

- **Follow Up after Discharge:** Please call the clinic soon to make a postpartum appointment for 4-6 weeks.

In addition, please schedule:

- |                                                                   |                                                                                |
|-------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> no additional visits unless issues arise | <input type="checkbox"/> RN visit for blood pressure check in _____ days       |
| <input type="checkbox"/> MD visit for incision check in 7-14 days | <input type="checkbox"/> 2-hour glucose test at your 4-6 week visit            |
| <input type="checkbox"/> mood visit in 1-2 weeks with _____       | <input type="checkbox"/> Extra time at your postpartum visit for Nexplanon/IUD |
- Take ibuprofen prior. No unprotected intercourse for 2 weeks prior.*

- **General Instructions**

- **Diet:**

- Continue to eat a well-balanced, healthy diet as you did in pregnancy. Maintain adequate fluid intake if you are breastfeeding.
- Iron-rich foods are important if you have been anemic. Continue iron supplementation for one month if this was recommended to you.
- Continue taking either a prenatal or multi-vitamin daily for 1 month if you are not nursing; if nursing, continue vitamins as long as you are nursing.

- **Activity:**

- Gradually increase your activity to normal levels over the first 1-2 weeks. Feeling tired is normal; try to rest as needed/when able.
- **After vaginal delivery**, no activities are prohibited. You may go up and down stairs, take showers or tub baths, ride in a car, and drive when you feel up to it. Avoid becoming overly tired.
- **After Cesarean delivery**, please wait at least 10-14 days after delivery to drive a car, and 4-6 weeks to lift anything heavier than 10 pounds.

- **Exercise:**

- It is best to spend the first 1-2 weeks simply caring for yourself and your baby.
- Walking is the best exercise to begin with. You may increase your exercising gradually as you are comfortable within the activity guidelines above.

- **Bleeding:**

- Bleeding will last 4-6 weeks with progressive decline in amount.
- Bleeding may increase with excessive activity. Passage of an occasional clot may also occur.
- You may resume using tampons after 3-4 weeks if this is more comfortable.

- **Constipation:**

- This is common after delivery. Use Colace (docusate sodium) 100mg capsules, 1-2 daily until you have a soft bowel movement.
- If using narcotic pain medication, continue using Colace until you stop this type of pain medication
- If Colace is not adequate, you may also use Miralax (17g or 1 cap per day) or a mild laxative such as Milk of Magnesia.

- **Pain Management:**

- Alternating doses of ibuprofen and Tylenol (provided no issues with either medication) is an excellent way to maintain pain control and reduce narcotic use. For example: 600mg ibuprofen every 6 hours and 1000mg Tylenol every 6 hours (taking a medication every 3 hours). Narcotic pain medication should

**Please turn over for more instructions →**

## Postpartum Discharge Instructions, continued

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be considered *second line* treatment.

- **Perineal care:**
  - All stitches will dissolve within a few weeks.
  - Cleanse the perineum/anal area with a warm-water bottle with pad changes or after a bowel movement.
  - Sitting in a tub of warm water will ease the “tightness” of the healing perineum.
  - Increasing fluid intake and using stool softeners to prevent constipation are important in the management of hemorrhoids. Resting on your side reduces pressure on the hemorrhoids. Consider over-the-counter Hydrocortisone options such as Anusol-HC to further manage discomfort.
- **Cesarean Section Incision Care:**
  - You may shower normally. Allow water to run over the incision and avoid active scrubbing/soaping of the area. Keep the incision clean and dry if not bathing.
  - If “steri-strip” tape is present, remove them by one week after discharge to home.
- **Intercourse:**
  - You may resume intercourse after 3-4 weeks or when comfortable.
  - Pregnancy can occur even while nursing and before menstruation resumes. Contraception will be discussed before you go home. Condoms are an option prior to deciding on more long acting at your postpartum visit.
  - Lubricants such as K-Y Liquid or Astroglide are helpful, particularly in nursing mothers.
- **Mood:**
  - Most women feel tired, a little overwhelmed and/or intermittently tearful within a few days or weeks of giving birth. A combination of sleep deprivation and hormonal changes make you particularly vulnerable to “baby blues”. This is normal and usually you can mostly feel happy about your baby.
  - Postpartum depression is more significant---feeling sad, anxious or “wired” all the time, not enjoying your baby, or not “feeling like yourself”. If you have feelings this bad, or any thoughts of harming yourself or your baby, please call our office number (608-729-6300) immediately.
- **Please notify Madison Women’s Health (608-729-6300) at ANY time if:**
  - Temperature of 100.5° Fahrenheit (38° Centigrade) orally
  - Increased bleeding despite rest; especially if saturating a heavy pad or more per hour for 3 hours in a row
  - Worsening or new abdominal or perineal pain
  - Redness, purulent discharge or increasing pain of Cesarean incision site
  - Evidence of breast infection: fever, flu-like symptoms, redness, and/or soreness of the breast
  - Mood concerns, especially if thoughts of self harm or harming your baby
  - Signs/symptoms of preeclampsia: persistent headache despite rest/medication, vision changes or right upper abdominal pain

