Post Partum Period: What to Expect

1. During the first hours after delivery:
   • Your pulse and blood pressure will be taken often.
   • Your nurse will do fundal checks frequently. These checks involve massaging/pushing on your uterus to see if it is returning to pre-pregnancy size and staying firm to prevent heavy bleeding. The massage promotes this “shrinking” of the uterus and also pushes out any blood clots. Fundal checks may feel uncomfortable.

2. For the first few days, you may feel cramping or afterbirth pains. Breastfeeding mothers and women who have had more than one baby are more likely to feel these cramps. Slow deep breathing, relaxation or pain pills can help the discomfort.

3. Lochia is a bloody vaginal discharge, like a menstrual period, during the first few days after birth. You may have gushes of blood when breastfeeding or changing positions. The lochia changes from bright red to dark red to pink to brown, and finally to pale yellow or whitish, and decreases in amount. The flow may last up to six weeks before being completely gone. Nothing should be put in the vagina — no tampons, no douching, no sex — until given the okay from your care provider.

4. Shortly after delivery your nurse will show you “peri-care,” how to clean your perineum (bottom). This consists of cleansing the area, blotting it dry from front to back, and applying a clean pad. Handwashing before and after peri-care is a must to help prevent infection.

5. If you have an episiotomy (small cut made to widen the opening of the vagina), the stitches will dissolve over the next few weeks. Tips to promote healing of the area are:
   • Ice pack to area for first 12 to 24 hours
   • Warm sitz baths or tub baths after first 24 hours
   • Kegel exercises to promote circulation
   • Topical anesthetic sprays, ointments, or foam
   • Witch hazel compresses (Tucks®)
   • Pain medication (tell your care provider if you are nursing)

6. Urinate as soon as you are able. You may feel lightheaded the first time up, so be sure to ask your nurse for help.
   • Pour warm water over the perineum when trying to urinate
   • Drink plenty of fluids
   • Do Kegel exercises

7. Your first bowel movement should happen by about the third day. Don’t worry, the stitches will hold.
   • Drink plenty of fluids
   • Eat bran, raw vegetables, whole grains and fresh fruit for bulk
   • Take a stool softener as directed by your care provider

8. If you have hemorrhoids:
   • Keep bowel movements soft and regular (see above)
   • Topical anesthetics and witch hazel compresses (Tucks®)
   • Avoid straining
9. For breast engorgement (two to four days after delivery):
   • If breastfeeding, frequent feedings will help to prevent engorgement (see handout “Common Concerns about Breastfeeding”)
   • If formula feeding, use ice and firm support; no breast stimulation (touch, warm water, etc.)
   • Pain medication as recommended by your care provider

10. Before discharge, you may receive the Rubella vaccine if you are not immune to German measles. You may receive a Rhogam injection if you are Rh negative and your baby is Rh positive.

11. You will be able to eat, shower and walk around right after delivery if you’re not dizzy. For the first two weeks, don’t lift anything heavier than your baby; ask for help with laundry, groceries, etc. By the end of the second week, you will be climbing stairs, driving your car, shopping and doing light housework. Put your feet up and rest or take a short nap when you can. Limit visitors; entertaining guests can be exhausting. Learn to say “not now,” take your phone off the hook, or use an answering machine to have more time for yourself and your new family.

   By the fourth to sixth week, things should be back to normal. Limit lifting to 15 pounds until your care provider says you can do more.

12. Exercise is important to help restore muscle tone and should begin gradually. Refer to your exercise handout.

13. Eat healthy, well-balanced meals including all food groups (see nutrition handout). Continue taking your prenatal vitamin and iron if prescribed. Weight loss should be gradual – no crash dieting.

What to Expect for Baby
(More detailed information is in your packet: “Caring for Your New Baby”)

1. The cord is clamped and cut after delivery.

2. Baby is dried and warmed.

3. Touch, hold and talk to baby as soon as possible. Baby is alert and awake during the first hour. Begin breastfeeding; your nurse will help you if needed.

4. Baby is weighed and measured.

5. Footprints are taken and ID bracelets put on in the delivery area. Some institutions may also photograph your baby.

6. Erythromycin ointment is put in baby’s eyes to prevent infection.

7. Vitamin K shot is given; vaccines may be given.

8. Temperature, heart rate and respirations are taken frequently.

9. Blood sugar is tested if needed.

10. The first bath is given when baby’s temperature is stable.

11. Breastfeed on demand every 2 to 3 hours, or bottle-feed every 3 to 4 hours. Take advantage of rooming in to get to know your baby. The nurses are glad to answer your questions.

12. First stool (meconium, black/dark green in color) and urine are passed before baby goes home.
13. Baby’s doctor will examine him/her.

14. A newborn screening blood test is taken by a heel stick before discharge.

15. Circumcision is done, if desired, before discharge.

16. Your baby may receive immunizations.

17. We will check your baby’s ID bracelet with you each time we bring baby in and out of your room.

18. Baby should sleep alone on his or her back.

19. Cord care, care of circumcision, signs of illness, taking temperature, bathing and feeding will be reviewed with you before discharge.

20. We will check your baby’s ID bracelet with your bracelet at the time of discharge. Birth certificate information will be completed before discharge.

21. A newborn hearing screen will be done before discharge.

22. You will need a car seat for taking baby home. Position the car seat to face the rear of the car.