

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

- No additional visits unless issues arise
- MD visit for incision check in 7-14 days
- 2 hour glucose test at your 4-6 week visit
- Extra time at your postpartum visit for Nexplanon/IUD.
- RN visit for blood pressure check in ____ days
- Mood visit in 1-2 weeks with _____

→Please take ibuprofen 30 minutes prior & no unprotected intercourse for 2 weeks prior

• **General Instructions**

• **Diet:**

- Continue to eat a well-balanced, healthy diet. If breastfeeding, also ensure adequate fluid intake.
- If you have been anemic, be sure to take in iron-rich foods and continue your iron supplement if recommend for 1 month.
- Continue taking either a prenatal or multivitamin daily for one month if you are not nursing; if nursing, continue vitamins as long as you are nursing.

• **Activity & Exercise:**

- Gradually increase your activity to normal levels over the first 1-2 weeks. You may need to rest when you are tired or plan periods of daily rest.
- It is best to spend the first 1-2 weeks simply caring for yourself and your baby.
- **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 7 days after delivery to drive a car, and 4-6 weeks to lift more than 10 pounds. You may not drive while using narcotic pain medication.
- 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 a progressive decline in amount and may increase with excessive activity or nursing. Passage of an occasional clot may also occur.
- You may resume using tampons after 3 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 and continue for as long as you need.
- 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:**

- Scheduled use 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 650mg Tylenol every 6 hours. Narcotic pain medication should be considered **second line** treatment.

Please turn over more instructions →

- **Perineal Care:**
 - Most 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.
 - Hemorrhoid Prevention: increase fluid intake and use stool softeners.
 - Hemorrhoid Treatment: resting on side to prevent pressure on the hemorrhoids and over-the-counter Hydrocortisone preparations, such as Anusol-HC ointment.
- **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 4-6 weeks or when comfortable.
 - Pregnancy can occur even while nursing and before menstruation resumes. Condoms are an option prior to deciding on longer term contraception 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
- Signs/symptoms of a blood clot: swelling greater in one leg that may be associated with pain/warmth/redness; sudden chest pain or shortness of breath or fast/rapid heartbeat