

JBER MOTHER DISCHARGE INSTRUCTIONS

Personal Care:

Breast Care:

Breastfeeding mothers: In order to reduce nipple skin breakdown, remove infant saliva from breasts after each feed. Allow nipples to air dry. Apply lanolin nipple cream as desired. Your milk should start to come in within a few days. If breasts become engorged (very full of milk), feed infant and pump if necessary. Warm packs can help with discomfort. Report any cracked or bleeding nipples to lactation consultant/physician/certified nurse midwife. Report red streaks, warmth and tenderness of the breasts as this could indicate an infection of the breast called mastitis. Ensure you have a supportive nursing bra with cloth straps for better support.

Bottle Feeding mothers: In order to suppress lactation, it is best to wear a supportive, well-fitting bra until lactation is suppressed (usually about 5 days after delivery). Only remove the bra for showers. In the shower, have water flow over your back. Do not face the shower stream. Avoid any stimulation to the breasts for about a week after delivery as stimulation to the breasts increases milk production and delays suppression of lactation. If the breasts become engorged, cold packs can be applied to the outer area of the breast near the armpit.

Abdomen/Uterus: The fundus (top of the uterus) is about the level of your belly button. It should be firm, if not you can massage gently with a few fingers. It will take about 6 weeks for your uterine involution (for your uterus to go back to pre-pregnancy size in your pelvis). Until this time, you may still have a 'pregnant' look due to the location of the uterus and stretched abdominal ligaments. 'Afterpains' or cramping is normal intermittent contracting of the uterus. It is usually a bit worse after each baby that you have and is at its peak 2-3 days after delivery. Breastfeeding may worsen cramping because it causes oxytocin to be released, which causes the uterus to contract. Taking medication about 1 hour before you plan to breastfeed may help minimize discomfort.

Lochia (bleeding): Vaginal discharge may continue for 6-8 weeks. It will change from bright red to pinkish-red to yellow/white and decrease in amount. Do not use douches, tampons, or place anything in the vagina for 6 weeks. Menstrual cycles will take 6-8 weeks to start for bottle feeding mothers and 1-3 months after you stop breastfeeding for breastfeeding mothers. You CAN still get pregnant during this time, even if not getting a period or if your periods are irregular. Your first period after delivery may be heavy.

Passing Urine: You will notice that you need to urinate more often. Your kidneys need to eliminate about 2-3 liters of fluid associated with the pregnancy as well as fluids given intravenously during labor. Empty your bladder frequently as this will decrease chances of a urinary tract infection and minimize your bleeding (a full bladder pushes the uterus out of the way and can increase bleeding).

Perineal Care: Use the peri bottle filled with warm water to cleanse the perineum after each time you use the bathroom. If you have stinging where the stitches are, you can spray the bottle as you urinate to dilute the urine. Pat dry. Always clean/pat dry from front to back to avoid bringing fecal matter near the vagina or urinary tract. Use dermoplast spray, Tuck's pads, or dibucaine ointment as needed for discomfort with stitches. Stitches will dissolve over the next few weeks. Tuck's pads are helpful for pain with

hemorrhoids. Sitz baths can also be used to help with perineal discomfort. Always wash hands before and after performing perineal care.

Bowel Movements: Many women are scared that their first bowel movement after delivery will hurt. You may take a stool softener such as docusate calcium (brand names Surfak or Colace) as directed on the bottle. This medication helps your body add water to the stool, it does not stimulate you to have a bowel movement. This medication is available over the counter or may be prescribed to you at discharge. Drinking lots of fluids and including fiber in your diet will help with stool softness. If you are taking iron or a narcotic pain medication (Percocet, Vicodin, Darvocet, etc), it is recommended that you take a stool softener as a side effect of these medications is constipation.

Leg Pain: There is a risk of a blood clot, often in the lower leg, after delivery due to minimal walking around the time of delivery. Report any pain, redness, swelling, or warmth to the back of the leg (calf area). Early ambulation after delivery will help to minimize this risk.

Swelling: You may notice swelling to the feet and ankles that gets worse in the first few days after delivery. This is due to the extra fluids in the body from pregnancy and labor. You should rest with your feet elevated periodically to help relieve the swelling.

Bathing/Hygiene: You are encouraged to shower daily. Use a mild soap to cleanse the perineum and rinse well. Do not soak in a bath (other than sitz baths) until your perineum has healed. If you have had a cesarean section, you may gently wash the incision with a mild soap and clean washcloth (that you have not used anywhere else on your body) or let warm soapy water run over the incision. Pat dry after the shower. Do not soak in a tub until the incision has fully healed.

Postpartum 'blues': Many women experience postpartum 'blues' during the first few weeks after delivery. You may experience mood swings, anger, weepiness, decreased appetite, difficulty sleeping and a feeling of letdown. This is a normal response and thought to be due to psychological adjustments, hormonal factors, fatigue, discomfort, and overstimulation.

Contraception/Birth Control: Be sure to discuss your options with your doctor or certified nurse midwife. You can wait to discuss this at your 6 weeks postpartum appointment if desired, but do not have intercourse without protection as you can still get pregnant.

Activity: Avoid heavy lifting for the next 6 weeks; do not lift anything greater than 25 pounds. No driving if taking narcotic pain medications (Percocet, Vicodin, Darvocet, etc). Do not have sexual intercourse until your bleeding stops and your perineum has healed, at least 4-6 weeks following delivery. Try to care for only yourself and the baby for the next 1-2 weeks if possible. You will be tired; rest/sleep when the baby sleeps. Gradually increase your activity. If your bleeding or pain increases, or if you become fatigued, you are doing too much. Rest, drink water, take pain medication if desired and monitor to see if bleeding and pain decrease. If you have had a cesarean section, you cannot drive for 2 weeks or until you can firmly depress the brake pedal and twist your upper body without pain, whichever is longer. Try to group your activities so as to minimize stair climbing. You may 'splint' or support the incision by pressing a pillow gently against the incision to help support it. Use your arms to push yourself out of bed/chair or lower yourself into a bed or chair.

Diet: As directed by the doctor/certified nurse midwife. Continue to drink 1-2 liters of fluids (mostly water) daily, especially if you are breastfeeding.

Warning Signs: Call the Women's Health Clinic (580-5808) during duty hours or go to the Emergency Department (after hours, weekends, holidays) for the following:

Temperature of 100.4 or greater

Foul smelling discharge from the vagina or incision site

Red, tender, or swollen breasts, legs, abdomen or incision

Burning, frequent, or painful urination

Saturating a large pad in one hour or passing clots greater than a golf ball size; bright red bleeding, especially after lochia has changed to pink or white/yellow

Separation of episiotomy or surgical incision

Light-headedness or dizziness when standing up from a lying or sitting position. To minimize this, sit on edge of bed/couch for a minute before standing up, if you still have dizziness after doing this that is a concern to report.

Postpartum depression: If the postpartum 'blues' continue for more than two weeks, if you are unable to perform daily activities or you are having thought of hurting yourself, the baby or a family member, this could be postpartum depression. Call the Women's Health Clinic or go to the Emergency Department immediately. Postpartum depression is treatable, but only if your health care provider knows about it.

Follow-Up Appointments:

Call the Tricare line, 580-2778 or 580-5808 to arrange a 6 week postpartum visit in the Women's Health Clinic. Arrive 15 minutes early for the appointment. If you are late for the appointment, it will be rescheduled.