

Caring for Yourself and Your Baby: Discharge Information

Physical Changes of the Uterus

Massaging the uterus helps return it to its pre-pregnant state. To massage your uterus, lie flat on your back (after urinating). Use the flat of your hand and fingers to gently press downward at your naval. While pressing downward, rub gently in a circular motion. This massage causes the uterus to get smaller and feel firm. Massaging your uterus may increase vaginal bleeding for a few minutes, and it may briefly increase cramping. A full bladder presses on the uterus, causing it to relax and bleed more than usual.

You will experience vaginal bleeding for 2-6 weeks. The color will change from bright red to dark red to a watery red/pink. By 2 weeks, the vaginal flow will change to a yellow/white/clear discharge. Do not use tampons or douche until you talk with your health care provider at the six week checkup.

Pain Management

Perineal Pain

Be sure to alternate sitting positions. Tighten your buttocks before sitting down. Sit on a soft surface. Use your sitz bath every day. Witch hazel pads may be used to help with pain from your stitches. Change them whenever you change your pad. You may take pain medication as needed as discussed with your health care provider.

Afterbirth Contractions

These contractions signal your body returning the stretched uterus to its pre-pregnant size and muscle tone. They may be stronger after each succeeding pregnancy, while nursing, and when your bladder is full. More bleeding may occur with these cramps. A heating pad or lying on your abdomen may help provide relief from cramping. Medications such as ibuprofen are helpful when taken as directed.

Incision Pain

Changing positions and walking are effective in relieving incisions pain. When changing positions, walking, and coughing/deep breathing, support your incision with a pillow or folded blanket. When getting out of bed, roll on your side and use your arm muscles for assistance. Use pain medications as ordered by your health care provider.

Swelling/Fluid Retention

It is normal to see an increase in swelling in your legs during the first week or longer after delivery. The body cannot quickly remove the extra fluid volume from pregnancy so it is temporarily stored in the tissues. As your body works to eliminate the extra fluids of your pregnancy, you may notice an increase in perspiration, urination, and ultimately, decreased swelling. Elevate legs and decrease the intake of salt in your diet.

Care of the Perineum and Abdominal Incision

Care of the perineum

Use the squirt bottle (peribottle) with warm water to cleanse your stitches whenever you urinate or have a bowel movement. When wiping with toilet tissue, gently pat the area, cleaning from front to back. After 24 hours, you may start using your sitz bath twice a day for 1-2 weeks or until the discomfort

from your stitches ends. Wear cotton underwear and do not wear tight fitting clothing.

Care of your abdominal incision

The incision should be kept clean and dry. You may shower and wash the incision with soap and water. Air drying for 15 minutes, 2-3 times per day is recommended. This is especially true if the incision is in a fold of skin. Also, wear cotton underwear and no tight fitting clothing. The skin from the incision will heal in several days, but it takes 6-8 weeks for the complete healing of all the layers of the abdomen and uterus that were cut. The staples will be removed by day 4-5 post-delivery and replaced with steri-strips by the visiting nurse. These stripes will fall off within 7-10 days. After that time, if they do not fall off, remove them gently during a shower.

Breast Care

Breastfeeding Mothers

Clean your nipples with water only. Wear a supportive bra and allow nipples to dry for 10-15 minutes after each feeding. Use lanolin cream on nipples if soreness, cracking or redness occurs. Change breastfeeding positions to lessen soreness. Contact your health care provider if problems arise.

Bottle-feeding Mothers

A bra that is supportive should be worn. Do not let hot water from shower directly hit your breasts. For discomfort from engorgement, pain medications may be taken and ice packs (crushed ice in a plastic bag/pillow case/water bottle). The ice will help reduce the milk production/swelling. Milk production will stop in 3-4 days and engorgement will be gone within about one week.

Nutritional Needs

Continue to eat foods from the four food groups-especially those with iron (meat, beans, green leafy vegetables, dried fruit, enriched breads), calcium (milk, yogurt, cheese), and protein. Continue taking your prenatal vitamins and any iron supplements ordered by your health care provider. Drink enough fluids to satisfy your thirst. Do not diet to lose weight during this postpartum period. Discuss weight management with your health care provider at your six week checkup. Some babies are sensitive to some of the foods you eat. Be aware that dairy foods, onions, broccoli, cauliflower, cabbage, tomatoes, chocolate, and caffeine drinks can possibly affect your newborn.

Bladder/Bowel Function

Bladder Function

Now your bladder muscle has room to stretch with the extra fluid your body needs to get rid of, but you don't always feel like your bladder is full. This sensation will return in a few days as the bladder muscle is exercised and regains tone. You will notice a heavier flow in the first few days when your bladder is full. Therefore, empty your bladder every 2 hours even if you do not feel full.

Bowel Function

Most moms will have their first bowel movement within 3-4 days after vaginal delivery (it may be a little longer if you had a cesarean section depending on when you started on solid foods). To help return to regular bowel habits, eat foods high in fiber (whole grains, fruits, vegetables), drink plenty of fluids, and take a stool softener if needed. Milk of Magnesia or Metamucil may be used.

Restarting Normal Activity

After a Vaginal Birth

You may resume normal activities as soon as you feel up to it, usually within 1-2 weeks after delivery. Begin Kegal exercises to help strengthen the perineal muscles. Drive a car when you feel up to it, and when you are not taking any narcotics for pain. Gently increase your activities.

After a Cesarean Birth

Avoid car driving for at least 2-3 weeks until you are no longer fatigued, you can tolerate a seat belt on the incision, your pain is significantly reduced, and you are no longer taking narcotics for pain. You may walk up and down the stairs, but avoid lifting anything heavier than the baby for at least a month. After 2-3 weeks, when you begin resuming housework, start with light housework.

Birth Control

You may resume sexual activity in 3-4 weeks if you feel physically up to it. You should allow time for the episiotomy or abdominal incision to heal. A water-soluble lubricating jelly may be used if vaginal dryness is experienced. Remember another pregnancy can occur and birth control should be considered. Talk to your health care provider for birth control options.

Menstrual Periods

Breastfeeding Mothers

Your periods will gradually return, and when depends on how long you nurse and whether or not you exclusively nurse or give additional supplements. Once you stop nursing, your periods will return within one month. You will begin to ovulate before your periods begin. And, this depends on how long you nurse. You might get pregnant while breastfeeding if you do not use birth control.

Bottle-feeding Mothers

The earliest your period will start again is in 6-8 weeks after delivery. Most moms will have a period by 12 weeks after delivery. You might get pregnant again before your first period if you use no birth control.

Postpartum Blues/Postpartum Depression

Normal emotional changes (“the blues”) can take place after the birth of your baby. Feelings of depression, anxiety, and anger can occur. You may feel angry at the new baby, your partner, or your other children. You may cry unexpectedly, have trouble sleeping, eating, or making decisions. Hormonal changes, lack of a strong support system, exhaustion, and loss of freedom/feeling tied down can cause these feelings. After 2-3 weeks post-delivery, if you continue to have these feelings along with marked changes in appetite, loss of interest in pleasurable things, extreme worry over baby/self, thoughts of self-harm or harm to baby, inability to care for yourself and/or baby – please call your health care provider for evaluation for “postpartum depression.”

Baby Bath Time

Bathe your baby every 2-3 days. It can be a relaxing experience, so you may want to bathe your baby in the evening or during a “fussy” period. Give your baby a sponge bath until the umbilical cord falls off, usually in 10-14 days. Use a mild soap and be sure to rinse baby well with clear water. You will need to wash the bottom after each soiled diaper. It is recommended to use a warm washcloth to cleanse your baby’s bottom. However, you may use commercial wipes (gentle, alcohol free) if you choose to do so. Be observant of any redness or irritation that may develop with the use of these wipes. Baby powder, lotion, and oils are not recommended. Trim baby’s nails with baby scissors only after the nails have grown beyond the ends of the fingers or toes. Cut them while

baby is sleeping. Use an emery board or cover hands/feet with socks until you can use scissors.

Diaper Rash

One of the best ways to prevent diaper rash is to keep your baby's bottom clean and dry. If you use cloth diapers, wash them in mild soap, rinse thoroughly, and avoid the type of fabric softener used in the dryer. If diaper rash occurs, it helps to keep the diaper off and air-dry the skin for brief periods. Non-prescription ointments may help.

Care of the Baby's Genital Area

Baby Girls

A white, clear, or even a blood-tinged vaginal discharge can be seen in the first few weeks of life. This normal discharge will stop and should not recur. Wipe the genitals from front to back (from the clitoris area down to the anus) to help decrease risk of bladder infections. You should also separate the labia and clean gently with a warm washcloth.

Baby Boys – Uncircumcised Penis

Wash the penis with mild soap and water. It is not necessary or recommended to retract the infant's foreskin to clean the penis. The foreskin should never be forced back. When natural separation of the foreskin and glans occurs (most foreskins are retractable by age 5), your son will be taught to gently retract his foreskin and wash while bathing.

Baby Boys – Circumcised Penis

Keep a small amount of petroleum jelly on the penis so that it will not stick to the diaper when the diaper is changed. Wash the area gently with warm water during bathing. Within 1-2 days, you will notice a decrease in the

swelling/redness and see a yellow covering over the glans. This is normal, new tissue growth.

Baby's Bowel Movements and Urination

After the first few days, the appearance of your baby's stool will gradually change from dark, black, sticky stool to a green then yellow stool. Infant stools are normally soft and pasty, the consistency of butter. They are not formed and vary considerably in the number per day. If you are breastfeeding, you can expect your baby to have 1-6 seedy stools each day. If your baby is formula feeding, the stools will be slightly firmer and occur once or twice per day. In addition, your baby should have 6-8 wet diapers per day. This tells you that your baby is getting enough to drink.

Umbilical Cord Care

The plastic cord clamp is usually removed before your baby goes home. The cord stump will darken, dry up and fall off within 2 weeks. Take care of the cord at home by washing hands before handling the cord, keeping it exposed to air or loosely covered clean clothes, and keeping the diaper folder down and away from the cord stump. If the cord is soiled with urine or stool, clean the area with plain water and then dry the stump well with a cloth. Until the cord falls off, the area should be kept dry as much as is possible to help it heal. For this reason, give the baby only sponge baths until the cord has fallen off, then you may bath the baby in the tub or sink.

Feeding

Breastfeeding

Your breast milk will likely come in around the 4th day after your baby is born. Breast milk is light on the stomach and easily digested. This means that most breastfed babies will eat more frequently than formula fed babies. You should expect to breastfeed your newborn about every 2-3 hours, day and night.

Monitoring your baby's soiled diapers will help you to determine if your baby is getting enough to eat. For breastfeeding concerns, please refer to written materials in your admit folder, call your pediatrician or call the LaLeche League.

Formula Feeding

The bottles and nipples need to be washed in hot soapy water and rinsed well with clear water. Most newborns will take ½ - 3 ounces each feeding and will usually feed about every 3-4 hours.

Clothing

Dress your baby as you would dress yourself. Babies do not need extra clothing or blankets while indoors. Dress your baby to avoid chilling when you go outside in cold weather. Cover your baby's head with a hat or blanket. During the summer months, limit exposure to sunlight since baby's skin sunburns easily. Lightweight clothing and a hat will protect your baby's skin. Prevent your baby's skin from touching a car seat that has been in the sun since it can easily become hot enough to cause burns.

Safety

The best sleeping position for your baby is on the back. Do not use soft bedding, loose sheets, stuffed animals, or pillows in your baby's bed.

One of the most important ways to protect your baby is to always use an approved car seat for every car ride. Most states, including Michigan, require children under 4 years of age to ride in a car seat. It is important to know how your particular car seat works. Most will not work with passive restraint system seat belts that move on a track when the door is opened.

A "locking clip" or "safety clip" will be needed to secure over-the-shoulder seat belts. Most car seats come with these or they can be obtained at car

dealerships. Babies under 20 pounds should be positioned to face the rear of the car. The safest place in the care is in the middle of the back seat. Do not put a baby's car seat in a seat equipped with an air bag.

Normal Newborn Behavior

It is difficult to understand what is concerning behavior and what is normal. Here are some normal things that can be seen in the first few weeks of life:

- Chin trembling/lower lip quivering
- Sneezing
- Hiccups
- A stuffy nose
- Burping and spitting up
- Passing gas
- Straining with bowel movements
- Yawning
- Trembling/jitteriness of the arms and legs during crying or if startled

Taking Your Baby's Temperature

It is not necessary to take your baby's temperature unless you think your baby is sick. You may take the baby's temperature in the rectum since it is the most accurate. Taking the temperature in the ear is not recommended for babies.

- Lay the baby down on its stomach on your lap
- Put some petroleum jelly on the end of the thermometer and on the rectum
- Put the thermometer gently into the rectum about $\frac{1}{4}$ to $\frac{1}{2}$ an inch
- Hold the baby still
- If you are using a glass thermometer, leave it in for 2 minutes. If you are using a digital thermometer, take it out when you hear the signal.

A temperature above 100.4 ° F (38 ° C) or below 97.4 ° F (36.3 ° C) should be reported to your baby's doctor.

Schedule a Follow-Up Visit for Yourself and Your Baby

- Schedule an appointment with your baby's pediatric or family medicine provider as discussed prior to discharge. Most providers want to see babies in their offices between 2-4 days of life.
- Schedule a six week check-up with your obstetric health care provider for yourself unless otherwise discussed
- Most families receive a visiting nurse home visit between 1-5 days after discharge. The nurse will be calling you and arranging a time/date to visit with you and your family. This visit is usually timed to be on a different day than the follow-up with the baby's doctor.
- You will be given an After Visit Summary with additional information and instructions for care at home for yourself and your baby

Breastfeeding Help

Visit the University of Michigan's Breastfeeding webpage for information on lactation services, classes and support groups available to you.

<http://www.uofmhealth.org/medical-services/breastfeeding>

For non-urgent breastfeeding questions call the Lactation Help Line at (734) 232-7885. A Certified Lactation Consultant can be reached Monday-Friday, 8am-5pm and Saturday, 8am-4pm.

How to Contact Your Health Care Provider

For Yourself

For routine needs, call your Primary Obstetrical Provider. After hours, be sure to listen to the whole message on your provider's office phone for instructions

on where to call for urgent needs. If you are not able to reach your health care provider, then please call **Triage** at Von Voigtlander Women's Hospital: (734) 764-8134

For Your Baby

For routine needs, call your Primary Pediatric Care Provider. After hours, be sure to listen to the whole message on your provider's office phone for instructions on where to call for urgent needs.

If needed, seek immediate medical attention at your local emergency department or urgent care.

University of Michigan Emergency Department phone numbers:

- **Children's Emergency Department:** (734) 936-4230
- **Adult Emergency Department:** (734) 936-6666

When Should You Call Your Health Care Provider?

- Fever over 100.5 °F (38 °C) for more than six hours
- Fever accompanied by chills
- Severe pain in your abdomen, chest, back, or legs
- Vaginal bleeding that gets heavier rather than lighter - enough to soak a maxi pad in an hour
- Foul-smelling vaginal bleeding or discharge
- Bleeding or any drainage from episiotomy, stitches, or abdominal incision
- Warmth, redness, separation, or foul odor at an incision site
- Not completely emptying bladder or pain when urinating
- Dizziness, light-headedness, fainting
- Racing heartbeat
- Uterus gets soft and will not firm up with massage

- Feeling “down” or having the “baby blues” that keeps you from taking care of yourself
- Breast pain or redness with warmth
- Vomiting or inability to drink liquids

When Should You Call Your Baby’s Health Care Provider?

- Not feeding well – this can be poor latching onto the breast, not nursing as long as before, falling asleep quickly at the breast; or if formula feeding – not taking at least one ounce from a bottle at each feeding.
- For the first week, the number of wet diapers expected should be the same as the baby’s age in days. The second day, there should be at least 2 wet diapers and the third day there should be at least 3 wet diapers. This continues to increase each day until the baby is a week old. At that point the baby should have 6-8 wet diapers each day.
- For the uncircumcised baby: not having at least 1 wet diaper within 24 hours of circumcision
- Not stooling at least once per day in the first 5 days of life
- Vomiting
- Sweating or turning blue with feedings
- Not breathing comfortably – audible unusual sounds
- Baby’s skin and eyes look yellow (jaundiced)
- Temperature greater than 100.4 °F (38 °C) or 97.4 °F (36.3 °C) under armpit
- Inconsolable crying for an hour or more
- Oozing or a foul odor from the cord or circumcision
- Worried about harming your baby
- Anytime you are worried about your child’s health

Disclaimer: This document contains information and/or instructional materials developed by the University of Michigan Health System (UMHS) for the typical patient with your condition. It may include links to online content that was not created by UMHS and for which UMHS does not assume responsibility. It does not replace medical advice from your health care provider because your experience may differ from that of the typical patient. Talk to your health care provider if you have any questions about this document, your condition or your treatment plan.

Patient Education by [University of Michigan Health System](#) is licensed under a [Creative Commons Attribution-NonCommercial-ShareAlike 3.0 Unported License](#). Last Revised 06/2016