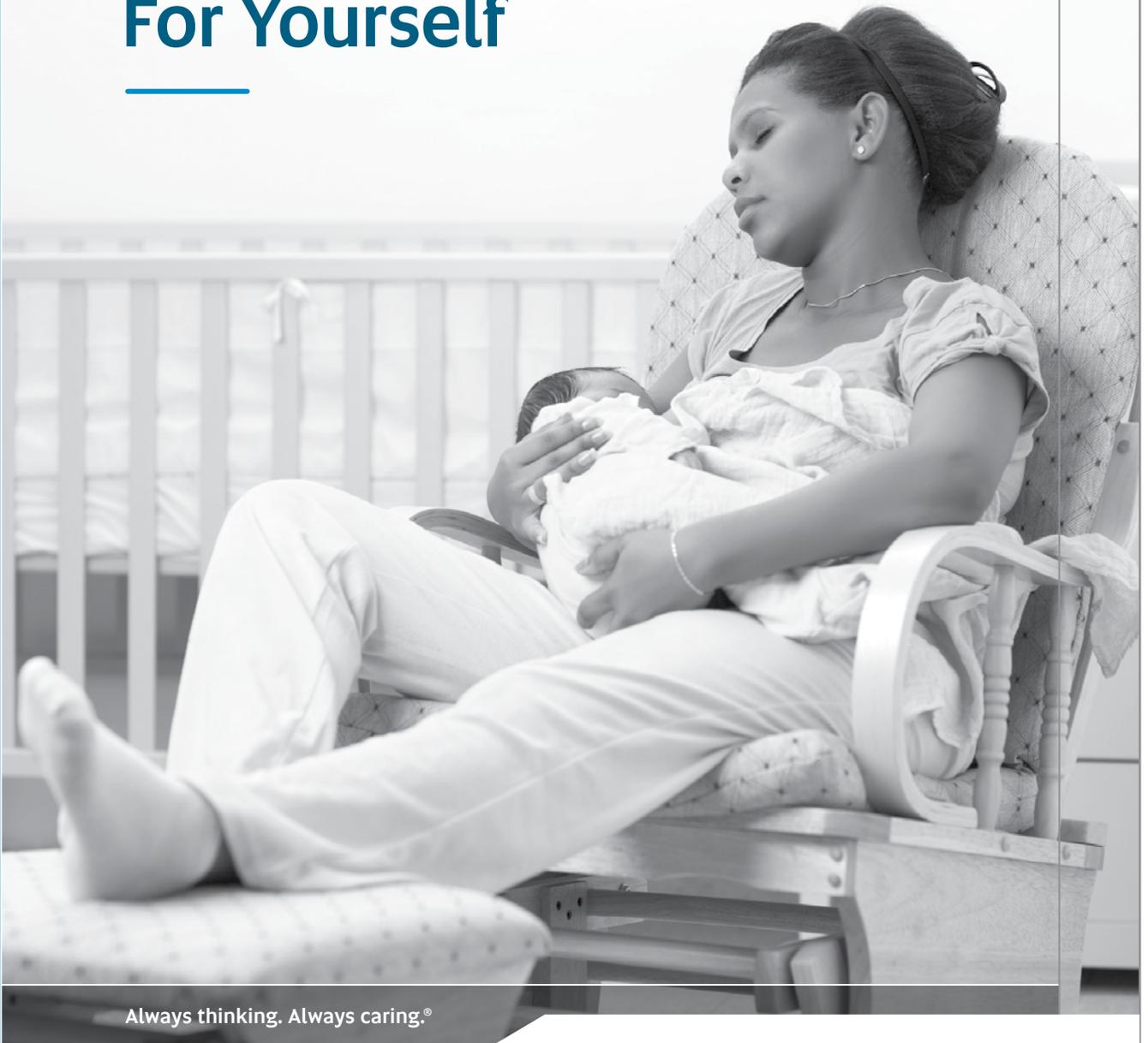


Caring For Yourself



Always thinking. Always caring.®



Caring for Yourself

This book answers some of the most common concerns women have following delivery in the hospital and at home during the first few days and weeks. If you have additional questions, please let your nurse know and he/she will be more than happy to discuss them with you.

The NewLife® Maternity Center staff is here to educate and help you throughout the birth process and in the days immediately following delivery. Our philosophy of care is family-centered, which means we do our best to accommodate the unique needs of each family we serve.

Although many of the staff who contribute to your care will not have direct contact with you during your stay, we want you to know we feel privileged to assist you at this time. We are honored that you have chosen us.

When you return home, you may have further questions. The NewLife Maternity Center has established the Warm Line which puts you in touch with one of our registered nurses anytime, day or night. We encourage you to call whenever you need assistance. To reach the Warm Line call 630.208.4070. TTY for the hearing impaired 630.208.4399.

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Physical and Emotional Changes

Be realistic about your expectations for yourself. You are going through a stage of many physical and emotional changes. Take time to nurture yourself, and follow the suggestions offered to assist you in your recovery.

Showers

We ask that you shower daily while you are in the hospital. Although many mothers prefer to shower in the morning, you may do so at any time. When you shower, wash your breasts with a clean washcloth (no soap), using a circular motion starting at the nipple and moving outward. After you have washed the rest of your body, your episiotomy must also be carefully cleansed. With soap, wash from front to back in a single motion. Rinse the area thoroughly and pat dry. Wash your hair whenever you desire.

Pain medication

Medication is available to you on request for episiotomy discomfort or afterbirth pain. Please tell the nurse if you are uncomfortable. She will bring you the medication your physician has ordered or offer alternative comfort measures.

Breast care

It is important to keep your breasts clean and well-supported whether you are breast-feeding or not. For your comfort, you should wear a clean, supportive bra. If you are a non-nursing mother, wear a supportive bra day and night for at least one week. Apply ice bags and take a mild pain medication, such as Tylenol® or Motrin®.

Cesarean care

If you had a cesarean section, you will be able to shower by the second day. Until then, your nurse will help you with a sponge bath. Your incision requires little care. Wash it with soap and water and pat dry after you shower. Cotton underwear and lightly supportive garments may add to your comfort level. Use abdominal binders as directed by your care team. Keep in mind that you have had a major surgery, and your recovery will be slower than if you delivered vaginally.

Observe your incision daily for signs of infection. If any of the following symptoms occur, notify your care team:

Temperature of 100° degrees Fahrenheit or above (oral)

Redness at the incision site

Drainage or bleeding from the incision

Swelling along or around the incision

Separation of the incision

Episiotomy care

Proper care of your episiotomy is important to prevent infection and promote healing. Cleanse the episiotomy with toilet paper each time you urinate or have a bowel movement. Use toilet paper only once; then discard. Wipe front-to-back to prevent contamination of your vaginal area. Apply fresh pads to your mesh panties or underwear, and discard soiled pads in the appropriate waste container. Remember to wash your hands after each visit to the bathroom. This method of cleansing yourself should continue for two weeks after you go home. The stitches used to close the incision will dissolve by themselves; however, refrain from using tampons or douches and engaging in intercourse until your physician advises.

If your episiotomy is tender, bruised or swollen, a variety of comfort measures can be used to decrease discomfort:

Topical anesthetic sprays, creams or witch hazel pads (i.e., Tucks®) may be used on your episiotomy or hemorrhoids

A sitz bath is a small tub filled with warm water in which one sits to relieve discomfort; you may take a sitz bath as directed by your care team

Pain medication that your physician has ordered is also available to you

Begin Kegel exercises (tightening of the muscles around the vagina); this movement is equivalent to stopping urination in mid-stream and will tone stretched muscles

In order to ease pressure on the episiotomy when seated, tighten buttock muscles; lying on your side, sitting cross-legged or sitting on a soft pillow may also be helpful

Lochia (vaginal discharge)

In the days following delivery, your flow will be red and similar to a heavy menstrual flow. There may be small bits of tissue or clots but this will gradually taper off. The color of lochia will change from red to pink, pink to brown, and can become yellow then white. You may have vaginal discharge anywhere from two to eight weeks after delivery. During the first few days at home, don't be alarmed if your flow increases over the amount you had in the hospital. This is a normal response to your increased activity. Your vaginal flow will gradually decrease as your uterus returns to its non-pregnant state. Your next period could resume anytime from four to 10 weeks after delivery. If you are breast-feeding, you may not have a period at all.

If bleeding significantly increases at any time, it is probably indicative of excessive activity. You should get off your feet immediately. If bleeding does not decrease with rest, if you pass large clots (golf ball size), or if you are soaking one pad every one to two hours, notify your physician immediately.

Uterine involution (afterbirth contractions)

Afterbirth contractions are nature's way of getting your uterus back into shape. These contractions can be very uncomfortable but they are temporary and usually subside within 48 hours. If you have had other children, you may find that the contractions are stronger this time. The uterus needs to work harder to get back into shape because it has been stretched with previous pregnancies. You may find the afterbirth cramping more noticeable during and immediately following breast-feeding. If this cramping is uncomfortable, plan to take your pain medication approximately 30 minutes prior to nursing. Breathing, relaxation techniques or the use of a heating pad may also be helpful.

The following are ways to aid your uterus in returning to its non-pregnant state:

Breast-feeding

Frequently emptying your bladder

Walking

Elimination

You may feel warm and notice an increase in perspiration and urination during the first week after birth. This process, called diaphoresis, usually begins within 12 hours after delivery and is the body's way of eliminating excess fluid that has accumulated during pregnancy.

You may also notice a change in your bowel habits. Constipation can be caused by decreased intestinal motility, dry intestinal contents or a tender, sensitive rectum. Notify your physician if you do not have a bowel movement within two to three days after discharge. You can help avoid constipation by:

Increasing your fluid intake (eight to 10 glasses of fluid daily)

Eating a diet high in fiber, such as fruit, bran and green, leafy vegetables

Walking daily

Taking a stool softener if recommended by your physician

Anal varicosities (hemorrhoids)

Hemorrhoids are a common condition occurring with pregnancy and childbirth. The birth process may cause them to become inflamed and protrude, but they usually resolve within weeks after delivery. To provide comfort:

An ice pack immediately after birth may be helpful

Use witch hazel pads (i.e. Tucks®)

Take sitz baths

Lie on your side to help relieve direct pressure

Your physician may order prescription products for particularly large hemorrhoids or suggest the use of stool softeners

Feeling the Blues?*

Feeling blue is an extremely common reaction during the first few days after delivery – usually appearing suddenly on the second or third day.

After the emotionally-charged experience of birth, about 75 to 80 percent of women experience this feeling of letdown. Symptoms may include crying for no apparent reason, impatience, irritability, restlessness and anxiety. This is the most common, the least severe and the most well known of the postpartum reactions. Symptoms of the blues are briefly unpleasant and usually disappear on their own, usually within one to two weeks.



* Permission to reprint the information contained in "Feeling the Blues" has been granted by Depression After Delivery-National, P.O. Box 1282, Morrisville, PA 19067

Depression After Delivery is a national self-help organization that provides support, education, information and referrals for women and families coping with the blues, anxiety, depression and psychosis associated with the arrival of a baby. Depression After Delivery promotes awareness of these issues to all sectors of the community and advocates for changes affecting the well-being of women and their families.

Postpartum depression

If the above symptoms persist longer than two weeks, you may be experiencing postpartum depression. About 10 to 20 percent of new mothers may be affected. It can occur within days of the delivery or appear gradually, sometimes up to a year later. Symptoms may include:

Nervousness, anxiety, panic

Sluggishness, fatigue, exhaustion

Sadness, depression, feelings of hopelessness

Appetite and sleep disturbances

Poor concentration, confusion, memory loss

Over-concern for the baby or lack of interest in the baby

Uncontrollable crying, irritability

Guilt, feelings of inadequacy, feelings of worthlessness

Fear of harming the baby and/or yourself

Exaggerated highs and/or lows

Lack of interest in sex

A woman suffering from postpartum depression may experience one or more of these symptoms. The symptoms may range from mild to severe and may be changeable, “good” days alternating with “bad” days. Although postpartum depression does not take the same form for every woman, all of the symptoms can be equally distressing and often leave the woman wondering if she is “going crazy”. It is important to notify your healthcare provider if you are having symptoms of postpartum depression.

Postpartum psychosis

Postpartum psychosis is the most severe and, fortunately, the least common postpartum reaction. It occurs in about one in 1000 women, usually within the first two weeks after the birth. Symptoms are very exaggerated and may include insomnia, hallucinations, agitation, and bizarre feelings or behavior. Postpartum psychosis is a serious emergency and requires immediate medical help.

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Causes of postpartum distress

The causes of postpartum blues, depression and psychosis are unknown. Recently, there has been an increased interest in these problems and more research is underway. It is known that the postpartum period is a time of enormous biochemical upheaval, as well as a time of social and psychological adjustments that place many demands on the new mother and her family. It is important to realize that these symptoms are not a sign of weakness or inadequacy. Fortunately, even though the causes are not completely understood, effective treatment is available.

Treatment of postpartum distress

Treatment for postpartum distress varies, depending on the type and severity of symptoms, but all of the symptoms are temporary and treatable with support and skilled professional help. Sometimes women find it difficult to ask for help for fear of being misunderstood. Often, when they try to share their distressing feelings with others, the response is inappropriate or not helpful. It is the lack of information available to most people about postpartum emotional distress that creates the misunderstanding.

Reaching out for the proper help is the first step toward recovery. If you have recently had a baby and are concerned about yourself, get help as soon as possible. Postpartum depression needs to be treated by your healthcare provider. Counseling, support groups and medications are options that can help. If you or a loved one has a concern, please contact our Women in Need support group.

Women in Need support group

630.208.3871

TTY for the hearing impaired

630.208.4399

Co-facilitated by a NewLife Maternity Center nurse, and a marriage and family therapist.

OTHER RESOURCES:

Postpartum Support International

postpartum.net

Postpartum Depression Alliance of Illinois

ppdil.org

The Center for Postpartum Health

postpartumhealth.com

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Home Instructions

Please remember that your first days and weeks at home require a great deal of adjustment. Your body continues to need adequate rest and nourishment as it returns to a non-pregnant state. You also will be adjusting to new patterns of family living which now include your baby. Too much activity or too many visitors may cause undue fatigue and tension. Remember, this is your time. Be good to yourself and let the natural physical and emotional changes take place at a leisurely pace. Here are some healthful suggestions:

Healthful guidelines

- Do not engage in strenuous activity including doing laundry or heavy housework for two to three weeks. Avoid lifting anything heavier than ten pounds (or the weight of your baby). Vigorous activity may cause an increase in bleeding, fatigue or discomfort. Always consult with your physician before resuming any form of exercise and before driving.
- Your physician will give you specific instructions regarding the resumption of intercourse. Generally, nothing should be placed in the vagina for six weeks post partum including tampons and douches. These increase the risk of uterine infection and may delay healing. Birth control can be discussed at your postpartum checkup.

Self-nurturing tips

- Lack of sleep is your number one enemy. You cannot cope well unless you are rested. Take naps or at least get off your feet twice a day. Limit visitors for at least 10 days. The importance of rest cannot be stressed enough. A few nights without sleep can lead to difficulties in handling everyday tasks.
- You may have to relax your housekeeping standards for a few weeks. Let others with whom you feel comfortable assist you by sharing household responsibilities.
- Communicate with those around you. Address problems early before they get out of hand.
- Relax and get out of the house. Take a short walk outside or visit a friend or family member.
- Eating a well-balanced diet, drinking plenty of fluids, getting daily exercise, and resting all contribute to a speedy recovery.

Symptoms for which to watch:

If any of the following symptoms occur, notify your physician:

- Temperature 100° degrees Fahrenheit or above (oral)
- Heavy bleeding (soaking a pad in one hour or passing golf ball size clots)
- Frequent headaches and/or blurred vision
- Breast infection (breast reddened and warm to the touch accompanied by flu-like symptoms)
- Increasing abdominal pain or tenderness
- Foul-smelling vaginal drainage (lochia)
- Pain or burning with urination
- No bowel movement within two to three days after discharge from hospital
- A red, warm or tender area in your legs
- An incision (episiotomy, cesarean or tubal) that becomes infected (redness, drainage, swelling, separation at site)

Intimacy

Your body is undergoing dramatic hormonal changes in the weeks after delivery. With increased fatigue and disrupted sleep patterns, your sexual drive may be temporarily decreased. Keep in mind that expressions of love are especially important now, but remember that the desire to resume sexual relations varies among couples.

Upon your physician's recommendation, you may resume sexual relations. At first, there may be some discomfort. The use of a water-soluble lubricant may be helpful. You may need to experiment with different positions to alleviate discomfort.

Birth control

Once you resume intercourse, you may want to use a means of birth control. It is difficult to predict ovulation. Because of the wide choice of methods available, as well as your own needs and preferences, you can discuss contraceptive techniques with your physician during your postpartum visit.