

**POSTPARTUM
DISCHARGE INFORMATION****1. DANGER SIGNALS ABOUT YOUR BIRTH OR CESAREAN DELIVERY TO WATCH FOR AT HOME:**

If you have any of the following problems, you should call your personal physician or the UCLA OB Clinic (310) 825-7955 or the Emergency Room (310) 825-2111. The OB Clinic is open from 8:00 AM to 5:00 PM Monday through Friday. On weekends, holidays or after Clinic hours, you should call the Emergency Room.

WHEN TO CALL THE DOCTOR:

- If you have chills or fever.
- Difficulty or pain when you urinate, or if you are urinating frequently with only small amounts of urine each time.
- Heavy, bright-red bleeding saturating more than two pads in one hour.
- Fainting episodes.
- Redness or severe pain in the breast area.
- Pain, tenderness, redness or swelling in your calves or thighs.
- If you an increased amount of pain medication with time (you should need less pain medication with time).

2. BREAST AND NIPPLE CARE FOR NURSING MOTHERS

Breast fullness and tenderness, or engorgement, is a normal process that usually begins approximately 48 hours after delivery. Listed below are some comfort measures that you can take:

- a. Wear a firm, supportive bra 24 hours a day.
- b. Expose your nipples to the air whenever you can.
- c. Feed your baby frequently using both breasts at each feeding.
- d. If you are engorged, take a warm shower or apply warm, moist towels to your breasts just before feeding.
- e. Manually express some colostrum or milk from your breasts before putting the baby to your breast.
- f. Be sure the baby takes the whole nipple and areolar areas into his/her mouth.
- g. Be sure to break the suction of the baby's mouth on your nipple with your little finger before pulling the baby off your breast.
- h. Don't use soap on your nipples!
- i. If you are given and using contact nipple shields, you must pump at *least* 6 times a day/ 15 minutes on each breast. Seek follow-up with a lactation consultant and your pediatrician.

**POSTPARTUM
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Non-nursing mothers may also become engorged. The following will help to decrease any discomfort that you may feel:

- a. Wear a firm, supportive bra 24 hours a day.
- b. Avoid any unnecessary handling or massaging of the breasts.
- c. If your breasts become full and painful, apply ice bags to your breasts for twenty minute intervals. Crushed or cracked ice in plastic bags works well.

4. VAGINAL BLEEDING

The color will usually be dark red for the first 48 hours; then light red from days 3-7 after birth. It is white colored by the 12th day after birth. Your flow will be heavy for the first 2 days. It is normal to see several small clots. If you have been lying down for several hours, you may experience a gush of blood when you first stand up. This is to be expected, and is no cause for alarm! If, after 3-4 days, your flow becomes bright red again and increases in amount, it usually means that you have been doing too much. REST MORE!!!

5. PERINEAL CARE

You may or may not have stitches from an episiotomy. Listed below are steps you can take to prevent infection and to increase your comfort after a vaginal delivery.

- a. Cleanse the perineal area from front to back each time you urinate or have a bowel movement. You may continue to use the peri-bottle that you used in the hospital. Apply a clean peri-pad each time you use the bathroom.
- b. Apply medication to your perineal area as ordered by your doctor.
- c. Enjoy a warm sitz bath several times a day for comfort and to promote healing. If feels great!

6. URINATION

You may urinate more than usual on the second and third days after birth. This is normal! It is important to drink a lot of fluids. Six to eight glasses of fluid a day is recommended.

7. BOWEL FUNCTION

Expect a normal bowel movement by your 3rd or 4th day after delivery. To help your return to a normal pattern of bowel movements, we recommend:

- a. Drink prune juice once daily and include foods in your diet that are high in bulk such as fruits and vegetables, bran, and whole grain breads and cereals.
- b. Take stool softeners as directed by your doctor.
- c. Two Tablespoons of Milk of Magnesia may be taken if you have no bowel movement by your 3rd or 4th day after delivery.

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8. WHEN TO RESUME NORMAL ACTIVITIES

You need frequent rest periods and you should try to take naps whenever you can. For the first 10 days we recommend that you concentrate on your own physical needs and the feeding of your infant. The housework will wait!! Let your relatives and friends worry about getting your family's meals. If your family and friends really want to help, they will provide the help requested by you for such things as meals, laundry, vacuuming and shopping. You should not be expected to entertain anyone while you are recovering from your delivery. One more rule of thumb: don't lift anything that weighs more than your baby!

- **NO heavy lifting for 4 weeks.**
- **Cesarean Mothers: NO lifting for 6 weeks. Pelvic rest for 6 weeks. No driving for 2 weeks.**
- **Mothers may go back to work in 4-6 weeks after their follow-up appointment with their obstetrician.**

9. NUTRITION

All mothers have increased nutritional needs after delivery, especially if they are breast-feeding. Be sure to drink plenty of fluids and to eat foods from all four of the Basic Food Groups. Continue to take your personal vitamins and iron tablets as ordered by your doctor.

10. SOCIAL-SEXUAL NEEDS

The "Post-Partum Blues" are a normal occurrence during the first few weeks after delivery. It may be a sign that you need more rest. One way to combat the "blues" is to request that someone care for your baby while you treat yourself to something that makes you feel good about yourself. You may just need a quiet soak in the tub or to get out of the house for a short walk alone or a brief trip to the store.

Your body is not ready to resume sexual intercourse again until you have physically recovered from your delivery. **No sexual intercourse for 4-6 weeks is suggested.**

Recovery is usually complete when your vaginal discharge disappears. This indicates the placental site in your uterus has healed. If your vaginal discharge has ceased, and your episiotomy has healed, there is no reason you cannot resume sexual intercourse, if you have the desire to do so, in about 3 weeks.

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11. MEDICATION SIDE EFFECTS TO WATCH FOR AT HOME

• **Prenatal Vitamins and Iron**

Continue to take your prenatal vitamins and iron and every day until you stop breast-feeding. The only side effect may be some constipation from the iron. Drink at least 8 glasses of water daily, especially when breastfeeding.

• **Stool Softeners**

You may continue to take stool softeners as needed or until you have finished all the medication from your prescription. Stop taking the stool softeners if your stools become loose like diarrhea.

• **Tylenol #3**

This medication may cause drowsiness or make you sleepy, so do not take with alcohol or drive a car. It may also cause some constipation.

• **Motrin**

This medication may cause an upset stomach. Do not take it if you have problems with ulcers or have a bleeding disorder. It may also cause some constipation.

12. DO YOU HAVE THE HELP YOU NEED WHEN YOU GO HOME?

If not, please consider family, friends, and community support groups.

13. SMOKE-FREE PLAN

a. You have committed to a smoke-free environment for your newborn because you understand that children who live with those who smoke have an increased number of doctor's visits for:

- Ear infections
- Asthma
- Pneumonia

b. Your "Quit Smoking Plan" includes:

- You have chosen a "Quit Date".
- You have a diversionary plan for possible withdrawal symptoms (suck on hard candy, brush your teeth after eating instead of smoking, ask others for help).

c. You have committed to quitting because you know that smoking increases your risk of Lung Cancer, Heart and Lung diseases.

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14. POSTPARTUM BLUES/DEPRESSION

The transition to motherhood can trigger a mixture of powerful emotions, from excitement and joy to stress and anxiety.

Many new moms experience postpartum blues after childbirth, which may include fatigue, sleep disturbances, stress, and even anxiety and mood swings. These emotions usually subside after about two weeks as mother and baby adjust to each other.

As many as one in 10 women experience a more severe form of emotional distress known as postpartum depression. Typical symptoms include marked changes in sleep, appetite and energy levels, and feelings of sadness, hopelessness, isolation and anxiety.

Postpartum depression isn't a character flaw or a weakness, and women who experience it are not alone. Highly effective treatments are readily available.

We have included a self-assessment scale for postpartum depression. We encourage you to complete the questionnaire within four to six weeks after the birth of your baby, and bring it with you to your postpartum check-up. The questionnaire asks about your feelings in the past seven days. If you score adds up to 14 or higher, or if you ever have thoughts of harming yourself or your baby, please contact your doctor or go to an emergency room.

If you have postpartum depression, prompt treatment can help you manage your symptoms — and enjoy your baby.

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MRN:
Patient Name:

(Patient Label)

**CONFIRMATION OF MOTHER'S
DISCHARGE INSTRUCTIONS**

The "New Mother's Home Care Information Sheet" has been discussed with me and I understand these instructions. I have also received a copy of these instructions and understand when my follow up appointment is with my physician.

Signature: _____

Nurse's Signature: _____ Date: _____ Time _____