

After the Loss of a Baby: After-Hospital Care

Please know that we are deeply sorry for your loss. We hope to support you in any way we can at this difficult time. This guide will help you care for yourself when you go home.

If you have any questions, please ask your physician, nurse midwife or nurse.

Activity

Gradually increase your activity. Rest if you get tired. Allow yourself to get a good night's sleep. Allow your partner and family members to help with daily tasks.

- For the first 4 to 6 weeks, do not lift anything heavier than 10 pounds.
- Do not drive if you are taking narcotic pain medication.
- Your vaginal discharge will become lighter in color and decrease over the next 4 to 6 weeks.
- Bleeding is heavy at first and will gradually decrease over time. It is common to see a slight increase in bleeding when you become more active. However, call your physician if you soak a whole pad with blood in 1 hour or less or pass blood clots larger than a golf ball.
- Your body may need about 6 weeks to recover before resuming sexual intercourse. Talk to your physician about contraception if you wish to avoid pregnancy.

Pain and cramping

Cramping can be intense at times, especially during the first 48 to 72 hours. Drinking plenty of fluids and emptying your bladder often may help. Take pain medication as ordered by your physician. If the cramping becomes worse, along with abdominal pain that is not relieved by pain medication, call your physician.

Diet

You may resume your normal diet. A diet that includes fruits, vegetables and plenty of fluids will help prevent constipation. If you are constipated for more than 3 to 4 days, contact your physician.

Breast care

As early as 17 weeks of pregnancy, breast milk may start to fill your breasts.

To prevent or ease any discomfort:

- Wear a support bra or sports bra at all times, except when bathing.
- Use ice packs on your breasts to control swelling (as needed).
- Take pain medicine as prescribed.
- Do not express milk or pump your breasts to empty the milk because this will cause your breasts to fill again.

For more information about breast care, ask your nurse for a copy of ***Breast Care After the Loss of a Baby***.

Some women may choose to pump and donate their breast milk to a milk bank. If you would like more information about this, please ask your nurse or perinatal loss program coordinator.

Incision care and hygiene

Vaginal delivery

If you had a vaginal delivery with an episiotomy or a laceration, the stitches will dissolve on their own over the next few weeks. To keep the area clean and prevent infection:

- Shower as usual.
- Rinse yourself with the peri (squirt) bottle after using the toilet. Gently pat the area dry.
- Do not douche or use tampons for 6 weeks.
- Avoid bubble baths, fragrance, oils, swimming pools and hot tubs for 6 weeks.

Cesarean delivery

If you had a cesarean delivery (C-section), it is important to keep the surgical area clean to prevent infection. Follow these guidelines:

- No tub baths for 2 weeks.
- When showering, let the water gently flow over your abdominal incision. Pat the area dry.
- Avoid lotions, creams or powders near the incision.
- You may wish to place a clean dry pad over the incision between the skin folds. Change as needed to keep the area clean and dry.
- Check the incision each day for redness, drainage or separation.
- You will have staples or Steri-Strips™ (tape strips) over your incision. If you have staples, your physician will remove them at your office visit. If you have Steri-Strips, they will fall off within 2 weeks. Do not remove them before that time. After that, you may remove any Steri-Strips that are still present.

- To ease any discomfort during coughing or sneezing, brace the incision with your hands or a pillow (hugging it to your incision). You may use an abdominal binder for comfort as directed by your physician.

Hemorrhoids

Hemorrhoids are enlarged blood vessels near your rectum. They are common after pregnancy and should decrease in size and disappear. For comfort, use cold compresses, a stool softener or medicated pads as directed by your physician.

Swelling and perspiration

As your body adjusts to no longer being pregnant and your hormone levels return to normal, you may notice fluid changes in your body. Perspiring a lot or waking up sweating is normal. If you have swelling in your legs, feet or hands, it usually gets worse before it gets better. It can take 2 to 3 weeks to go away. You may lose 10 to 15 pounds of weight in the first 3 weeks. Rest often and elevate your legs to help decrease discomfort. If the swelling does not decrease and you have a headache that does not go away after you take pain medication, call your physician.

Postpartum mood changes

It is normal to feel “down,” sad, tearful, moody, irritable, anxious or nervous after the loss of a baby. Many of these feelings may also be due to your body’s hormone changes.

Seek help right away if your mood changes get worse or include:

- Feelings of hopelessness
- Guilt, panic or anxiety
- Difficulty concentrating or poor memory
- Major sleep or appetite changes

If you, or someone you know, has these signs, contact a healthcare provider right away.

If your symptoms worsen and you feel that you are at risk of harming yourself or others, go to the nearest emergency department or call 911 right away.

Always remember, you are not alone. Help is available. Postpartum anxiety and postpartum depression can be treated. There are trained staff who are just a phone call away. Treatment options may include counseling, medication or both. NorthShore University HealthSystem’s Perinatal Depression Hotline may be accessed 24 hours a day, 7 days a week by calling 1.866.364.6667 (1.866.364.MOMS). The National Suicide Prevention Lifeline can also be accessed 24 hours a day by calling 1.800.273.8255 (1.800.273.TALK). TTY for those who are deaf or hard of hearing: 711.

Refer to the Northwestern Medicine ***Postpartum Mood Changes*** brochure for more information. It may be found in your admission folder or you can ask your nurse for a copy.

Medications

Do not take medications unless prescribed by or discussed with your physician or nurse midwife. Do not take more than 4,000 milligrams (mg) of acetaminophen (Tylenol®) in 24 hours. This includes other medications you may be taking that contain acetaminophen such as Norco® or Vicodin®.

When to call your physician or nurse midwife

Please call your physician or nurse midwife if you have any of these symptoms:

- Pain or cramping not controlled by prescribed medication
- Vaginal drainage that has a foul odor
- Heavy bleeding (soaks a full sanitary pad in an hour or less)
- Passing a clot from the vagina that is larger than the size of a golf ball
- Feeling dizzy, lightheaded or fatigued
- Pain, swelling or redness in either leg
- Difficult or painful urination
- A temperature greater than 100.4 degrees F
- Breast tenderness or redness
- Increased pain, swelling or separation of the stitches in your vagina (if you had a vaginal delivery/episiotomy)
- No bowel movement for 3 to 4 days
- Redness, tenderness, drainage or opening of your abdominal incision (if you had a C-section)
- Swelling that does not decrease and a headache that does not go away after you take pain medication
- Right upper abdomen pain
- Ringing in your ears
- Flu-like symptoms

Follow-up care

Follow-up visit with your physician or nurse midwife: _____

Phone: _____

For other questions or concerns

Please tell your nurse if you have any questions or concerns about arrangements for your baby, certificates, memoirs or other resources.

If you have other questions about your care, call your healthcare provider.