After months of preparation and anticipation, a newborn arrives amidst plenty of joy. With all the focus on your new arrival, it can be easy to forget about self-care. The following guidelines are intended to address the most common questions and topics we hear from patients. However, every body is different, and it’s important that you call with any questions.

**Activity and Rest**

- Rest is essential during the first few weeks after the birth of your baby. Being able to rest often helps reduce swelling and assists healing. Try to sleep when your baby sleeps and limit visitors and phone calls.
- Generally, by 6 weeks, you will be ready to resume more strenuous activities such as aerobics, swimming, jogging etc.
- Do not drive for 2-3 weeks or while taking pain medications.
- Be patient and kind to yourself; give yourself time to regain your strength and energy.
- Accept help when it is offered.

**Bathing**

- Showers and plain warm water baths may be taken after being discharged from the hospital.
- Cesarean section patients should avoid baths for the first few weeks.

**Diet and Bowel Care**

- Continue with the well-balanced diet that was recommended during your pregnancy.
- Drink 10-12 glasses of water each day to encourage milk production and prevent constipation.
- Continue to take prenatal vitamins until your 6-week check-up or as long as you are breastfeeding.
- Your first bowel movement may be delayed a couple days. Along with 10-12 glasses of water per day, try to maintain a high fiber diet in order to prevent constipation. You may use Milk of Magnesia, Colace or Fibercon, if needed.
- Hemorrhoids may be relieved by Tucks, Anusol or Preparation H. Keeping bowel movements soft by consuming extra fluids, along with fruits and vegetables will also help to resolve hemorrhoids.
- Walk frequently during the day to naturally stimulate bowel movements.

**Vaginal Bleeding**

- Bleeding patterns will vary from person to person.
- Light spotting may occur off and on for the first 6-8 weeks.

**Vaginal Bleeding (cont.)**

- For the first 3-5 days, you may experience a heavy period-like flow. You may notice a “gush” or clots when you stand up after lying down. You may experience period-like cramps and slightly heavier blood loss with increased activity or while breastfeeding. These are all normal, however, if you are saturating 1 or more pads an hour for 2-3 consecutive hours, and it does not decrease with rest or uterine massage you should contact our office.
- If you are not nursing, the first period usually occurs about 6-10 weeks after delivery.
- If you are nursing, it is normal not to have a period or only an occasional period.
- Do not use tampons or douche until your 6-week check-up.

**Post-Partum Preeclampsia**

*(High Blood Pressure Following Childbirth)*

Postpartum preeclampsia can be difficult to detect on your own and anyone may develop it. If you have signs or symptoms of postpartum preeclampsia shortly after childbirth (up to 6 weeks after delivery) contact our office right away. Depending on the circumstances, you might need immediate medical care. Signs and symptoms of postpartum preeclampsia—which are typically similar to those of preeclampsia that occurs during pregnancy—might include:

- High blood pressure—140/90 or greater
- Severe headaches
- Changes in vision, including temporary loss of vision, or light sensitivity
- Upper abdominal pain, usually under the ribs on the right side

**Cesarean Delivery Care**

- Keep your incision clean and dry.
- If staples have been used to close your incision, they are usually removed before discharge from the hospital and steri-strips applied.
- If you go home with staples, please contact our office to make a follow up appointment to have them removed.
- Remove steri-strips as they loosen or in a week.
If you had some form of perineal (the area of skin and muscle between the vagina and anus) or vaginal tearing or an episiotomy you may find comfort in using ice regularly, leaving on for 10-15 minutes at a time, and reapplying each hour as needed for the first few days, or as long as it feels helpful. Ice should be wrapped in a thin piece of cloth, and then placed on the perineum. You may also try ice packs in the lining of a sanitary pad.

- You may soak in a shallow tub of clean warm water 3-4 times per day for comfort. Pouring water over the area during urination may also relieve some discomfort. Air drying the area is beneficial and you may use Nupercainal ointments or Americaine spray to the area. Tylenol or Ibuprofen, according to the directions, may be helpful, if needed.

- Try to keep the perineum clean by showering each day.

- Changing sanitary pads at least every 4 hours is recommended to help reduce the risk of infection.

- If stitches were needed in your care, they will gradually disappear over 4-6 weeks.

**Breast Care**

- Wear a good support bra, whether or not you plan to breastfeed.

- You may feel more comfortable by wearing a bra 24-hours-a-day for the first few weeks after delivery.

- If you are not breastfeeding, you may experience breast engorgement. Wear a tight-fitting bra or bind your breasts for the first week. Avoid breast stimulation (warm showers, intimate contact with your partner, etc.). Using ice packs and Tylenol or Ibuprofen may relieve your discomfort.

- If you decide to stop breastfeeding, taper off gradually over several days and follow the above instructions.

- If you are breastfeeding always be sure to wash your hands before beginning, to prevent spreading germs to your breasts and your baby. Proper positioning of the baby and latch onto the breast is essential. Your baby should be held close, directly facing the nipple, and the lips wide around the areola (dark area).

**After Baby Blues**

Every woman may experience some feelings of anxiety, sadness or depression following delivery. This can be caused by hormone fluctuations, tiredness, pain or demands of a new baby, as well as other factors. This may occur as early as 3 days following delivery or as long as up to a year after delivery. This can be normal and usually lasts a few days. Try to rest as much as you can, and eat well. It may be helpful to try to make time for yourself. Get some fresh air or go for a short walk. Ask for help from others with household demands. If these symptoms last longer than 48 hours, you should contact our office.

**Intercourse**

You may resume intercourse in 4-6 weeks, if you are comfortable and vaginal bleeding has stopped. You may notice a decrease in vaginal lubrication, especially if you are breast feeding. Water-based lubricants may be helpful. Remember, you can become pregnant again, before your next period even if your child is breastfeeding. Be sure to use contraception methods until your 6-week follow-up.

**When to See Your Doctor**

Call our office as soon as possible to arrange your follow-up care. We generally do not fill pain medication after hours or on weekends so please make sure you plan ahead.

If you have any other questions or concerns please call our office weekdays between 8 a.m. and 5 p.m.

Please call our office immediately if you experience:

- Persistent heavy bleeding
- A temperature above 100.4 F
- Increasing or unusual pain in your breasts, back, abdomen or legs
- Drainage from your incision
- Severe depression
- Signs or symptoms of preeclampsia

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**Center for Women’s Health**

*Obstetrics and Gynecology*

330 South Garden Way Ste 220, Eugene, OR 97401

541-686-7007

- Geoffrey Gill, MD
- Melanie Konradi, MD
- Richard Lee, MD
- Amy McCarthy, MD
- Katria L. Mertz, MD

- Luke O’Rourke, DO
- Martha Reilly, MD
- Sarah Schram, MD
- Serena Luce PA-C

**West Eugene Clinic**

*Obstetrics and Gynecology*

4135 Quest Drive, Eugene, Oregon 97402

541-463-2195

- Richard Lee, MD
- Katria L. Mertz, MD