Taking Care of Yourself After Your Baby’s Birth

Early Days at Home
One of our Maternity and Infant Center nurses may call you at home to see how you and your baby are doing. They will answer any questions you have. You will be offered a home visit by a nurse if your baby was discharged from the hospital within the first 48 hours after birth and you live in King or Snohomish County. We want to help make your early days as a new family as pleasant and comfortable as possible.

Your Follow-up Care
You will need to make an appointment with your health care provider according to their instructions after your baby is born. In general:

- If you had a vaginal or Cesarean birth, make this visit for 6 weeks after birth, unless your provider asks you to come in sooner.
- If your provider is a nurse midwife, make this visit for 1 or 2 weeks, and again at 6 weeks after birth.

Your health care provider will check to make sure you have recovered from pregnancy and birth. Do not miss these important visits!

Congratulations on the birth of your baby at University of Washington Medical Center! Suddenly you are no longer pregnant. Many changes are taking place in your body. This information is to help you as these changes take place.
**Uterine Cramps**

You may have abdominal (uterine) cramps in the days after your baby’s birth. These “after pains” are caused by the uterus shrinking back to its before-pregnancy size. They are strongest for the first 2 or 3 days and then become less uncomfortable.

You may notice these cramps more if you are breastfeeding, or if this is not your first baby. Taking slow, relaxed breaths and putting warm packs on your stomach may help. Your doctor or midwife may suggest ibuprofen (Motrin, Advil, Nuprin) for pain.

Ibuprofen is a safe drug to use while you are breastfeeding. Do not take more than the recommended dose. If you need more pain relief, call your doctor. Bleeding is a rare side effect of ibuprofen use. If you have increased vaginal bleeding or excessive bruising while taking ibuprofen, call your health care provider.

Your uterus will continue to shrink for about 6 weeks. Your stomach muscles may take longer than 6 weeks to return to the way they were before pregnancy. If you have the book *Pregnancy, Childbirth and the Newborn*, see pages 361 to 362.

**Breast Swelling and Leaking**

After birth, your breasts make a special early milk, called colostrum. Regular milk begins within 1 to 3 days.

You may have breast swelling and tenderness when your milk “comes in” (fills your breasts). Breastfeeding your baby often will lessen this fullness. A nursing bra may help to hold up your breasts during this time, and make you more comfortable.

If your breasts become painful or swollen hard, or you have other concerns about breastfeeding your baby, please call your health care provider or University of Washington Medical Center’s Lactation Services at 206-598-4628.

If you need to dry up your milk, the discomfort of breast fullness will last a couple of days, until your milk starts to go away. A nursing bra, ice packs on your breasts, and a binder around your chest may help ease the discomfort. To bind your
breasts, wrap a towel or long piece of cloth tightly around your chest and pin it closed.

Your doctor or midwife may also recommend a mild pain medicine. Medicines to “dry up” your breasts are no longer recommended.

Breasts of both breastfeeding and bottle-feeding mothers often leak milk. Put a soft handkerchief or a nursing pad (not plastic-lined) inside your bra to soak up the milk and keep it from leaking onto your clothes. See *Pregnancy, Childbirth and the Newborn*, pages 447 to 450 and page 364.

**Vaginal Bleeding and the Return of Your Period**

After childbirth, the bleeding from your vagina is blood from the area where the placenta was attached to the uterus and from the lining of the uterus.

The flow is usually heavy and bright red for the first few days. Then it changes to a pinkish color, then to brown. **If the flow ever has a foul smell to it, you need to call your doctor or midwife right away.**

The amount of bleeding decreases as the days and weeks pass. If you have an increase in the amount of blood or it is red again, you need to rest more. The flow of blood from your vagina may continue as long as 6 weeks after your baby’s birth. Panty liners and pads are best to use. Tampons, feminine sprays, or douches are not advised.

If you are only breastfeeding your baby (not giving any bottles), your period (menstruation) may not begin again for several months. If you are bottle-feeding, it might begin in 6 to 8 weeks.

If you have no bleeding (after the first 8 weeks) and are only breastfeeding in the first 6 months, the risk of getting pregnant is less than 2%. It is strongly recommended that you use birth control after your baby is born. See *Pregnancy, Childbirth and the Newborn*, pages 361 to 363.

**Leg Swelling**

Swelling in your legs is common after giving birth. It should go away in 7 to 10 days. You may want to sit with your legs propped up to help the swelling go down. Do not wear tight-fitting shoes or clothing. Tell your health care provider if you have increased swelling in your legs, leg pain, or redness in the lower part of your leg.
Emotional Changes

The “baby blues” are emotional changes you may have after your baby’s birth. Please refer to Baby Blues and More, pages 33 through 40 in this booklet.

Feeling Tired

You will probably feel tired in the days after your baby’s birth. The birth itself is hard work and can use up a lot of your energy reserves. Your baby will feed every few hours in the first days and weeks at home. This is nature’s way of ensuring that you rest for a while every couple of hours.

Try to get as much rest as possible. Nap when you can. Try to sleep when your baby is sleeping. See Pregnancy, Childbirth and the Newborn, pages 365 to 366.

Exercise and Activity

A slow return to your normal activities will help you recover and keep you from getting too tired.

For the next few weeks, take care of yourself and your baby. Be sure to accept help when it is offered! Ask for help when you need it.

Kegel Exercises

Kegel exercises help heal and strengthen the pelvic floor muscles. Learn to do these when you are urinating. Begin to pass your urine, then stop the flow by tightening your muscles hard. Hold as long as you can, then let go.

Tighten and relax these same muscles when you are not urinating, several times a day.

Active Exercise

Wait until you have had your 6-week checkup to begin or go back to jogging, aerobics, or any other very active exercise. See Pregnancy, Childbirth and the Newborn, pages 138 to 143.

Healing of Tears or Episiotomy

If you have stitches from a vaginal tear or an episiotomy (a cut your care provider made at the opening of your vagina just before the birth), you can make yourself more comfortable by:
Soaking your bottom in warm water, using the special “sitz bath” your nurse may give you.

Lying or sitting on your side and not directly on the stitches.

Using medicated witch-hazel pads (Tucks) on your stitches.

Taking pain medicine, as your health care provider advises.

Be sure to rinse your bottom well with warm water each time you go to the bathroom. Use the squirt bottle you will receive in the hospital. Your stitches will dissolve in a couple of weeks. See *Pregnancy, Childbirth and the Newborn*, pages 367 to 368.

**Hemorrhoids**

You may develop *hemorrhoids* (inflamed veins in the rectum) late in pregnancy. The hemorrhoids may get irritated during delivery. Most hemorrhoids that form in pregnancy go away after the birth.

To relieve discomfort, try soaking your bottom in the special "sitz bath" your nurse may give you. Use medicated witch-hazel pads (Tucks), or ointment. Drink plenty of water and eat lots of fruits and vegetables so your bowel movements stay soft and are easy to pass. You may get a stool softener, a medicine that will help keep your bowels soft. See page 15 in this book, *Constipation*, for more information. See *Pregnancy, Childbirth and the Newborn*, page 368.

**Nutrition**

Dieting to lose weight is not good to do for the first 6 weeks. It could reduce your milk supply or slow your healing. Talk with your health care provider about your nutritional needs.

It can be difficult to cope with meals and a newborn. Keeping a supply of healthy snacks on hand can help. See *Pregnancy, Childbirth and the Newborn*, page 368 to 369.

**Iron Supplements**

Some women may need to take iron supplements if they have anemia or a low blood count. Your health care provider may prescribe them for you along with ascorbic acid (vitamin C). The vitamin C helps your body to absorb the iron.
Resuming Sexual Activity

Couples differ in their readiness to resume intercourse. Some are ready as soon as possible after the birth, and others prefer to wait or may even feel afraid. Many factors, including a sore perineum, a demanding baby, and extreme fatigue, may affect a woman’s ability to relax and enjoy making love.

It is important to wait until the cervix has closed, which takes about 2 weeks. After that, it is probably safe to have intercourse when your stitches heal, your vaginal discharge disappears, and you feel like it. Be sure to use birth control since you could get pregnant. See *Your Family Planning*, pages 77 through 82 in this booklet.

You may feel sore at first. You may also have vaginal dryness due to hormone changes. A sterile, water-soluble lubricant can help.

Family Planning

To help make your best decision about planning your family, see *Your Family Planning*, pages 77 to 82 in this booklet.

If you are covered by medical coupons, this coverage lasts for 12 months.