



# Postpartum Care

The postpartum period marks a time of significant emotional and physical change as you adapt to life with a newborn and your body returns to its pre-pregnant state. The following list will help speed your recovery.

## DO...

- 1) Take over-the-counter (OTC) medications to lessen discomfort or pain.
- 2) Change your pad every two to three hours, rinsing off your bottom each time and patting dry, front to back.
- 3) Take sitz baths two to four times a day to heal stitches on your bottom (soak your bottom in 6 inches of warm water, no soap, for five to ten minutes).
- 4) Shower daily (protecting your bandage or steri strips if you had a c-section).
- 5) Get plenty of rest by sleeping when your baby is asleep and sharing nighttime duties with your husband.
- 6) Take care of yourself and your baby.
- 7) Take it easy if you start to bleed more.
- 8) Eat nutritionally, including whole grains, fruits & vegetables and lean sources of protein.
- 9) Drink plenty of liquids, at least two to three liters of water per day.
- 10) Call our office if you have questions.

*Enjoy this time as a mother*

## DON'T...

- 1) Use tampons for postpartum bleeding.
- 2) Have intercourse until bleeding has resolved and you've started a birth control regimen (at your 6 week visit).
- 3) Douche.
- 4) Exercise for the first two weeks, after which light walking may be resumed if you feel up to it.
- 5) Overexert yourself.

It is normal to expect some pain and discomfort after delivery, but you should call our office for assistance if you have any concerns. If your emergency happens outside of normal office hours, there is an OB/GYN on call at all times and Canyon View Medical Group has Urgent Care Services available (801-798-7301) in Spanish Fork. The Emergency Room should be used for extreme conditions, such as excessive bleeding that doesn't resolve in an hour, a high fever that won't respond to OTC medications, uncontrolled pain, difficulty breathing or anything that seems life-threatening.

## The most frequent causes for hospital readmission are:

### Infection

(pneumonia, appendicitis & gall bladder)

### Hemorrhage

(excessive bleeding managed with specific medications or a D&C)

### Urinary Tract Infection

(UTI)

### High Blood Pressure

(hypertension)

Readmission to the hospital after delivery is rare, however, certain pregnancy and delivery complications may increase your risk. These include preeclampsia (PIH), c-section delivery, overextension of the uterus (ie. twins, large baby or large amounts of amniotic fluid), labor extremes (prolonged and difficult labor or a forceful and short labor), assisted delivery (vacuum or forceps), internal tears such as the cervix or vaginal wall, large varicose veins, a piece of the placenta remaining in the uterus, a complicated repair of the cut or tear near the vaginal opening, pre-existing emotional needs or grief from a traumatic birth experience.

#### PAYSON

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Visit -

[CanyonViewWomensCare.com](http://CanyonViewWomensCare.com)

for additional information on other interesting health topics.



CANYON VIEW  
Women's Care

## What to EXPECT:

Mild **ABDOMINAL PAIN** as the uterus contracts to help slow bleeding and return to its normal size.

To feel a little achy and tired -  
Remember, labor is called **LABOR** for a reason!

Bright red vaginal bleeding and maybe a few small clots. Bleeding will become more pink and watery after a week and a light brown/yellowish in two weeks (c-section flow may be lighter).

**FREQUENT URINATION** as your body progressively eliminates the extra fluid necessary during pregnancy.

Mild **SWELLING** as your body eliminates the extra fluid required for a safe delivery.

Mild **CONSTIPATION** as your body readjusts to hormonal and dietary changes, especially if you are using pain medications.

Some **PAIN** near your bottom which is usually relieved by good hygiene, sitz baths and OTC medications.

**BREAST DISCOMFORT**, even if you are not nursing. Normal hormonal changes in your body will cause your breasts to fill with milk two to three days after delivery. This may continue for 24 to 48 hours.

**SORE NIPPLES** as your body becomes accustomed to breastfeeding your child. Be sure to latch the baby properly, use different feeding positions and consult your pediatrician if you are concerned about your milk supply or a lactation consultant for breastfeeding problems.

Some **BABY BLUES**, as this condition affects 70 to 90 percent of women. However, symptoms of sadness, moodiness, lack of interest, excessive worry, tearfulness, anger, guilt, sleep and appetite changes should resolve within two weeks

## Call the office if:

You have a sudden onset of pain, not controlled with over-the-counter (OTC) medications or a heating pad. You should **NOT** experience leg, groin, chest pain or shortness of breath.

Your temperature is greater than 100.4° F on two different occasions six hours apart or for chills, body aches and flu like symptoms.

You continue to have large clots (the size of a fist) or if you are soaking through more than one pad per hour (consistently). Vaginal discharge may have a distinct odor but should **NOT** smell bad or foul.

You experience difficult or painful urination in small and frequent amounts.

Swelling continues to increase or you have severe headaches, despite oral fluids and leg elevation (especially if you were diagnosed with preeclampsia or PIH).

*Despite what you may have heard from friends or family, breastfeeding is **NOT** a reliable form of contraception.*

Increased fluids, fiber and stool softeners are not effective at producing a bowel movement.

You experience increasing pain, fever, or your incision seems to be opening up.

A clean and supportive bra (worn both day and night) ice packs and OTC medications don't relieve breast pain.

Breast or nipples are red and painful, especially if accompanied by a fever or flu-like symptoms.

These symptoms interfere with daily life, last longer than two weeks or if any thoughts of self-harm or inflicting harm on someone else (including your baby) occur.