

Postpartum Discharge Instructions

Clinic Contact Number: 608-729-6300

Karla Dickmeyer MD • Ashley Durward MD • Sarah Juza MD
Isabel Nellen MD • Erin Schoenecker MD • Beth Wiedel MD • Sarah Yanke MD
Vicki Slager-Neary APNP (Women's Health) • Shannon Wixom APNP (Women's Health)
Stephanie Brassler DNP (Expanded Care)



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Happy with your care? We'd love to hear more!

Do you have concerns?
Contact us directly at 608.729.6300

- **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.
 - Follow up with BP Telehealth Program
 - 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 recommended 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:**

- 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.
- Walking is the best exercise to begin with. You may increase your exercise gradually as you are comfortable within the activity guidelines above.
- You may resume intercourse after 4-6 weeks or when comfortable.
- **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 anything heavier than 10 pounds. You may not drive while using narcotic pain medication.

- **Bleeding:**

- Bleeding will last 4-6 weeks with 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 three 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. Prunes, fiber and increased fluid intake may also be helpful.

- **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 ⇒

Postpartum Discharge Instructions, con't

- **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 to prevent constipation
 - 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 and follow the incision care instructions you receive from the hospital at discharge to help reduce your risk of a surgical site infection.
 - 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, worried or on-edge more often than not; not enjoying your baby; or not “feeling like yourself”. If you have feelings like this, 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

Madison Women's Health offers a Postpartum Yoga Baby & Me Class.
Please visit madisonwomenshealth.com for more information.