

Midtown Obstetrics & Gynecology Postpartum Instructions

Please call to make an appointment for your 6 week postpartum visit.

If you had a c-section, you will need a 2 week postpartum visit as well. 303-321-2166

Medications- You may take Ibuprofen which is also known as Motrin or Advil. You may take 600 mg every 6 hours (or 800 mg every 8 hours) as needed for discomfort. Ibuprofen is preferable to Percocet because it does not cause sleepiness or constipation and it is non-addictive. Do not take Ibuprofen on an empty stomach. If you need additional pain relief, continue taking Ibuprofen, and add Percocet or Vicodin. You may take 1-2 Percocet or 1-2 Vicodin by mouth every 3-4 hours as needed for moderate to severe pain. Do not take on an empty stomach. These are narcotic medications that may cause sedation and constipation. Both medications are safe while breastfeeding.

Be sure you are actively preventing constipation- Drink at least 64 ounces of fluids per day and eat a diet rich in fiber (whole grains, fruits and vegetables). Colace, Metamucil, and Milk of Magnesia can also be used to prevent or treat constipation; they are over the counter, safe to use while breastfeeding, safe to use together, and can be taken as directed on their bottles.

Prenatal Vitamins/Iron Supplements/Birth Control- If you are not breastfeeding, continue taking your prenatal vitamin for 6 weeks. If you are breastfeeding, keep taking your prenatal vitamin for as long as you are breastfeeding.

If you were taking Iron supplements during your pregnancy, continue until your 6 week postpartum visit. If you have postpartum anemia, your doctor will recommend starting Iron supplements. You may take Iron Sulfate (also known as Ferrous Sulfate) 325 mg 1-2 times per day for 6 weeks. Alternatively, you may take Elemental Iron 60 mg once daily for 6 weeks. Both are available over the counter.

Birth control options will be discussed at your postpartum visit.

Emotional Changes- You may feel tired, anxious or sad and you may notice you cry very easily. This is normal and is called "postpartum blues" or "the baby blues". These feelings can begin a few days after delivery and usually disappear in about a week or two. Prolonged sadness may indicate Postpartum Depression. Please call the office to speak with us if you are experiencing prolonged or severe sadness.

Breastfeeding- Wash your breasts with water daily for cleanliness: soap can be very drying and is not necessary. Air dry nipples after each feeding. If nipples are sore, apply a few drops of lanolin after feeding and let air dry. Cooled, wet tea bags over your nipples can also be soothing. If your breasts are engorged, apply warm packs and express milk.

Non-Breastfeeding- Wear a well-fitting bra for support. Use ice packs to relieve discomfort from engorgement (a bag of frozen peas for each breast works well). Avoid nipple stimulation and do not express milk, as this encourages the production of more milk. Non-breastfeeding engorgement will subside in 24-72 hours. You may use pain medication as directed above.

Uterine Cramps- Uterine cramping is normal, especially while breastfeeding. This cramping is how the uterus stops bleeding and returns to its pre-pregnant size. The uterus takes 4-8 weeks to return to its pre-pregnant size.

Vaginal Bleeding and Discharge- Postpartum vaginal discharge, also called lochia, usually lasts about 2 to 6 weeks, yet even up to 8 weeks is normal. The color will change from bright red to brownish to tan and will decrease each week. It is normal to occasionally have a heavier gush of blood, especially after breastfeeding or with increased activity. Your bleeding should then return to the amount of flow you had prior to the gush of blood. Normal bleeding is less than a pad per half hour. If you are

soaking a large maxi pad (soaked front to back, side to side, through and through) more than every ½ hour, more than once, please call your doctor. Do not use tampons until after your six week postpartum visit.

Your period will resume in approximately 6-8 weeks if you are not breastfeeding. If you are breastfeeding, it is common not to have your period.

Episiotomy Care- A “Sitz Bath” is simply sitting in a tub of warm water for 15 minutes, 2-3 times per day. This will help relieve the discomfort. Tucks pads, Witch Hazel and Lanacaine, may be applied to the external vaginal area as needed. You may also use oral pain medications as described above. Stitches will dissolve in 1-3 weeks. You will be more comfortable if you are not constipated; please follow directions above to prevent/treat constipation.

Hemorrhoids- Sitz baths, as described above, can help alleviate hemorrhoid pain as well. You can also use topical agents such as Tuck pads, Witch Hazel pads, or Preparation H or Preparation HC. Actively prevent constipation.

Activity- Rest! Do not do heavy housework or strenuous exercise for two weeks.

Walking is the exercise of choice during this time period. If you had a vaginal delivery, and are not taking narcotics, then it is fine to drive. If you had a c-section, do not drive for 1-2 weeks (or longer if you are still taking narcotics).

If you had a C-Section, then you should avoid heavy lifting for 6 weeks. You may carry your baby in a car seat, but nothing heavier. It is fine to go up and down stairs.

Pelvic Rest- Avoid tampons until your postpartum visit. Do not douche. Generally, we recommend abstaining from intercourse until you are 6 weeks postpartum. However, if you are between 4 and 6 weeks postpartum, you have completely stopped bleeding and your episiotomy is well-healed and non-tender, then it is okay to have intercourse.

Reasons to call your doctor before your scheduled postpartum visit:

- Fever greater than 101
- Cesarean incision that is red, draining or increasingly painful.
- Signs of a breast infection; red and painful area on your breast, especially if associated with fevers greater than 101 and/or flu-like symptoms
- Foul-smelling vaginal discharge
- Excessive vaginal bleeding (see above section on vaginal bleeding)
- Swollen, red, painful area on your leg
- Chest pain
- Persistently painful urination or inability to urinate
- Worsening vaginal or rectal pain
- Crying and periods of sadness lasting longer than two weeks

If you have questions about your infant, please call your pediatrician.