

Dr. DIAGNE POST PARTUM BOOKLET

Congratulations on the birth of your baby!

The first six weeks after childbirth is a time of physical and emotional adjustment.

This booklet will help to answer questions and provide guidance during the postpartum period. Every family’s adjustment is unique, so please call if you have further concerns.

DIET

Your body is in need of a well-balanced, high protein diet to recuperate from birth. Please continue to take your prenatal vitamins for six weeks, or as long as you are breastfeeding. Continue to drink at least six glasses of water a day, or more if thirst directs.

Breast-feeding mother also need extra protein and calcium containing foods. It is a good rule to drink fluids with every feeding in order to maintain adequate milk supply. Your baby will probably tolerate most foods. But if the baby is extremely fussy or has a rash, you may want to discuss a possible food allergy with the pediatrician.

PAIN MEDICATIONS

Tylenol, Ibuprofen or other prescribed pain medication may be taken as directed to relieve your discomfort. The above medications pass in very minimal amounts into the breast milk and usually will not cause problems. There are medications that may affect the baby. So, please consult your pediatrician before self-prescribing or taking medications. Large amounts of caffeine will make your baby fussy.

INVOLUTION/VAGINAL BLEEDING

Involution is the process of the uterus returning to pre-pregnant size. It will take approximately six weeks for this process to occur. To achieve this size, your uterus becomes firm in order to slow bleeding loss from the placental site. The first seven days after birth, the bleeding is red and heavy. It may change with your activity and position.

Some small clots are normal. After ten days the bleeding should have turned pale pink and slowed considerably the next several weeks may progress to a pink, mucus-like discharge. This may continue for six to eight weeks, depending on your activity. During the first weeks after delivery we recommend using sanitary pads instead of tampons. Douching should also be avoided during this time.

ACTIVITY /EXERCISE

Adequate rest is essential to recovery. Try to rest or sleep when the baby sleeps.

We advise that you walk around as much as you can as advised by Dr. Diagne.

After two weeks, you may slowly begin faster walking, doing Kegel exercises and abdominal crunches. Gauge your activity by how you feel accept all offers of help. Avoid heavy, jarring exercises such as high impact aerobics until cleared by Dr. Diagne. Remember to start out slowly and build yourself up to your previous fitness level. Use common sense and don’t overdo it as rest is important in the postpartum period.

For the first two weeks after a C-section, try to limit trips up or down steps. Do not lift anything heavier than the baby during tis time. Lifting the baby or other objects should be done using good lifting technique: by bending at the knees rather than at the waist. Driving should be avoided during the first two three weeks until you have the strength to step on the brake in case of an emergency. You may ride as a passenger.

No driving while on narcotic pain medication!!!

After a few weeks, you may resume normal activity at whatever pace is comfortable for you. Exercise may also be resumed gradually. Walking is a good way to start. Finally, try to be reasonable in your expectations. Caring for a new baby after major surgery can be quite trying. Try to arrange for assistance at home to ensure that you receive adequate rest.

POSTPARTUM CHECK

You may call the office when you return home to set up a six weeks postpartum visit. If you have had a C-section you may also be instructed to schedule a two week incision check. If you are discharged from the hospital with staples in place, you will be asked to return sooner. At you postpartum visit, a pelvic exam will be performed. If you are having any problems, please call earlier.

MOOD CHANGES

Significant hormonal changes occur in the day s following delivery, and as results, many women experience brief episodes of tearfulness or feeling “blue”. These emotional swings may be aggravated by a lack of sleep and by the adjustments inherent in becoming a mother. For some women, these fluctuations are minor. For other they are overwhelming; creating feelings of anxiety, depression or the inability to cope. If you have difficulty functioning as a result of feeling down or if the moods changes do not seem to be getting better on their own, please let us know.

PERINEAL CARE

The basic goals of perineal care are to prevent infection, to relieve pain and promote healing. Your stitches will dissolve in four to six weeks, and do not need to be removed. After urinating, please continue to cleanse with warm water form perineum to rectum. Please continue SITZ baths as instructed twice a day for a week, or as needed.

Call the office if you see pus in the suture site, or have unusual pain not relieved by SITZ baths.

INCISION CARE

For C-section patients, clean and dry the incision gently as you would the rest of your body.

We recommend you buy Hibiclens (green-bluish bottle) to clean your incision.

If steri-strips (little Band-Aids) are on your incision, they will gradually come off with routine bathing. Tub baths are permitted, although showers involve less bending and stretching. You may experience numbness or burning in the area surrounding the incision which usually resolves gradually over the next weeks or months.

RETURN OF MENSTRUATION

Your first menstrual period may occur as soon as four to six weeks after your delivery if you are not breast-feeding. In a breast-feeding woman, it is more difficult to predict when your first period will occur. Even if you are not menstruating, you may be ovulating. It is common for your first period to be very heavy with an increased amount of cramps.

BREASTS

Breast-feeding Mother: Colostrum is excreted in the first 24 to 72 hours. Mature breast milk will appear in the 2nd to 5th day. Engorgement may occur with the mature milk making your breasts feel warm and very full. Frequent feeding will make you more comfortable. Babies do not nurse on regular schedules: every 1 ½ to 2 hours is normal. To avoid nipple confusion, do not give pacifier or bottles for the first four weeks. Sore nipples may occur. Check for a proper latch and use different positions with each feeding, if possible. Express a small amount of breast milk onto the sore area and leave bra flaps unlatched until the area dries. The lactation specialist Burlene Carrizales, RN is an International Board Certified Lactation Consultant (IBCLC) at The Birthing Center is a great resource or contact the Local La Leche League if more help is needed.

SEXUAL ADJUSTMENTS

We recommend that you wait four weeks before resuming sexual intercourse. Obviously a sore perineum, a demanding baby, and fatigue will affect your ability to enjoy lovemaking. A vaginal lubricant is suggested to help with vaginal dryness, which is normal. It is very important to use some method of birth control (such as foam or condoms) at this time, as it may be possible to get pregnant the very first time. If you are not breast-feeding and would like to start some other form of birth control prior to your six-week postpartum visit, please discuss this with us before you are discharged from the hospital.

ELIMINATION

We remind all postpartum patients that it may take a few days for your bowels to return to normal, especially those who have had a long labor.

For those who have had C-section or extension of you episiotomy, we recommend that you use a stool softener twice daily for at least two weeks; many stool softeners are over the counter medication such as Colace.

Bulk forming agents, such as Metamucil or Fiberall, may be used daily in addition to a stool softener to promote regular bowel movements. Eating fresh fruits, whole grain and vegetables will help avoid constipation.

Urination may be difficult due to slack abdominal tone, soreness around the urethra or an epidural. Pour water over you perineum or try the shower for relaxation.

Hemorrhoids are normal after birth. Tucks pads, Anusol cream and avoiding constipation may be helpful.

If constipation does occur, you may take Milk of Magnesia or Senekot according to package instructions.

WORRISOME SIGNS: CALL US IF YOU ARE EXPERIENCNG ANY OF THE FOLLOWING

\*Unusually heavy bleeding, soaking more than one pad per hour.

\*Vaginal discharge with a strong, foul odor.

\*Fever of 101 or higher

\*Unusual pain or tenderness in the abdominal area.

\*If breasts are red, hot or have a painful lump.

\*Depression that persists for longer than one to two weeks.

\*Any urinary frequency accompanied by urgency and /or pain.