

University OBGYN Associates

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Congratulations and best wishes!

We have been privileged to be a part of your pregnancy and delivery and we wish you and your entire family much happiness.

Here are a few suggestions for your recovery:

ACTIVITY:

Your pregnancy and delivery can cause much fatigue, and caring for a new baby can be exhausting. It is important that you rest all through the day. For at least the first two weeks, you should plan to just eat, sleep and care for the baby. Try to arrange for extra help around the house and do not plan any trips, travel or projects.

You may go up and down your stairs and shower (or use the bath tub if you have NOT had a Cesarean Section). You may walk and push a light weight stroller. However, during the first two weeks, do not do heavy lifting (greater than 20 pounds), constant bending or formal exercise (like on a treadmill). Your pelvic floor, vaginal and abdominal muscles need to heal and your bladder needs to have less pressure to regain some of its control. After the first two weeks of recovery, you may begin to exercise, but remember to do your kegel exercises also. Remember that if you have not been exercising regularly throughout the pregnancy, you should start at a slow pace and gradually increase your efforts.

You may drive your car after two weeks of recovery, but remember not to overdo your daily activity!

DIET:

Nursing requires an additional 500-750 calories per day. Nursing mothers should continue a daily vitamin supplement (your prenatal vitamins or any good general vitamin will do), drink plenty of fluids, and have at least three 8 ounce dairy servings per day. If you have lactose intolerance, take calcium supplements. Women who are not nursing may return to their normal pre-pregnancy daily intake.

BREASTFEEDING:

The breasts will often engorge tremendously during the first two weeks of milk production. Applying warm compresses to the chest and breast area will ease the discomfort of engorgement and will ease the "let down" right before feeding. Standing under a warm shower, applying a heating pad (medium setting), and placing warm towels over the breasts can reduce discomfort. However, the breasts will need to "regulate" their own filling and emptying by cues from the baby's feeding times. Try not to use a breast pump too often. Pumping repeatedly cues the breasts to "over fill" too often. Keeping the nipples clean and dry will decrease the chafing that can occur.

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If the nipples are sore, try using a lanolin cream formulated for the nipples, or plain Vitamin E oil. You can also apply a cold washcloth or chilled compress just to the nipples for a soothing effect.

Avoid wearing breast shields or pads unless instructed to do so. If you leak a lot of breast milk, try wearing a clean, cotton tee shirt or gown and change them frequently so that the nipples “toughen up” but don’t chafe.

After the baby is born, you may be able to use additional medications that you had avoided during pregnancy, but please check with your doctor if you have questions about what to use. Tylenol and Ibuprofen are safe for breastfeeding mothers.

Mastitis, or deep breast tissue infection, will often start with the sensation that one of your breasts is a lot more tender and achey than the other. Apply warm compresses to that breast, but if that breast keeps hurting or develops a red and tender area, or you have a fever and the sensation of “flu like” muscle aches and tiredness, do call the doctor. You will need antibiotics to treat this situation.

BOTTLEFEEDING:

Try to avoid touching or massaging the breasts, as this increases the production of milk, and do not use a breast pump to relieve pressure, as this also confuses the breast regulation. Wear a tight bra (“sports bras” with full pressure across the breasts are helpful). If the breast fills to the point of discomfort, apply ice packs three to four times per day and use ibuprofen or Tylenol for relief of pain. Avoid using warm compresses, which increase the milk production.

FEVER:

If you have a temperature of over 100 degrees during the first few weeks of recovery, you should report this to your doctor. Many women have “hot flashes” as their hormone levels change after delivery. However, a hot flash will not make the thermometer reading become elevated, so have a working thermometer around the house to help with your diagnosis.

CRAMPS:

“Afterbirth cramps” occur during the first several days after delivery, but should usually lessen within four to five days. Take Ibuprofen 600 milligrams every 6-8 hours as needed or Tylenol 650 milligrams every 6 hours as needed.

PERINEAL CARE:

You may shower as you like once you are home from the hospital. Soaking your perineum in warm water is very soothing and can be done several times per day and you

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may sit in a clean bath tub if you have NOT had a Cesarean Section (try leaning over on one hip so your perineum is not pressured) or you can fill a sitz container and place it in the toilet seat frame, or you can place warm washcloths up against the skin gently. This is especially soothing if you have hemorrhoids. Also, using Nupercaine or Americaine ointment three to five times per day may help.

BLEEDING:

You can expect to bleed like a heavy period for the first 3-5 days after delivery (if you bleed less, don't worry) as your uterine lining heals. Then you will have a rather bloody discharge for about 6 weeks after delivery (again, if you have less, don't worry). Gradually the discharge may become pink, yellow, or smudgy brown. To avoid infection, it is best not to use tampons through the first four weeks of recovery. After the first few days of recovery, the bleeding should not soak through your clothes, and it should never have a foul odor or be accompanied by fever. If you are NOT breastfeeding, your first menstrual period still may not return for 6-10 weeks. If you are breastfeeding, you may not have a period for several months.

SEXUAL RELATIONS:

Because of the risk of infection and trauma to the pelvis, it is best to avoid all sexual relations (intercourse, foreplay, use of vibrators, etc) until you have had your postpartum check up with your doctor four to six weeks after delivery. Remember that **breastfeeding or missing your periods does NOT provide contraception or prevent an unplanned pregnancy.** Contraception may be discussed with your doctor while you are in the hospital or at your postpartum visit. Please think about your choices and discuss them with your partner before you see the doctor.

EMOTIONS:

Most women will notice emotional ups and downs after delivery, due to the rapid change in hormones, extreme fatigue, and the uncertainties of being a new parent! You may cry, feel sad or anxious or afraid and angry. Usually these symptoms will go away within a few weeks. Getting enough rest and sleep, good nutrition, having some help round the house, going out for a good dinner or movie may be the only solution you need. However, about 10% of mothers experience severe changes that can be called post-partum depression, which lasts longer and is more intense. If you feel you cannot cope, regret ever getting pregnant or married, lock yourself in a room, avoid talking to family or friends, and feel that you cannot function or might hurt yourself or the baby, **we need to hear from you!** You and your family should be aware of these kinds of changes of behavior, and if you have any concerns at all, you should call the doctor immediately. We will arrange counseling and medical treatment. We recognize that this can be a real and serious problem for our patients, and we are here to help.

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FOLLOW – UP CARE:

Call the office within the first week you are home to arrange your post-partum office visit.

Call us for any of the emergency symptoms you have:

- fever more than 100 degrees measured on a thermometer*
- excessive bleeding, soaking more than a pad every 1-2 hours*
- foul smelling discharge*
- burning or pain on urination*
- leg pain with swelling, redness, or tenderness in one leg*
- depression or anxiety*

When you call the office, PLEASE stay by your phone for the return call from the doctor. Please have a pencil and paper for instructions and the phone number to a pharmacy which is open.

If you had a Caesarian Delivery

Please remember that a Cesarean is not just another way to have a baby, but it is also major surgery that requires you to take time to heal.

*Recovery following surgery will take approximately 6 weeks. For the first week after you go home, it is important to rest as your body heals. Do not spend prolonged periods of time laying flat or sitting, and try not to cross your legs at the knees. Walking is important to your recovery. It is normal to feel tired after minimal activity. Listen to your body and increase your activities gradually as tolerated. It is generally safe to climb **stairs**, but you may find that you may need to limit how often, if you are feeling weak or uncomfortable.*

INCISION: *The incision is normally healing by the time you go home. Use light gauze covering to protect the incision or when you go out. If they haven't fallen off by then, "Steri-strip" tapes on the incision should be removed by two weeks after surgery. Keep the incision clean and dry. Healing is a slow, continuous process with redness of the incision fading after a year or so. Itching, sensitivity and numb spots are to be expected. The skin edges generally heal together in 5-7 days, but internal healing does not develop strength until after 3 weeks.*

And, again, congratulations! You and your baby are special to us!

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