in a 24 hour period. The more you nurse the more milk you will produce. Most mothers eventually find that nursing for 10-20 minutes on each breast should empty the breasts and provide proper nutrition and fluids for your infant.

Please prepare for breast feeding before you deliver. You will hear many different recommendations about how to be successful with BF. If you listen to everything, you will be confused and frustrated. The reason why there are so many opinions is that even though breast feeding is a natural process it is a skill that must be practiced and learned by both mother and baby. Once BF is established between mom and baby, most women find it easy, convenient and a wonderful way to bond with their baby.

There are many excellent resources for BF: friends or family that have been successful, the lactation consultant in the hospital that will help you with the basics of breast feeding, especially positioning of the baby and latching on (they will give you information and ways to reach them), and the La Leche league (there are good resources on their website). Several books that may be helpful include, "The Womanly Art of Breastfeeding" by the La Leche League and "Breastfeeding Made Simple: Seven Natural Laws for Nursing Mothers" by Nancy Mohrbacher and "The Breastfeeding Mother's Guide to Making More Milk" by Diana West. There is good information on the American Academy of Pediatrics website as well. **Please read before the baby gets here** and ask your doctor questions. Other sources for support: US Dept of Health 800-994-9662, La Leche League 800-525-3243.

It is recommended that infants be exclusively breastfed for the first 6 months (up to one year with adding solids at 6 months) to provide optimal nutrition and protection against infections. When you are breastfeeding, it is important to continue eating a well-balanced diet. It is a good idea to continue your prenatal vitamins (PNV + DHA) while BF, as well as drinking a lot of fluids (64 ounces a day). Your pediatrician may recommend supplements for the baby such as vitamin D or iron.

Common Concerns When Breast Feeding:

1. Sore nipples and engorgement are common in the early stages of breast-feeding and is one of the most frequent causes for new mothers to quit breast-feeding. Proper positioning and latching with frequent nursing can help fix these uncomfortable symptoms and avoid recurrence. Call the lactation consultants for advice if you are having problems. Make sure you meet with them before you leave the hospital. You can use lanolin (over the counter) or hydrogels or Newman's nipple cream (a prescription) for sore, cracking nipples.

2. Am I making enough milk? This is another common reason why moms quit breast feeding. It is normal for the baby to lose 7-10% of its body weight, typically regains in the first 10-14 days of life. If your baby is not losing more than that and having 6-8 wet diapers and 3-5 bowel movements within a 24 hour period you can be assured that your baby is getting enough milk. It may take 8-12 weeks to truly establish a good supply with a good pattern of breast feeding and that is a long time when you are tired. A common time to see a drop in supply is when women go back to work or when women start using the pump.

3. There is controversy on when to start using the pump. The best evidence suggests that early use of the pump will decrease successful breast feeding. However there are good reasons to use it, such as baby in the NICU, problems with latching due to previous breast surgeries. However, careful work with the lactation consultant in the hospital can fix the majority of issues before needing to use a pump.

4. There is controversy on using pacifiers, there is evidence that using pacifiers before 3 weeks may negatively affect the baby's ability to nurse, therefore it is best not to use them before 3 weeks.

5. There is also controversy on nipple shields (try to avoid using in the first 24 hours of life but if it is recommended, goal is short term use until latch with the baby improves). Another "extra" is supplemental milk system. The best way to establish nursing is with the baby and the mother with as few extras as possible. At the beginning, nursing is time consuming even without any extras. However, in a few women who have inverted nipples or milk supply is coming in very slowly, these extras may be helpful. I recommend seeking the advice of a lactation specialist if you are experiencing any of these problems. **Remember, try to avoid anything extra that adds to your stress and doesn't really obviously help.**

Common problems after you go home:

Engorgement - both breasts are warm, full and painful, try to avoid because being engorged may slow or decrease milk supply and make it difficult for the baby to latch, treatments: if difficulty latching - release some milk by hand expression so the nipple is softer and easier to latch on, increase frequency of breast feeding, especially in the first couple weeks, cool compresses after feeding

Mastitis - one area of one breast - hot, red, swollen, painful, you may have a fever and body aches and flu-like symptoms, the symptoms can come on fast, treatment: antibiotics (please call the office if you have these symptoms), continue BF, moist heat may help, Tylenol or ibuprofen will lower your fever and help the pain

Plugged duct - treatment: feed affected side first, warm compresses or hot water in the shower and massage before BF and cold compress after breastfeeding

Sore nipples - need better positioning and better latch, Hydrogel pads, lanolin, expressed breast milk on nipples, hand express to soften areola, consider nipple shield - after evaluation by lactation consultant

Yeast infections- symptoms are usually significant pain in both breasts while breast feeding, sharp pains and burning between BF, nipples may look normal or irritated, baby will usually have thrush, you and the baby will need treatment so call our office and pediatrician

Instructions about over the counter meds while BF:

- Tylenol and ibuprofen are fine to take while breast feeding

- If you have any concerns about specific meds, please call the office. Medication can get to the baby through breast milk, in fact more medication goes to the baby through breast milk than taking meds while pregnant.

-Principles to remember when taking meds (unless instructed otherwise)- best time to take a medication to lessen affects on the baby is right after nursing and right before infant's longest sleep, take lowest recommended dose, avoid OTC combination products, antihistamines may decrease milk supply, know and monitor for side effects in you and the baby

ALCOHOL /MARIJUANA CONSUMPTION WHILE BF:

Alcohol can decrease milk supply, can go to the baby and affect sleep. The exact amount that won't affect the baby is unknown so it is best to limit the amount you drink. If you only have one drink, it is probably out of your system within 2-3 hours however if you drink more, it will take longer.

Marijuana: The exact risk to the baby is unclear, what we do know is that it does go to the baby and that it concentrates in the fetal brain. The first 2 years of life is a very important time for brain development. The recommendation is to avoid marijuana for this reason, why risk it?

If you don't breast feed: you should expect a period of engorgement starting between 2-4 days after delivery and lasting 24-72 hours. You may have a low grade fever and muscle aches. You may find relief with tight fitting bras, icepacks, and avoiding stimulation to the breast (avoid pumping or hot showers). Tylenol or ibuprofen may be taken every 4 to 6 hours for relief of symptoms. Cabbage leaves placed on your breasts may also relieve your symptoms. Symptoms should resolve within 24 to 72 hours although leaking of milk may continue for weeks.

Weaning: When weaning, it is best to drop a feed every 3 or 4 days. If you wean quicker, engorgement may be more painful.

Emotional Changes:

Having a baby is one of life's most wonderful experiences. It's exciting but can also be scary. After a woman has a baby, she may find that she is confused and overwhelmed about the various emotions she feels. She may worry that she's unable to deal with the responsibility of being a parent. **Be open and honest with your feelings (with the right people) so you know what is normal, what is not and how to get the help/advice you need!**

“Baby Blues”: Up to 80% of new moms get the baby blues. This is a common response to the hormonal changes, stress, lack of sleep that goes with having a newborn and physically recovering from the birth. For women experiencing the "baby blues", mood swings, sadness, anger, irritability, and insecurity are common. Self-doubts about being a competent mother may contribute to these feelings. Bursting into tears often occurs without reason. "Baby blues" may also include the occasional negative thought about the baby. While these feelings are upsetting, they're normal, and women shouldn't feel guilty for feeling them. The baby blues improve by 2 weeks postpartum.

Activities that can be helpful:

- Eat a nutritious diet.
- Small outings such as walking, recreation and social activities with friends, family, or your partner.
- A short period away from infants who are requiring your constant care and attention can be helpful.
- **SLEEP SLEEP SLEEP.**
- Let people help you!

Postpartum Depression: Approximately 15% of new moms get postpartum depression. 50% of women who have postpartum depression will have recurrences with future pregnancies.

Are you at risk?

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| <ul style="list-style-type: none"> • Personal history of depression or anxiety • Stopping antidepressants in pregnancy • Family history of postpartum depression • Were you mistreated as a child? • Single motherhood | <ul style="list-style-type: none"> • More than three children • Cigarette smoking • Low income • Age <20 • Domestic violence • Insufficient social support, home stress | <ul style="list-style-type: none"> • Disappointment in birth experience • Gestational Diabetes • Caring for a sick or needy baby • hypertension that started before pregnancy |
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Symptoms usually start between 2 weeks and 6 months, but they can occur up to one year after the baby is born. They include the above symptoms under “baby blues” and may include:

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| <ul style="list-style-type: none"> • Prolonged crying spells • Thoughts of harming yourself, the baby, or others • Severe anxiety • Decreased ability to care for your newborn or yourself • constant fatigue • lack of joy in life /sense of numbness • social withdrawal from family and friends • lack of concern for self or the newborn baby • severe insomnia | <ul style="list-style-type: none"> • Over-concern for the baby • loss of sexual responsiveness • strong sense of failure and inadequacy • severe mood swings • appetite changes • Other depressive symptoms including too much sleep or too little, low motivation, low concentration, low mood, or irritability lasting longer than 2 weeks. |
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Treatment: If you are suffering from the above symptoms for more than 2 weeks or you think you have depression, please let us know. Early intervention will help you recover more quickly. Often women have a sense of shame about depression or anxiety and don't share. Remember this is common and treatment will improve bonding with your baby. Treatment: most women will feel better if they address sleep, support system, diet/nutrition and add exercise, additional methods vary and may include counseling, antidepressant medication, anti-anxiety medication. SEE Postpartum wellness action plan for specifics on: Complementary/Alternative options: bright light therapy, Omega 3 fatty acids, folate, acupuncture, massage.

Please review these symptoms with your partner/family before you have your baby; they may recognize postpartum depression before you do. Because new moms are so focused on their babies, they may not be the first ones to recognize they are depressed. The good news is that there's a very high recovery rate for postpartum depression.

Postpartum psychosis: the most severe form of postpartum depression, occurs in 1-3/1000 births. Any of the following symptoms should prompt immediate discussion and treatment with a qualified health-care provider. Postpartum psychosis usually begins a couple of days or weeks after childbirth. A woman experiencing this form of depression becomes severely depressed and may experience severe acute anxiety, restlessness, hallucinations, paranoia, and hysteria and have thoughts related to harming herself or baby.

Anxiety and panic disorder: New moms might feel anxious and fearful about their ability to take care of their baby and worry they will do something wrong. Some suffer debilitating panic attacks and feel unable to go out in public.

Obsessive-compulsive disorder: Women with postpartum depression can be plagued by constant worries about germs or intrusive thoughts about harming their baby. Others are obsessed with doing everything "perfectly."

Posttraumatic stress: Anxiety after a traumatic event, this can occur after a medical complication, emergency c-section or if you had interventions that you wanted to avoid. Symptoms are often severe anxiety, irritability, panic attacks, so focused on the traumatic event that it is difficult to care for yourself or the baby.

HELPFUL INFORMATION ON THE WEB:

- Helpful booklet explaining mood disorders in pregnancy and postpartum: mchb.hrsa.gov and search "Depression During and After Pregnancy: A Resource for Women, Their Families, and Friends"
- nichd.nih.gov search "Moms' mental health matters"
- Info from Mass General Hospital for moms: womensmentalhealth.org; on evaluation and treatment: www.mcpapformoms.org and search toolkits (this information is geared to health provider)
- Info on medications: mothertobaby.org

Postpartum Wellness Action plan:

1. Be mindful if you are higher risk for postpartum depression. Risks: history of depression, anxiety, difficult pregnancy, difficult getting pregnant, minimal family support, significant stressors
2. WHO IS PART OF YOUR COMMUNITY? Family? Church? Small group? Friend group? Work friends? If you don't have a good support system: NEED TO WORK ON BEFORE DELIVERY
3. Create a list of things that will help you after the baby is born:
 - SLEEP: sleep when baby sleeps, let someone watch the baby so you can sleep, help at night: type of help that improves your sleep depends on whether you are breast feeding or bottle feeding. Avoid caffeine after noon, turn off TV before bed, white noise, adjust monitor to hear only when the baby is crying (you don't need to hear the baby's every move)
 - MEALS: freeze food before you deliver, have people bring meals (it is ok to ask for healthy foods and let people know if you have allergies), drink lots of water, don't skip meals! Have healthy snacks around (figure this out before you deliver so you can either buy it before you have a baby or you have specific things to ask for). Groceries: create a typical list that you will be able to give to your husband after (write down favorite brand and specific food to make it easier), use curb side shopping for someone to pick up your groceries or deliver.
 - VISITORS: A new mom should not be the "hostess", people who bring meals DON'T have to be entertained by you!!! Ask people who come and want to be entertained to come back later (much later?). Set boundaries, let your husband know - let him tell people: we would love a visit...later.
 - Laundry/cleaning: ignore or let someone else do it. If you have big kids then this is a good way for them to show responsibility - they can clean up after themselves
 - Other kids: arrange carpooling, play dates, fun things with dad, have dad take over their night routine before you deliver (you can't do their night routine and the baby's especially if you are breast feeding)
 - Errands: have people that are willing to run easy errands for you (asking your husband to pick something up on the way home from work just delays his arrival home and if you were like me, you didn't want to wait an extra 20 minutes for him to get home)
 - Emergency friends: have a couple friends or family who you can call in an emergency, when you really need help or when you really need a break, be clear on your needs. If you don't tell them what you need, they will just do what they think you may need.
 - EXERCISE: walk, yoga...even 5-10 minutes daily outside the house helps
 - GET OUT OF THE HOUSE: go for coffee, do your own errand, outing with big kids, go on a date with your partner, walk around the block, just get out and breathe fresh air
 - Share your feelings: anxiety, sadness, feeling overwhelmed is normal, allow yourself to feel these feelings, don't hide them and feel ashamed. If you share your feelings, most of the time other women will tell you they felt the same way and they may even give you tips that will help.
 - Anxiety: deep breathing, mindfulness exercises, prayer, exercise
 - Avoid alcohol, drugs and overeating comfort food, they may make you feel better for a second but not longer
 - Address unrealistic expectations: I should be a perfect mom who doesn't need help. None of us are perfect, the sooner we embrace that the better we will realize our mistakes and move on...allows you to become resilient. make sure you have safe people to talk to when you are feeling down on yourself, we make mistakes, we get tired, you aren't always going to be madly in love with your children. You will feel better if you address these fears.
 - Complementary/Alternative options for depression, anxiety: bright light therapy, Omega 3 fatty acids 1-2 grams daily, folate 1000mcg daily, acupuncture, massage.