

YOUR CARE AT HOME



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Your Care at Home

You will experience physical and emotional adjustments during the postpartum period (first six weeks following childbirth). The following instructions will assist you after leaving the hospital.

Activity/Rest

- Rest frequently, especially when the baby is sleeping.
- Avoid lifting objects that weigh more than the baby for the first two weeks.
- Allow others to help with housework. Avoid vacuuming.
- Stair climbing may be unavoidable, but try not to overdo.
- Driving a car can be resumed after you have regained your strength and can comfortably press on the brake.

If you delivered your baby by Cesarean section, you need to remember that you have had abdominal surgery. You may find moving, lifting and walking uncomfortable at first. Pay attention to comfort and avoid getting overly tired. You will find it necessary to avoid strenuous activity when you go home. During the first weeks, slowly progress toward resuming normal activities. Short periods of walking followed by rest are ideal.

Nutrition

A well-balanced diet is essential for healing and to restore your energy. A healthy diet consists of foods from the five food groups, which include dairy products, meat, grains, fruits and vegetables. Fluid intake should be approximately six to eight glasses of liquid per day. Continue to take your prenatal vitamins.

Mother's Diet while Breastfeeding

Most breastfeeding mothers are able to eat anything they want without problems. However, there are some babies whose digestive systems are not fully mature. Spicy and gassy foods like onions, cabbage, broccoli or beans might make your baby fussy.

Try eating different foods, one at a time, to see how your baby reacts to them. If something really makes your baby fussy and uncomfortable, don't eat it for a couple of weeks. As baby's digestive system matures, she can handle much more.

- Eat a good healthy diet just like you did during your pregnancy and use the food pyramid for a guide. Learn to read labels and don't eat foods with a lot of added chemicals.





- Eat about 500 more calories every day in the form of nutritious foods. Drink plenty of liquids to keep your thirst satisfied and your urine a very light yellow color.
- You will gradually lose the weight you gained during pregnancy and breastfeeding usually helps. There will be an initial weight loss of about 15 pounds in the first few weeks after delivery. After the initial loss, you can maintain that weight or safely lose one to two pounds a week until you reach your desired weight. Losing more than two pounds a week could reduce the quantity of milk you produce.
- Make sure you get 1,200 mg. of calcium per day. This equals four servings of dairy products. One glass of milk, a cup of yogurt and a one-inch cube of cheese, for example, are each equal to one serving.
- Very little of the caffeine that you drink goes through to the breast milk, but limiting your intake is a good idea. Some babies become restless and fussy from too much caffeine.
- Alcohol is not good for babies and should be avoided. Alcohol can inhibit the let-down reflex, and will be present in breast milk at the same concentration as in mother's blood stream. Researchers have found that when a mother consumes even one alcoholic drink, her baby nurses less vigorously and consumes less milk during a feeding.

- Generally, most medications cross into the breast milk, but most do not pose a problem to your baby. Some medications may be harmful to your baby, so it's always better to remind your doctor that you are breastfeeding when he/she prescribes medications. Mercy's lactation consultants also serve as a good source of information as well as your pharmacist.

Breast Care

Engorgement is frequently a problem for non-nursing mothers. Wearing a supportive bra 24-hours a day, for at least three to four days or until your breasts feel soft, can help with engorgement. Other helpful hints to alleviate engorgement are:

- Avoid nipple or breast stimulation.
- Place cool compresses or ice packs on your breasts for comfort.
- Avoid heat – even an electric blanket could increase milk production.
- Green cabbage leaves can also be helpful to hasten natural drying up of your breast milk (Refer to the section on green cabbage under Infant Feeding – page 111).

Self Breast Exam

A breast self-exam could save your breast – and your life. The best time to do the self-exam is right after your period, when breasts are not tender or swollen. If you do not have regular periods or sometimes skip a month, do it on the same day every month.

How to do a breast self-exam

1. Lie down and put a pillow under your right shoulder. Place your right arm behind your head.
2. Use the finger pads of your three middle fingers on your left hand to feel for lumps or thickening in your right breast. Your finger pads are on the top third of each finger.
3. Press firmly enough to know how your breast feels. If you are unsure how hard to press, ask your health care provider. If still uncertain, try to copy the way your health care provider uses the finger pads during a breast exam. Learn what your breast feels like most of the time. A firm ridge in the lower curve of each breast is normal.
4. Move around the breast in a set way. You can choose either the circle, the up



and down, or the wedge. Do it the same way every time. It will help you make sure you have gone over the entire breast area.

5. Now examine your left breast using your right hand finger pads.
6. Repeat the examination of both breasts while standing, with one arm behind your head. The upright position makes it easier to check the upper and outer part of the breasts (toward your armpit). You may want to do the standing part of the exam while you are in the shower. Some breast changes can be felt more easily when your skin is wet and soapy.

If you find any changes, see your doctor right away.

Cesarean Incision Care

Wash your abdominal incision with soap while showering. Avoid tub baths until approved by your physician. Inspect your incision for any signs of infection, such as redness, swelling, gapping or drainage. Notify your doctor if any of these occur.

It is not necessary to have a dressing over the incision. Steri-strips are applied after the skin

staples are removed to aid in keeping the skin edges together during the final healing. Remove the steri-strips in about seven to 10 days, or when they begin to peel off. Take pain medication as directed by your physician.



Vaginal flow/Cramping

Vaginal flow is normal for up to six weeks after delivery. At first, the flow will be bright red; in a few days it becomes pink, then yellowish and finally a creamy white discharge. It is important to change your pad frequently.

It may be two to four months before your normal menstrual period returns. The first few periods may be heavier than normal. Since ovulation may occur even though you have not reestablished your menstrual cycle, it is possible to become pregnant. It is advisable to consult your physician in regard to family planning before you have intercourse.

You may feel some cramping, particularly if this isn't your first baby. The cramping is caused by contractions which return the uterus to normal size and prevent excessive bleeding. Cramping often occurs while the infant is nursing. Acetaminophen / Ibuprofen products can be helpful for eliminating discomfort. Your uterus will return to its normal size in five to six weeks.

Reasons to call your physician

Contact your physician as soon as possible if you are experiencing any of the following symptoms:

- Flu-like symptoms
- Temperature higher than 100.4 degrees fahrenheit for more than 24-hours
- Post-parturum blues severe enough to interfere with taking care of yourself or your baby
- Hot, tender area on your breast or in the armpit
- Pain in your chest and/or lower legs
- Persistent pain or foul-smelling discharge from your episiotomy, C-section incision or uterus
- Bleeding more than twice the usual menstrual flow and/or blood clots greater than the size of a golf ball
- Painful urination; foul-smelling urine

Perineal / Hemorrhoidal Care

The perineal area requires good personal hygiene to prevent infection. Follow these simple guidelines:

- Clean and wipe from front to back after urinating or having a bowel movement
- Change your peri pad frequently, at least every three to four hours
- Sit in a tub of clean warm water for 20 minutes several times each day
- Do not use douches, feminine hygiene sprays or tampons
- You should be able to resume sexual activity in six weeks, or as directed by your physician
- Continue to use witch hazel pads and sprays as needed for comfort

If hemorrhoids are present, witch hazel pads and hemorrhoidal cream are helpful. Use your rubber ring or a pillow to make sitting more comfortable.

Elimination

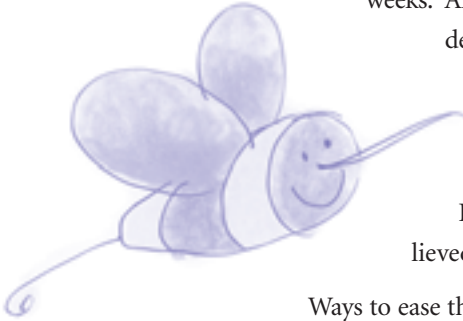
Constipation is common during the first days after delivery. To avoid this problem, it is helpful to eat foods rich in fiber as well as drinking six to eight glasses of fluid. Foods high in fiber are fruits, vegetables, bran and whole-grain breads and cereals. Prune juice may also be helpful. If needed, a mild laxative or stool softener may be used. Call your physician if constipation persists.

Try to urinate every two to four hours. Discomfort before, during or after urination as well as urine that is cloudy, dark or foul smelling should be reported to your physician. Drinking more liquids than the suggested daily amount may also help alleviate the problem.



"Baby Blues"

Your body will be going through some major hormone changes during the next few weeks. Along with these changes, many women experience some degree of mood fluctuations known as "baby blues." You may feel thrilled and happy at one moment and a little depressed the next moment. "Baby blues" are normal and usually occur from the second day up to four weeks.



Hormonal changes, fatigue, isolation, new and unrelieved responsibilities are usually the cause.

Ways to ease the "blues":

- Get adequate rest. An exhausted mother may have problems with milk production or the adjustment to motherhood. If possible, plan to have a relative or friend assist you for the first week so you can sleep when the baby sleeps. Also, limiting your visitors until you are less tired will help.
- Don't expect too much from yourself. Until you get used to motherhood and your baby... be patient.
- Talk with your partner about the mood fluctuations. He is probably getting concerned and the talk will relieve his fears and gain his support.

Postpartum Depression

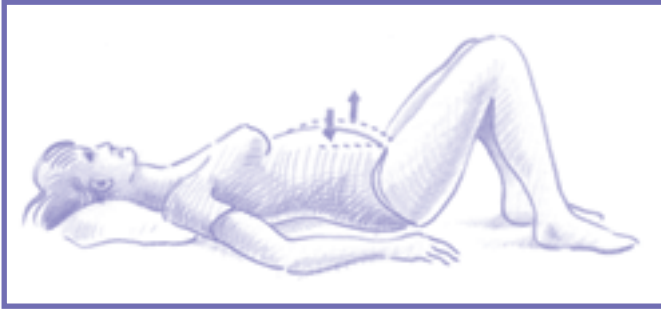
The "baby blues" should not be confused with postpartum depression, which may occur after eight weeks. Feelings of anxiety, inadequacy, insomnia and lack of appetite are a few signs of postpartum depression. Postpartum depression requires professional attention. If you find that you are not able to take care of yourself or your baby, or if you find that you cannot function normally, then you need to contact your physician for assistance. Help also is available from the professionals at the Mercy Franklin Center at (515) 271-6111.

Follow-up Exam

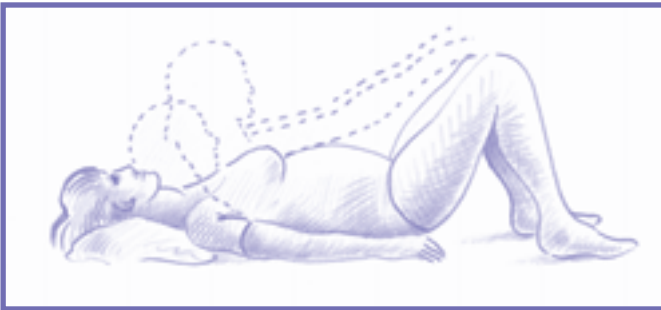
Your physician will instruct you when to make your follow-up exam; usually four to six weeks after delivery. Call your physician's office to make this appointment after you go home from the hospital.

Exercise

The following are examples of abdominal toning exercises that can be started once your physician gives you permission.

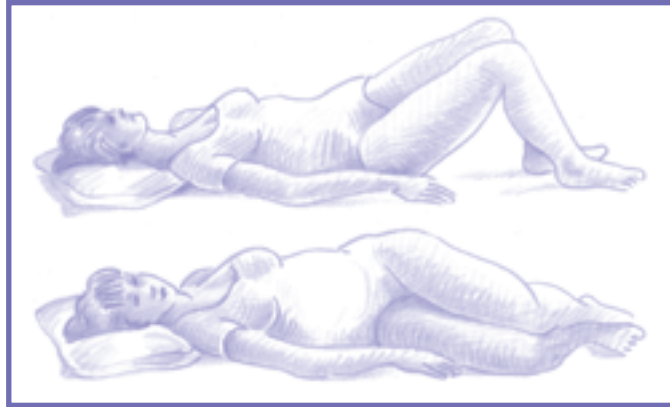


ABDOMINAL BREATHING Lie on your back with your knees bent. Inhale deeply through the nose. Keep ribs as stationary as possible and allow abdomen to expand upwards. Exhale slowly but forcefully while contracting the abdominal muscles; hold for three to five seconds while exhaling.

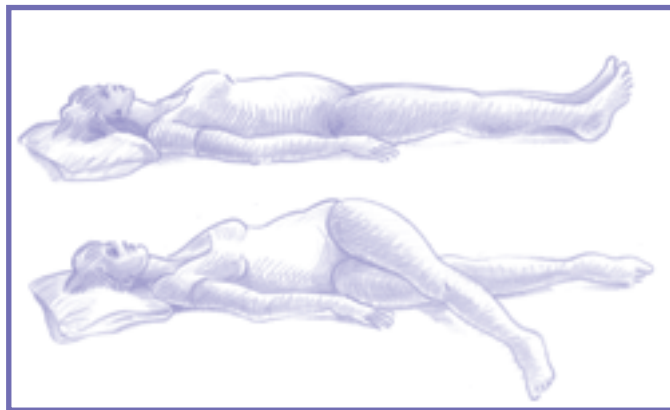


REACH FOR THE KNEES Lie on your back with your knees bent. While inhaling, deeply lower chin onto chest. While exhaling, raise head and shoulders slowly and smoothly and reach for knees with arms outstretched. The body should rise only as far as the back will naturally bend while waist remains on floor or bed (about six to eight inches). Slowly and smoothly lower head and shoulders back to starting position. Relax.





DOUBLE KNEE ROLL Lie on your back with your knees bent. Keeping shoulders flat and feet stationary, slowly and smoothly roll knees over to the left to touch floor or bed. Maintaining a smooth motion, roll knees back over to the right until they touch the floor or bed. Return to starting position and relax.



LEG ROLL Lie on your back with your legs straight. Keeping shoulders flat and legs straight, slowly and smoothly lift leg and roll it over to touch the right side of the floor or bed and return to starting position. Repeat, rolling right leg over to touch the left side of the floor or bed. Relax.

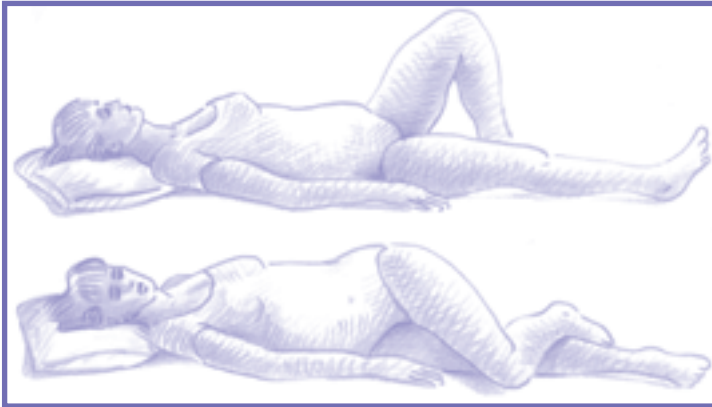


COMBINED ABDOMINAL BREATHING AND SUPINE PELVIC TILT (PELVIC ROCK) Lie on your back with your knees bent. While inhaling deeply, roll pelvis back by flattening lower back on floor or bed. Exhale slowly but forcefully while contracting abdominal muscles and tightening buttocks. Hold for three to five seconds while exhaling. Relax.

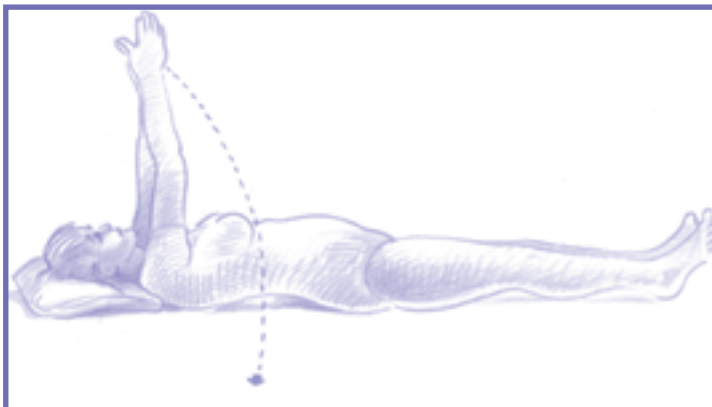


BUTTOCKS LIFT Lie on your back with your arms at sides, knees bent and feet flat. Slowly raise buttocks and arch back. Return slowly to starting position.





SINGLE KNEE ROLL Lie on your back with your right leg straight and left leg bent at the knee. Keeping shoulders flat, slowly and smoothly roll left knee over to the right to touch floor or bed and then back to starting position. Reverse position of legs. Roll right knee over to the left to touch floor or bed and return to starting position. Relax.



ARM RAISES Lie on your back with arms extended at 90° angle from body. Raise your arms so they are perpendicular and hands touch. Lower slowly.

