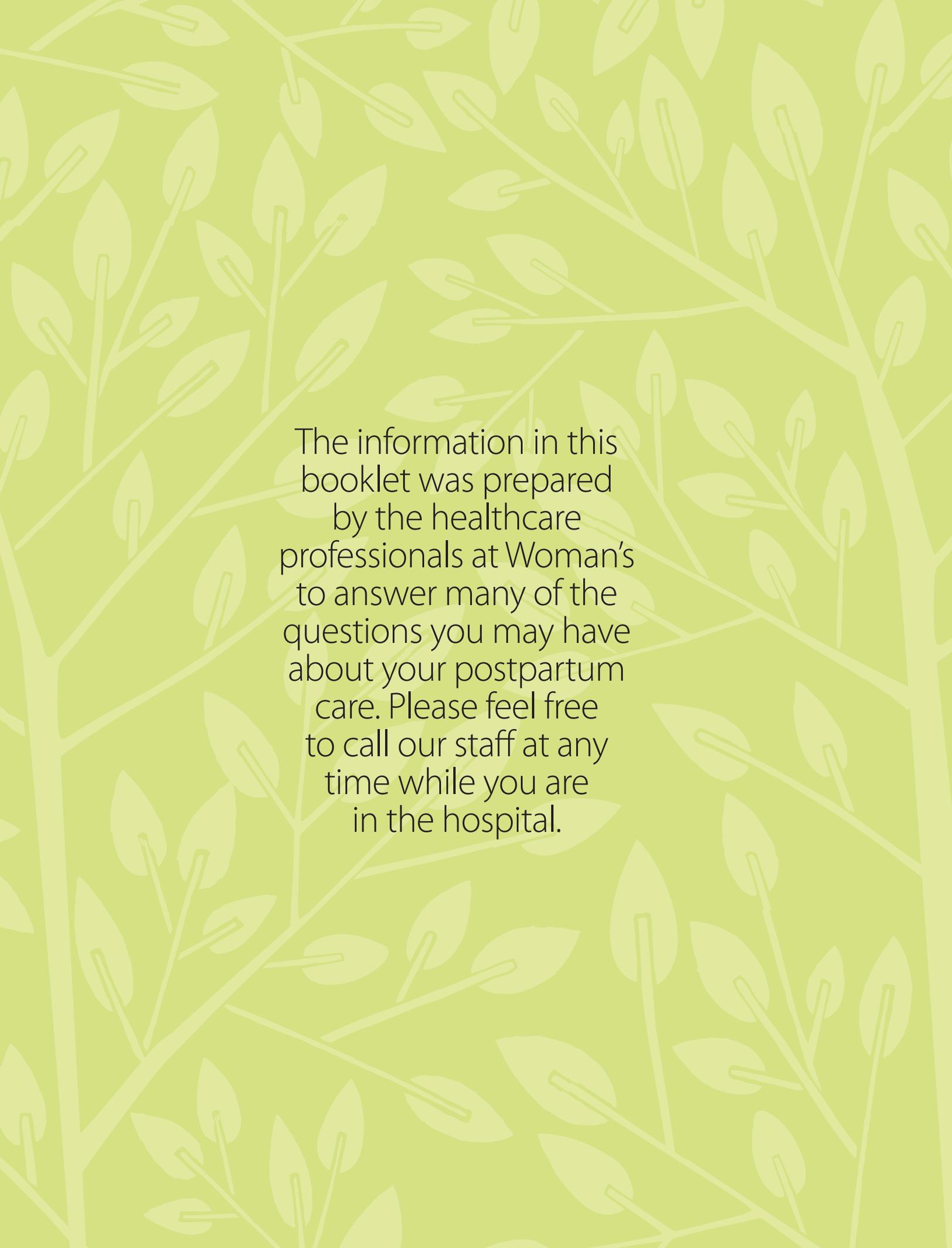




# Postpartum Care Guide



*Woman's*



The information in this booklet was prepared by the healthcare professionals at Woman's to answer many of the questions you may have about your postpartum care. Please feel free to call our staff at any time while you are in the hospital.

## Contacts During Your Stay

### Patient/Family Initiated Rapid Response

Our Rapid Response Team is available 24 hours a day to provide additional expertise to evaluate your medical condition when necessary.

### When To Call

Call if there is a significant change in your condition that you have reported to the primary care nurse/charge nurse, and you or your family member still have concerns.

### How To Call

- Dial 8499 from any hospital phone.
- Tell the operator:
  - Your name and room number and
  - A brief description of your condition

Other questions may be asked of you in order to direct the appropriate response team.

We hope you will never have to call our Rapid Response Team. Patient/Family Initiated Rapid Response is our way of partnering with you to ensure you receive the highest quality of care.

### Room Service/Food and Refreshments

To place an order, extension 3663

Questions or concerns, extension 4669

Family members or guests staying with you can purchase guest trays. The charge for guests is collected when the meal is delivered rather than being added to your hospital bill. Debit and major credit cards are accepted. Limited snack options are available after hours for you.

### Patient Room Direct Dial

Friends and family can call your Postpartum room from outside the hospital by dialing 225-231-5+ the last three digits of the room number

### Patient Information

225-924-8157

### Patient Relations

225-231-5555

### Room Amenities and Services

Your private room is equipped with a TV, telephone, bathroom and a sleeper sofa for one adult overnight guest.

Woman's also offers free wireless Internet access to our guests. Just connect to the Guest network.

### Security

225-924-8473 or extension 8473 from any hospital phone

### Social Services and Support Groups

225-924-8456

### On-Demand Television

TV, music and movies as well as guided imagery videos for your relaxation.

### On-Demand Education Videos

Choose the Patient Education menu option on your TV to learn more about postpartum self-care and more.

### Chapel

A nondenominational chapel is always open to patients, families and friends as a place for prayer, meditation, reflection, or simply a place for a few quiet moments. It is located on the 1st floor of the hospital near the main elevators and Woman's Way Café.

### Pastoral Care

Our chaplain is available to talk with people of all faiths, and can make regular visits to patients and their families.

From the hospital, dial 0, ask for Pastoral Care or Social Services at 225-924-8456

### Photography Services

Woman's has partnered with Mom365 in order to offer you a portrait session during your hospital stay. You may place your order before you leave the hospital, or you may purchase online using your assigned username and password that will be given to you by the photographer.

### Birth Certificates

Before going home, you can expect a representative from Health Information Management to contact you to gather information for your baby's birth certificate. All of the information is required by the State of Louisiana and is kept strictly confidential.

### Patient Accounting

You will need to settle your business account after you have been discharged from the hospital. You will receive a statement in the mail within 30 days showing a summary of charges and payments on your account. You will receive separate bills from your doctors, such as the obstetrician/gynecologist, anesthesiologist, etc. Please ask your doctors about this if you have questions.

### Your Privacy

Government regulations require that we ask if you want your name and room number listed in the hospital directory. This is the information that is given out when people call to talk to you or to send you flowers and other gifts.

If you do not want your name and room number listed in the hospital directory, it is important that you know what that means. It means that when people call or visit the hospital and ask for you by name, they will be told, "I'm sorry. I do not have any information for that name." This includes family, friends, florists, clergy, etc.

**Smoking, other tobacco products or electronic cigarettes are not permitted anywhere on Woman's campus, both inside and outside.**

**Research shows that even secondhand smoke can damage a person's health.**

**Call 1-800-QUIT-NOW or visit [quitwithusla.org](http://quitwithusla.org) to find resources to help you quit smoking.**

# Postpartum Care



### **Physical Adjustments and Changes You Can Expect After Birth**

The first six weeks following your delivery is called the postpartum period. These weeks are important as your body recovers.

### **Recovery Care Immediately After Delivery**

During your initial recovery, your blood pressure, heart rate and temperature will be monitored closely for the first two hours. Your fundus, or the top of your uterus, is now found around your belly button and will be checked by your nurse. She will do so by using her hands to feel for the top of your uterus. It is important that your uterus remains firm to decrease the amount of vaginal bleeding during the postpartum period. Sometimes, more medication is needed to keep the uterus firm.

### **Urinary Catheter**

If you had a C-section, a urinary catheter will be used to drain your bladder. Typically, it will be removed around 10-12 hours after delivery.

### **IV Removal**

Your IV will be removed when you are drinking well without nausea or vomiting; are urinating without difficulty; are not running fever; and the amount of your vaginal bleeding (or lochia) is normal. If you have a C-section, your IV will be removed approximately 24 hours after delivery.

### **Rest and Activities**

It takes at least two weeks to recover after a vaginal delivery. Recovery will take longer if you had a C-section.

Hospital surroundings and routines along with physical discomforts can make it difficult to rest. Although well-meaning visitors, can also contribute to fatigue. You should try to rest when possible. Ask your nurse about **Individualized Quiet Time**. When sleep is not possible, relaxation exercises may be helpful.

As you recover, let your family and friends help with cooking, laundry and housework. Climb stairs carefully. Do not lift anything heavier than 5 to 10 pounds. You may ride in a car in one to two weeks and drive a car in two to three weeks.

### **Recovery Care During the First Four to Six Weeks After Delivery**

In the first four to six weeks following your delivery, the changes of pregnancy are gradually reversed as the body begins to return to its non-pregnant state. The amount of time required for this process varies, depending on the type of delivery you had and other associated medical conditions.

### **Bathing**

Showers are usually fine as soon as you are able to walk. Sitz or tub baths are generally safe after the second day. They are soothing to many postpartum women who have a sore bottom, had an episiotomy or tear or have hemorrhoids. Vaginal douching is not recommended. Discuss this with your doctor at your first postpartum check-up.

### Menstrual Cycle

Your first menstrual period due to changes in your hormones following your delivery may be delayed. Most women will experience their first period within seven to nine weeks after delivery. Usually, the first period after your delivery will have a heavier flow and last longer than usual. Menstrual periods may not be regular for several months. Avoid tampons for 4-6 weeks or until cleared by doctor.

### Peri-care

Use either the plastic squeeze bottle (peri-bottle) that the hospital gave you or a hand-held shower wand to rinse your bottom with clear, lukewarm water two to three times daily and each time after you urinate or have a bowel movement. To avoid infection, change your sanitary pads each time you use the bathroom. Use toilet paper in a patting motion to dry your bottom from front to back.

### Tub Baths / Sitz Baths

Warm tub baths and/or sitz baths help decrease pain as well as clean and heal the area around the episiotomy. Soak in a clean tub of warm water for 15 to 20 minutes, two or three times each day.

### Hot or Cold Compresses and Sprays or Ointments

Hot or cold compresses, which put light pressure on the area and help with discomfort and swelling, and the occasional use of antiseptic sprays or ointments prescribed by your doctor, may also relieve pain.

### The Uterus

During pregnancy, the uterus increases approximately 11 times its non-pregnant weight, weighing more than 2 pounds immediately after delivery and measuring the size of a grapefruit. It can be felt just below the belly button.

During the first six weeks after your delivery, the uterus will become smaller and return to its normal weight (a mere 2 ounces). As the uterus becomes smaller, “afterbirth pains,” or uterine contractions, usually occur. These pains are more noticeable the first three to four days following delivery, particularly for women who have had previous deliveries. However, they help shrink the uterus to its pre-pregnant state and reduce blood loss following delivery. Relaxing and breathing slowly can help ease the pain.

### Vaginal Flow / Discharge (Lochia)

Whether you deliver vaginally or by C-section, you will have a discharge from your vagina afterward. This discharge is called “lochia.” The odor of lochia should not be bad or offensive.

Lochia is heavy and bright red for about three days and may contain a few small clots. In a few days, the color will change to a darker color and the amount will decrease. The color gradually changes over the next 10 to 12 days from red to pink; then to brown; and finally to yellow or off-white. The amount of discharge will gradually decrease and then stop over the next two to six weeks.

You may experience occasional cramping in the postpartum period. Small clots and brief bleeding may occur. This is normal and should not cause alarm. Lochia is often heavier when you get out of bed. During rest, gravity lets the blood pool in the vagina. However, it is important to notify your healthcare provider if your lochia becomes bright red again; the amount of lochia increases (more than one pad per hour or passing a large clot or several clots); or if there is a foul odor to the discharge. These may be signs of an underlying problem.

### Episiotomy Care

During delivery, the area around your vagina may have torn or the doctor may have made a small cut to help you deliver. This tear or cut is called an episiotomy. Your doctor may have placed stitches to help the cut or tear close and heal. If you have stitches, they will dissolve on their own. They do not need to be removed. Your bottom will heal in about four weeks. You may have pain for a longer period of time. To help relieve pain when sitting, sit on a soft pillow or an inflated ring pillow. **It is important to keep the area around the episiotomy clean and dry so it does not get infected.** Wash your hands before and after caring for your episiotomy and when going to the bathroom.

### **Hemorrhoid Relief**

To stop hemorrhoids from getting worse, drink a lot of fluid, eat foods that are high in fiber and exercise daily. This will also help you avoid becoming constipated. Sitz baths and /or sitting in a warm bath for 15 to 20 minutes can help relieve hemorrhoids that are sore or swollen. Do this two to three times a day. Likewise, cold compresses can soothe hemorrhoids. Your doctor may also prescribe topical ointments or sprays to help relieve hemorrhoids. A stool softener may also be beneficial at times. Severe pain from hemorrhoids can cause constipation. Be sure to talk to your healthcare provider if this is a concern for you.

### **Breast Changes to Expect**

Once the placenta is delivered, hormones make the alveoli in your breasts produce milk. Additional blood and lymph fluid also go to the breasts to help produce milk. Some women will notice drops of thick, golden fluid on the nipple during pregnancy, called colostrum.

### **Engorgement**

Your breasts may become fuller, larger, heavier, firmer and swollen on third to fourth day following delivery. This is caused by an increased flow of blood to the breasts, swelling of the surrounding tissue, and the increase in your milk volume as your breast milk transitions from colostrum to mature milk.

During engorgement, you may need to use a larger bra for a few days until your breasts return to normal size.

Some women's breasts may feel swollen and uncomfortable, while others will feel only slightly full. Breast swelling usually begins to lessen within 24 to 48 hours from the time of onset.

### **Some Effective Treatment Measures for Engorgement:**

- To help soothe and reduce swelling of engorged breasts, apply cold compresses to the breasts. Reducing the swelling will help the engorgement to subside faster.
- This triggers blood vessels to constrict and helps with swelling and draining and soothes any discomfort.
- The most convenient way to apply cold to the breasts is by:
  - Using ice packs outside the bra for periods of 20 to 30 minutes at a time
  - Never apply an ice pack directly on the skin.

### **Blocked or Plugged Ducts**

A blocked or plugged duct is a small lump in the breast that is tender and may be slightly reddened. These are felt as pea-size lumps under the skin and in the substance of the breast and are sore to the touch.

### **Helpful Suggestions**

#### **Breast Pads:**

If leaking colostrum, you may want to purchase breast pads. The pads may be either disposable or washable. Do not use a "mini-pad" inside your bra. They have a sticky area that prevents air from circulating and may cause nipple soreness.

#### **Proper Breast Support:**

Wearing a good, well-fitting support bra that is not restrictive may provide comfort as your breasts change and help prevent a plugged duct.

- It should not pinch or be too tight.
- You may find that you will need to buy a bra that is 1 to 2 cup sizes larger than you wore pre-pregnancy.
- Be careful about underwire bras. The wires may place pressure on the ducts and cause a blockage of milk, if not properly fit.

A sports bra may be a comfortable option. If you need to purchase one, most maternity stores and department stores carry specially designed maternity bras that provide firm support.

### Urination

The bladder may be weak after delivery. Attempt to urinate every three to four hours. Kegel exercises (pelvic floor exercises) may help strengthen your bladder control, speed healing and help muscles return to normal. For instructions on how to perform Kegel exercises, refer to page 21.

Use your plastic peri-bottle to rinse your bottom after urinating until you no longer have a vaginal discharge or flow. **Always pat or wipe your bottom from the front to the back to prevent spreading bacteria from your rectum to your vagina.**

You should drink enough fluid to satisfy your thirst. Avoid soft drinks and beverages that contain caffeine. Water is the best choice.

Call your doctor if you have any problems urinating. These problems may include pain or burning when you urinate; needing to urinate more often than usual; urinating in small amounts; or having urine that looks cloudy or smells bad.

### Bowel Movements

After delivery, many women have trouble having or cannot have a bowel movement. This is called constipation. Hormones, medications, dehydration, perineal pain and decreased physical activity may slow down your bowel function. The first bowel movement usually occurs within two to three days following your delivery. Temporary constipation is not harmful, although it can cause a feeling of fullness and gas. Progressive daily exercise (such as walking) and eating right will help prevent constipation. Your daily diet should include six to eight glasses of fluids (not soft drinks) and dietary fiber – including fresh vegetables, fruits and whole grain breads, cereals and pastas. While in the hospital, you will be given medication to help stool move through the body more easily. You will be instructed to continue the medication at home, as needed.

### Sexual Relations

You should not have sexual intercourse until after you receive your doctor's approval at your checkup in four to six weeks. You may not be as interested in having sex as you were before pregnancy because of fatigue. You may also have concerns about discomfort if you had a tear, episiotomy or a C-section. Discuss your concerns about resuming sex with your partner so there will be minimal frustrations and misunderstandings.

You may have pain during sexual intercourse for several weeks. Vaginal dryness and decreased vaginal lubrication may also occur due to hormone changes. If you experience difficulty with sexual intercourse, always discuss it with your partner. Set aside free time for each other a few times each week to become "reacquainted." If the problem persists, then discuss it with your doctor.

Remember, you can become pregnant anytime after delivery, even if your menstrual periods have not returned. You may wish to talk about birth control with your doctor before you begin sexual activity again.

### **Hormones**

It may take a while for your hormones to normalize. Be patient, take good care of yourself, and talk to your doctor if you have any questions about these changes.

### **Muscles and Joints**

You may feel muscle aches and fatigue — particularly in your shoulders, neck and arms — in the first one to two days following delivery. This is a result of the physical exertion during labor. Many women, expecting the abdominal wall muscles to return to pre-pregnancy condition immediately after delivery, are discouraged to find their muscles weak and lacking tone. The abdominal muscles may actually separate with a bulge between them. Ask your doctor about an exercise program that can help and when you can safely begin exercising.

### **Skin Changes**

Many skin changes that developed during pregnancy are caused by an increase in hormones. The blotchy appearance of the face and “dark line” of the lower abdomen disappear gradually over several months after delivery.

### **Weight Loss**

You will likely lose a significant amount of weight immediately after delivery; however, it may take some time to return to your pre-pregnancy weight. As your body’s fluid levels return to normal, more weight loss should occur. Talk to your doctor about healthy exercises and nutrition programs.

### **Postpartum Check-up**

Unless otherwise directed, your doctor will want to see you for a postpartum check-up within two to six weeks. Call your doctor’s office after you get home to make an appointment.

## Discharge Medications

If you have any questions about your medicine after you are discharged, call your doctor. Discuss all medications with your doctor before you take them. This includes any medicine that has been prescribed by any doctor and medicine you buy over the counter. Don't forget to mention your birth control.

Your doctor also needs to know if you take any diet or nutrition supplements, herbs, vitamins or alternative or complementary medicine. Keep taking your pre-natal vitamins until your doctor tells you to stop. Discuss any concerns with your doctor so that he may advise you of the safety of taking medications.

### When you are prescribed medicine:

- Always ask the pharmacist, "Is this the medicine my doctor prescribed?" when you pick up your medicine. This will help prevent you from receiving the wrong medicine.
- If you have any questions about the directions on your medicine label, ask the pharmacist or your doctor.

### Medication Side Effects

When providing you information about your medications, we will tell you:

- **The name of any new medication you are prescribed**
- **Why you need to take it (the reason it was prescribed)**
- **Possible side effects of the medication**

To assist with providing you this education, we have **medication cards** for frequently prescribed medications.

*Shown is an example of a medication card. Your medications, if any, will be unique to you.*

<p><b>Woman's</b>  <b>Adult Medication</b></p> <p><b>Drug</b></p> <p><b>Motrin, Advil (Ibuprofen)</b></p> <p><b>Common Uses</b> Treatment of mild to moderate pain; fever reducer</p> <p><b>Common Side Effects</b> Mild nausea, vomiting, heartburn, upset stomach</p>	<ul style="list-style-type: none"><li>• This is not a complete list of side effects that may occur.</li><li>• Please inform your nurse or physician if you have any questions about your medication or if you experience any side effects.</li><li>• Most prescribed medications are safe to take when breastfeeding. Please check with your physician if you have any questions.</li></ul>
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## Safe Opioid Use

- Narcotic pain medications have a risk for abuse and addiction.
- They may cause breathing problems that can be severe and fatal if not used correctly.
- The risk for abuse or addiction is increased in patients with a history of substance use disorder.
- Take all prescription medication only as directed.
- You should take the smallest dose that will work for your pain.
- Your pain should gradually decrease and you will be able to take your pain medication less frequently. You may take an over-the-counter medication as instructed by your doctor.
- Check with your doctor or pharmacist before starting any new over-the-counter medications.
- Notify the prescribing doctor if you experience any side effects of the medications you are given.
- Do not share your prescription narcotics with anyone else. This is against the law.
- Do not drive if you are taking prescription pain medication.
- Store the medication in a safe place to prevent accidental swallowing by children or pets, theft, abuse or misuse.
- If you suspect someone has accidentally swallowed the medication or taken an overdose and has serious symptoms such as passing out or trouble breathing, call 911. The medication can cause withdrawal reactions if used regularly for a long time or in high doses. Use only as prescribed by your doctor.
- Dispose of any leftover medication safely when it is no longer needed. The FDA recommends flushing the narcotic down the toilet or pouring into a drain. You can consult your pharmacy or local waste disposal company.
- Local pharmacies and other agencies such as law enforcement may have programs to accept leftover medications.

# Helpful Hints After C-Section Delivery

## **Post-Operative Recovery**

If you had a C-section, you will need to recover from both the delivery process and surgery. Because a C-section is major surgery, the recovery period will take longer than a vaginal delivery. It may also take a little longer for you to get back into your normal routine than with a vaginal delivery. You will need to add at least one to two more weeks to your recovery time before resuming your normal activities.

## **Keeping Your Lungs Clear**

It is important to cough and to take deep breaths after surgery or a C-section to help your lungs. However, it may be uncomfortable to take a deep breath, and coughing can cause your incision to hurt. To lessen discomfort, place a pillow over your incision. Apply pressure on the pillow with your hands while leaning forward. Take a big breath in, blow it out, and then cough or clear your throat. Do this often throughout the day. This will help expand your lungs and loosen mucus that may have developed and hopefully prevent any lung complications.

## **Gas Pain**

Gas pain is common after any type of abdominal surgery – including a C-section. You can move the gas along and lessen the pain by moving about in your bed and trying the suggestions listed below.

## **Walking**

- Walk inside and outside of your hospital room as soon as you are able. Gradually increase the distance you walk each time.
- The hospital staff will help you as long as you need assistance.
- Continue walking frequently at home after you are discharged.

## **Positions**

- Lie on your left side with your legs bent and a pillow between your knees. A small towel rolled under your stomach may help prevent a pulling sensation on your stitches.
- Lie on your stomach, on a pillow, 20 to 30 minutes at a time, if able.

## **Eating and Drinking**

- Drink warm liquids to keep your bowels active.
- Avoid drinking very cold liquids.
- Avoid carbonated drinks (sodas) and gas-producing foods (beans, cabbage, and melon are some examples).
- Drink and eat slowly.

If these techniques do not help, notify your nurse. While in the hospital, medications may be given to help with gas pain. If needed, your doctor may also order a physical therapy consultation.

### **Abdominal Incision Care (C-Section or Tubal Ligation)**

An incision is the cut the surgeon makes during delivery by C-section or when doing surgery. Your incision may be closed with staples, stitches or an adhesive. You may have steri-strips placed across the line where the incision was made. The strips will begin to curl up and fall off in five to seven days. If they do not fall off, you may remove them. If your staples were not removed before you left the hospital, you need to make an appointment with your doctor to have them removed. If you had stitches or an adhesive, they will go away on their own. You do not need to get them removed. Your doctor will tell you when to schedule your appointment to make sure your incision is healing well.

The following are suggestions for wound care, but you should always follow your doctor's specific instructions.

### **Caring for Your Abdominal Wound**

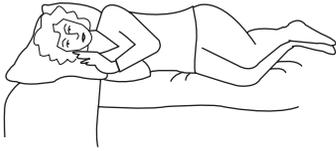
#### **Proper Handwashing**

Wash your hands before and after caring for your abdominal wound and going to the bathroom. Follow these steps:

- Take all jewelry off of your hands.
- Wet your hands, pointing them downward under warm running water.
- Add soap and wash your hands for 15 to 20 seconds (sing "Happy Birthday" or the "Alphabet Song") twice.
- Don't forget to clean under your fingernails (a new toothbrush works great for this purpose).
- Rinse well, keeping your hands pointed down so that the water runs from your wrists downward and off of your fingertips.
- Dry your hands with a clean towel.
- Use the towel to turn off the faucet so you do not get any germs on your hands from the faucet.

#### **Cleaning Your Incision**

- Unless your doctor has approved tub baths, you may shower and allow soapy water to run over your incision. Shower 1-2 times per day for 1-2 weeks. Rinse well and pat dry with a clean towel. Make sure to completely dry the incision. You may also use a hair dryer on the "cool" setting to make sure your incision is completely dry.
- It is important to keep your incision clean and dry. If your stomach has a "roll" or "fold" that covers or hides your incision when sitting or standing, a clean sanitary pad or panty liner may be placed over the incision to help absorb any moisture or drainage (pad side toward skin). It should be changed frequently to keep the area clean and dry.
- Use mild liquid soap when showering or bathing.
- Use a separate, clean washcloth and towel to clean and dry your incision.
- When cleaning your incision between baths or showers, try to gently wipe away any drainage or dried blood using a clean, damp cloth (face cloth or moist towelette).
- Do not apply lotions, powders or ointments near or on your incision unless directed by your doctor.
- Wear clean, loose-fitting clothing that will not rub against your incision while it is healing.



### Getting Out of Bed and Moving Around

You will be helped with getting out of bed around 10 -12 hours following delivery to assist with your recovery.

The sooner you get up and move around, the faster you will heal and the better you will feel.

- Raise the head of the bed, if possible, before getting out of bed.
- Roll onto your side.
- Lower your legs over the side of the bed. Breathe normally.
- Push to a sitting position with your arms.
- Support the incision with your hand or a pillow as you move or cough.
- Sit on the side of the bed for a few minutes before you try to stand.
- Stand up slowly. Try to stand as tall as you can.

### For the next two weeks, use the mirror to inspect your incision daily.

It is normal to have a small amount of clear or straw-colored drainage from your incision for a few days.

Redness, warmth, increased drainage or increased pain to your incision are warning signs of an infection. It is important to notify your doctor at the earliest warning signs of an infection in order to get early treatment.

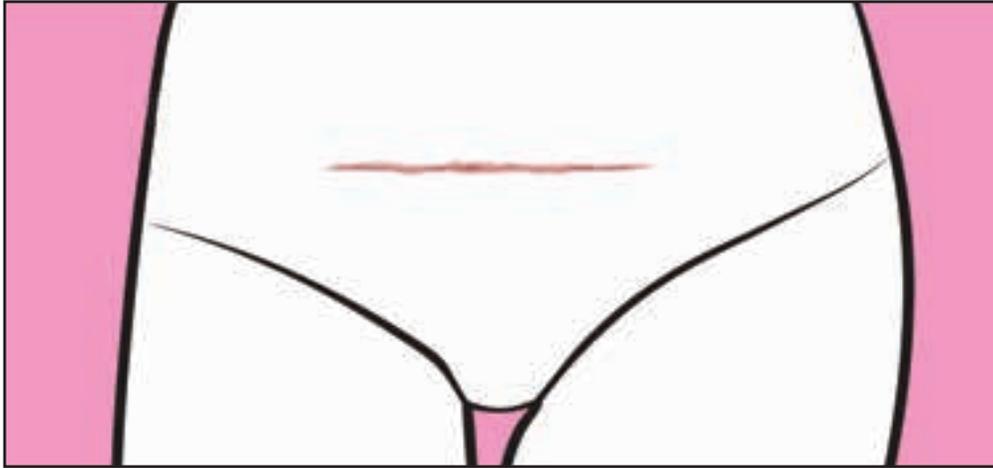
### Notify your doctor immediately if:

- Drainage from your incision looks cloudy, or contains pus;
- The incision or drainage from the incision has a foul odor;
- Your incision separates, enlarges, or opens;
- You have increased pain or tenderness to your incision from what you have normally experienced;
- Your incision and surrounding skin looks red;
- Your incision and surrounding skin feels hot;
- The incision or surrounding skin is swollen;
- The incision is bleeding;
- Increased drainage from your incision;
- You have a temperature above 100.4° F for more than four hours.

### To protect your incision as it heals, you may:

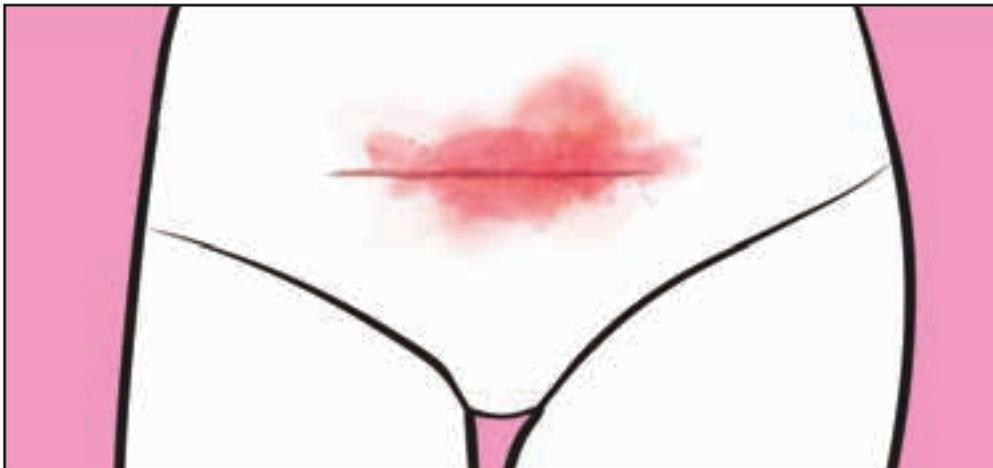
- Place a pad or soft towel over your incision before you strap on your seat belt.
- Support your incision with your hand or a pillow while you move, cough or sneeze.

**Use a Mirror to Inspect Your Incision Daily for the Next Two Weeks**



**Normal Healing Incision**

- It is normal to have a small amount of clear or straw-colored drainage from your incision for a few days.



**Redness to Incision**

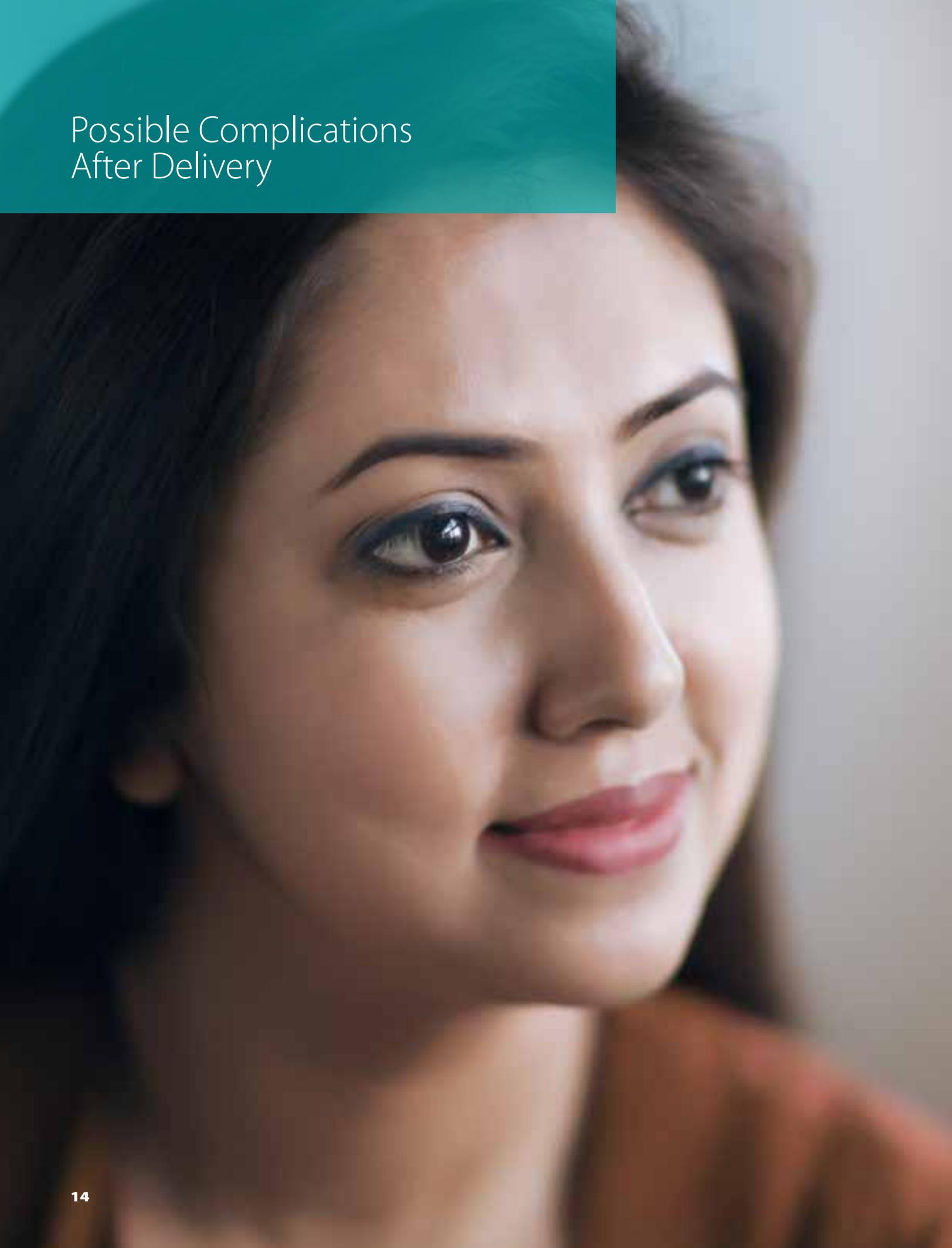
- Notify your doctor if you have redness, warmth, increased drainage or increased pain to your incision.
- Redness, warmth, increased drainage and pain that has worsened are warning signs of infection.
- It is important to get early treatment if an infection develops.



**Infected Incision**

Notify your doctor immediately if you have:

- Drainage from your incision that smells foul, looks cloudy or contains pus;
- Separation, enlargement or opening of your incision;
- Increased pain to your incision from what you have normally experienced.



## Possible Complications After Delivery

## Healthcare-Associated Infections

HAIs are infections that can develop during the course of receiving healthcare treatment for other conditions. Healthcare procedures can leave you vulnerable to germs that cause HAIs. They can happen following treatment in healthcare facilities, including hospitals. They can also occur during the course of treatment at home. They can be caused by a wide variety of common and unusual bacteria, fungi and viruses.

## Sepsis (Infection in the Blood)

Sepsis is a life-threatening condition caused by an infection or its toxin spreading through the bloodstream and tissues. It usually starts as an infection somewhere in the body (bladder / kidney infection, wound infection, uterine infection, pneumonia, burn, etc.) and spreads to the blood. Sepsis affects the entire body and can result in organ damage. You may be at risk for sepsis if:

- You have recently been ill or received hospital care
- You are in poor health
- You have poor immunity due to medical conditions such as cancer, diabetes, or AIDS
- You use IV drugs
- You are very young or elderly

The first symptoms may be different depending on the site of the infection.

### Signs that the infection is progressing to sepsis include:

- Fever and chills or low temperature
- Pale skin color
- Listlessness (no energy; can't get out of bed)
- Changes in mental status (acting differently than normal or confused)
- Breathing fast
- Fast heart rate
- Decreased urine output
- Low blood pressure
- Nausea, vomiting or diarrhea
- Problems with bleeding or clotting

**Call 911 or go to the nearest emergency room if you have any of these symptoms. This is a medical emergency that requires immediate hospitalization and treatment.**

For further information on HAIs and what you can do to prevent them, please refer to the packet of handouts from the CDC on each of the following:

- *Healthcare-Associated Infections: What Patients Can Do*
- *FAQs about Surgical Site Infections*
- *FAQs about MRSA*
- *FAQs about Catheter-Associated Urinary Tract Infections*
- *FAQs about Clostridium Difficile*
- *FAQs about Ventilator-Associated Pneumonia*
- *FAQs about Vancomycin-Resistant Enterococcus*
- *FAQs about Catheter/Central Line-Associated Bloodstream Infections*

## Preeclampsia

Preeclampsia is a serious condition that can occur during pregnancy and in the weeks following delivery. The signs of preeclampsia are high blood pressure, swelling that does not go away (especially in the legs and face), and large amounts of protein in the urine. The cause is not completely understood, but you may be at risk if these conditions are present:

- First pregnancy
- Family history (mother or sister also had preeclampsia)
- Preeclampsia in a previous pregnancy
- Multiple births (twins, triplets, etc.)
- Obesity
- Age less than 18 or older than 40 years
- High blood pressure prior to pregnancy
- Kidney disease

### Symptoms of preeclampsia may include:

- Severe headaches
- Swelling of ankles or feet (mild swelling during pregnancy and in the first few days after delivery may be normal)
- Swelling of the face and upper body when waking up
- Sudden weight gain related to fluid retention
- Changes in vision, blurred vision or sensitivity to light
- Upper stomach pain, usually on right side under ribs
- Nausea or vomiting
- Dizziness
- Seizures or convulsions

**It is very important that you notify your doctor if you notice any of these symptoms. You may need to be admitted to the hospital for treatment.**

### Call your doctor immediately if you experience any of the following symptoms:

- Excessive vaginal bleeding (pad becomes saturated in less than one hour)
- Vaginal discharge with foul odor
- Temperature of 100.4°F or above; severe chills; flushing; flu-like symptoms (If you are not feeling well, check your temperature)
- Drainage, bleeding, swelling or redness of your abdominal incision or episiotomy
- Separation of your incision
- Pain not relieved by medication or an increase in your pain
- Fainting, extreme dizziness, or feeling extremely weak

- Burning, frequency, urgency of urination; pain in either side of lower back (flank pain); blood-tinged urine; cloudy urine; or urine with a foul odor
- No bowel movement within four days of giving birth
- Frequent nausea and vomiting
- **Chest pain or difficulty breathing — CALL 911!**
- Shortness of breath, persistent and/or productive cough
- Severe depression or depressed feelings or signs of anxiety that last more than a few weeks
- Pain, swelling, redness to one or both of your breasts or painful knots or lumps in your breast(s)

## High Blood Pressure (Hypertension)

### Postpartum Check-Up in Three to Five Days

If you are given a discharge prescription for a blood pressure medication, you need to see your doctor for your postpartum check-up within three to five days. Please be sure to fill and take medications as prescribed.

Call your doctor's office after you get home to make your appointment.

## Post Birth Warning Signs

Always trust your instincts. If you are concerned, obtain care.

### Emergency Warning Signs, CALL 911

- **P**ain in chest
- **O**bststructed breathing or shortness of breath
- **S**eizures
- **T**houghts of hurting yourself

### Urgent Warning Signs

Call your healthcare provider and if no response, go to the Emergency Room.

- **B**leeding, soaking through one pad per hour, or blot clots the size of an egg or bigger, or an
- **I**ncision that is not healing
- **R**ed or swollen leg that is painful or warm to touch
- **T**emperature of 100.4 degrees Fahrenheit, or higher
- **H**eadache that does not get better, even after taking medication, or bad headache with vision changes

- Severe headache; abdominal pain; blurred vision; dizziness; seeing spots or flashing lights; loss of vision; or any other visual disturbance
- Persistent or worsening edema (swelling) in your face, eyes, hands or feet
- Pain, warmth, tenderness, swelling or redness in your leg(s).
- Falling or loss of balance; numbness; speech difficulty
- Domestic violence or sexual assault
- Anything else that doesn't seem right – trust your instincts

## Deep Vein Thrombosis

A deep vein thrombosis (DVT) is a blood clot in the deep veins, usually in the legs.

DVTs can form when blood flow is slower than normal, when blood vessels are damaged, or after delivery when the blood clots more easily than normal. You have a higher risk of a DVT during pregnancy and the first six weeks after delivery.

A DVT can be life-threatening if it travels to the lungs. This is called a pulmonary embolism.

### Know the risk factors and symptoms of a DVT (blood clot):

DVT Risk Factors	Notify your doctor immediately	Call 911 immediately
<ul style="list-style-type: none"><li>• previous blood clot or family history of blood clots</li><li>• age 40+</li><li>• surgery (including C-section)</li><li>• immobility (bed rest for three days or more)</li><li>• broken bones requiring a cast or surgery</li><li>• obesity</li><li>• pregnancy and the first six weeks after delivery</li><li>• blood clotting disorders</li><li>• severe varicose veins</li><li>• current cancer treatment</li><li>• delivery of multiples (twins, triplets, etc.)</li><li>• four or more previous deliveries</li><li>• preeclampsia</li></ul>	<ul style="list-style-type: none"><li>• pain in leg</li><li>• swelling in leg</li><li>• tenderness along a vein</li><li>• one leg feels warmer than the other leg</li><li>• redness or bluish color of the skin of the leg</li></ul>	<ul style="list-style-type: none"><li>• shortness of breath or difficulty breathing</li><li>• chest pain – sharp or stabbing pain that may worsen with deep breaths</li><li>• fast heart beat</li><li>• unexplained cough (may have bloody mucus)</li></ul>

**If you experience any of the warning signs listed here or have other symptoms that you feel are not normal, get medical attention immediately.**

Some patients with a DVT do not have any symptoms until the clot moves into the lungs (pulmonary embolism). A pulmonary embolism is life-threatening and requires emergency treatment.

The best way to prevent deep vein thrombosis is to get out of bed and walk as soon as possible during your recovery. If you are restricted to the bed for any reason, you should exercise your legs every hour and change positions at least every two hours. Stretching your legs with “heel-to-toe” movements and moving feet in circles are good exercises to prevent DVT.

After you go home from the hospital, do not sit or lie in bed for long periods of time during the day. You should continue walking around your home and changing positions frequently. If your doctor prescribes medication to prevent blood clots, please take it as directed. If your doctor instructs you to wear compression stockings to help blood flow, please follow these directions as well.

# Gestational Diabetes



Gestational diabetes is diabetes found during pregnancy. If a woman has gestational diabetes, she may have a lifelong risk of becoming a type 2 diabetic. A woman with gestational diabetes is still “pre-diabetic” even after her delivery. In many women, this can be prevented with a healthy diet and regular exercise, but others may need additional treatment.

### **Once You Go Home**

- Remember to keep checking your blood sugars and keep a log for your next doctor’s visit.
- Keep your follow-up appointment with your Obstetrician/Gynecologist (OB-GYN).
- Take a two-hour glucose tolerance test 6 to 12 weeks after delivery.

### **The Early Postpartum Days and Beyond**

- Tell all of your doctors that you had gestational diabetes.
- Make healthy food choices for you and your family, such as eating fruits and vegetables, fish, lean meats, dry beans and peas, whole grains, and low-fat or skim milk, and cheese. Eat smaller portions and choose water to drink.
- Be active at least 30 minutes, five days per week to help burn calories and lose weight.
- Try to reach your pre-pregnancy weight 6 to 12 months after your delivery.
- One year after your delivery, you should have a repeat 75 gram oral glucose tolerance test with insulin.
- Talk to your doctor if you plan to become pregnant again in the future. If you plan to become pregnant in less than one year, you should be tested with a 75 gram oral glucose tolerance test before you become pregnant.

Woman’s Metabolic Health and Research offers care specifically for women who have had gestational diabetes. Call 225-924-8947 for more information or an appointment.

# Getting Back in Shape



**Exercise at Woman's**  
Stay healthy and strong after your delivery at Woman's Center for Wellness.  
Work with a trainer while working to return to pre-pregnancy fitness levels.  
Check out our class schedule online at [womans.org/wcw](http://womans.org/wcw) or call 225-924-8709.

## Exercise

Abdominal muscles, often called stomach muscles, are weakened after delivery. Gentle exercises for the stomach, such as pelvic tilting and abdominal tightening, should begin 24 hours after delivery. Do not do full sit-ups. Avoid exercises that require you to raise or lower both legs at the same time. Each day, try to do 10 to 15 minutes of a mild physical activity to help you get back “in shape.” Ask your doctor if you should avoid any activity. Be careful not to do too much too soon. If you notice any pain in your pelvis or changes in the color or amount of vaginal discharge, stop exercising and call your doctor.

Woman’s Fitness Club offers a medically supervised exercise program for women who have recently given birth. Call 225-924-8300 for more information.

## Kegel Exercises After Vaginal and C-Section Delivery

Kegel exercises strengthen your pelvic floor muscles. The pelvic floor muscles are stretched during pregnancy and delivery, especially for those who deliver vaginally. The pelvic floor muscles support the bladder, uterus and rectum. Kegel exercises are beneficial after delivery in regaining the loss of muscle tone around the vagina and urethra.

Strengthening these muscles will help prevent leaking of urine or bowel contents; help the perineum heal; and tighten the vagina, which stretches during delivery.

- Tightly squeeze the muscles that you use to stop the flow of urine.
- Hold for up to 10 seconds, then release.
- Do this 10 to 20 times in a row at least three times a day.

Studies show that 40 percent of women do Kegel exercises incorrectly. For more information on how to perform this exercise correctly, register to attend our *Kegels: What you Need to Know About Your Pelvic Floor* class.

## Diet and Nutrition

Eat properly to help your body heal. Eating a variety of foods will help you get all of the nutrients your body needs to be healthy and recover after your delivery. To prevent dehydration and promote healing, drink to satisfy your thirst, which should be about 8 to 12 (8-ounce) glasses of water every day.

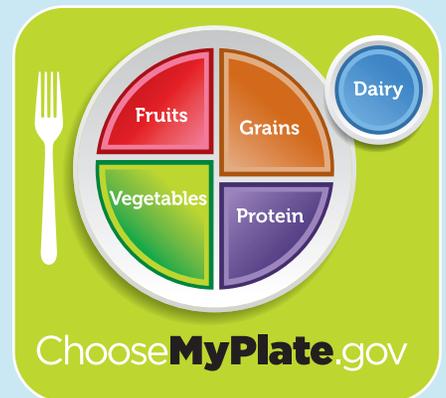
You may lose up to 20 pounds fairly easily in the postpartum period. More weight loss will be easier with moderate exercise and a smart eating program.

You may also call Woman’s Food and Nutrition Services at 225-924-8451 for more information.

## Find Your Balance Between Food and Physical Activity

General recommendations:

- Be sure to stay within your recommended daily calorie needs.
- Eat a well-balanced diet that includes a variety of whole grains, fruits, vegetables, protein and dairy.
- Drink 8 to 12 (8-ounce) glasses of water every day.
- Avoid oversized portions.
- Reduce your daily salt/sodium intake. This is especially important for African-Americans and anyone with high blood pressure or chronic kidney disease.
- Limit your intake of simple or refined sugars, such as cakes, pies, candies, table sugars and sugary drinks such as sodas, fruit punch, or cocktails. Water is the best choice.
- Choose healthy fats and oils such as Omega-3, monounsaturated and polyunsaturated fats.
- Avoid saturated fats, trans fats and synthetic trans fats. Trans fatty acids can be found in vegetable shortenings and partially hydrogenated oils.
- Engage in 10 to 15 minutes of mild physical activity each day to help get back “in shape”.



## Other Adjustments



### Perinatal Mood and Anxiety Disorders (PMAD)

It is natural for a woman to experience changes in her feelings and mood during pregnancy and after delivery, including feeling more tired, irritable or worried. However, if unpleasant feelings do not go away after a couple of weeks – or if they get worse – they could be signs of a perinatal mood disorder. Following delivery, many women experience what is known as postpartum depression (PPD); others experience symptoms of anxiety and/or panic attacks. A mood disorder is a medical illness that can be effectively treated.

Pregnancy and delivery are major life events for women and their families. Some of your reactions and emotions may even surprise you, especially if they seem negative. Women of every culture, age, income level and race can develop perinatal mood and anxiety disorders.

According to Postpartum Support International, as many as 1 in 7 women may experience emotional symptoms known as perinatal mood and anxiety disorders. One out of 10 postpartum women develop anxiety alone or in addition to depression. Symptoms can appear anytime during pregnancy and the first 12 months after delivery. These disorders do not discriminate; any woman can develop them. **Postpartum depression** is the most well-known of these conditions. Many signs of the “blues” are present, but they are more intense or persistent.

Although healthcare providers are not sure what causes such extreme emotional changes, most believe perinatal mood and anxiety disorders stem from the physical and emotional adjustments of pregnancy and delivery. It is important to realize that these symptoms are not signs of weakness or inadequacy. At the onset of these changes, you need to contact your healthcare provider immediately. There are effective and well-researched treatment options to help you recover. With proper treatment, most women recover fully. Above all, remember perinatal mood and anxiety disorders are real conditions and help is available.

Although the term “postpartum depression” is most often used, there are actually several forms that women may experience, including:

- Postpartum Blues
- Postpartum Depression
- Postpartum Anxiety or Obsessive Compulsive Disorder (OCD)
- Postpartum Psychosis

### “Postpartum Blues”

Eight out of 10 postpartum women experience weepiness, sad feelings, worry and sometimes feel overwhelmed. Having a baby is a very emotional event and like no other experience in life. Following delivery, you may have feelings ranging from happiness, joy, excitement, and love to anxiety, fear, confusion, exhaustion, and helplessness. Hormone changes and the lack of sleep in the first few days after delivery can cause mood swings in many women. These swings can cause sudden bouts of sadness, crying, impatience, or irritability. These “**postpartum blues**” are normal and considered the mildest and most common reaction after delivery. It can feel like an emotional rollercoaster that usually starts within days of delivering, when hormones drop rapidly and peaks at 4 to 5 days and lasts around 10 days. If these feelings extend beyond two weeks, notify your healthcare provider.

#### Common symptoms are:

- Anxiety (nervousness, worry)
- Crying spells
- Fear of being alone
- Feeling overwhelmed
- Lack of self-confidence
- Loneliness
- Mood swings
- Overly sensitive with others
- Trouble sleeping
- Burst of worry / panic that comes and goes

### Postpartum Depression

One out of 5 postpartum women experience emotions beyond the postpartum blues known as postpartum depression (PPD). **Postpartum depression** has many of the same symptoms as postpartum blues. Feelings of sadness, guilt, fear or inadequacy can become overwhelming feelings. Postpartum depression may start as early as the second or third day after delivery or may take several weeks and even up to a year to develop.

#### Common symptoms are:

- Irritability
- Extreme nervousness
- Persistent sadness
- Feelings of hopelessness or emptiness
- Sleep all day or unable to sleep
- Loss of appetite
- No energy
- Lack of interest in activities, hobbies, and/or others
- Crying often
- Feeling guilty or ashamed
- Anxiety
- Feeling like you are not a good person
- Feelings of inadequacy
- Frightening thoughts

### Postpartum Anxiety

**Postpartum anxiety disorders** such as panic disorder, obsessive compulsive disorder and generalized anxiety disorder appear to be as common as postpartum depression and even coincide with depression. Perinatal anxiety symptoms can include the following: panic attacks, hyperventilation, excessive worry, restless sleep, and repeated thoughts or images of frightening things.

#### Common Postpartum Anxiety and OCD Symptoms include:

- Fear and worry that interrupts your thoughts or daily tasks
- Constant worry
- Racing thoughts
- Inability to sleep at night
- Headaches, dizziness, nausea
- Can't sit still or relax
- Checking things over and over again
- Scary thoughts about yourself or others that upset you
- Fear of being alone with others

### Postpartum Psychosis

One out of 1,000 women are at risk for **postpartum psychosis** following delivery. In rare instances, symptoms of postpartum depression may become severe. These symptoms may appear 48 hours to four weeks after delivery. Postpartum psychosis risk factors are a personal or family history of bipolar disorder or a previous psychotic episode. Rapid mood changes from feeling high/manic or agitated to feeling low and depressed can occur.

**Postpartum psychosis is an emergency and requires immediate help. Call your doctor immediately if you experience any of the following symptoms:**

- Extreme mood swings
- High mood with being out of touch with reality (mania)
- Confusion
- Excessively irritable or agitated
- Disorganized, erratic behavior
- Hallucinations (seeing, smelling, or hearing things)
- Paranoia
- Difficulty communicating
- Feeling paranoid or suspicious of other's motives
- Irrational false beliefs (delusions)
- Inability to sleep
- Withdrawal from family members

**In some cases, the mother will experience:**

- Suicidal thoughts
- Thoughts of harming others

We are here for you.

Call Woman's Social Services at 225-924-8456. We can connect you with resources, including our MOM2MOM support group.

### **Activities to Prevent PMADs**

Don't be ashamed of having emotional changes after delivery. It is very common.

- Talk to family and friends about the changes in your mood and problems that may occur after delivery.
- Take care of yourself. This means eating a balanced diet, getting regular exercise and getting adequate sleep.
- Share your feelings with someone close to you; don't isolate yourself at home.
- Don't try to do everything for everyone. You do not need to be Superwoman!
- Don't expect too much of yourself.
- Allow friends and family to help with shopping and cooking.
- Ask friends and family to help care for other family members or children.
- Maintain a relaxed, flexible home routine.
- Avoid products containing caffeine (coffee, tea, soft drinks and chocolate).
- Don't be afraid to ask for what you need.

### **Please contact your healthcare provider if you think you have any of these signs or symptoms:**

- Trouble sleeping or sleeping too much
- Feeling irritable, angry, or nervous
- Thoughts of harming others or yourself
- Lack of interest in friends and family
- Not enjoying life as much as in the past
- Feelings of being a bad person
- Feeling guilty or worthless
- Lack of interest in activities, hobbies, and/or others
- Changes in appetite
- Low energy
- Feeling exhausted
- Crying uncontrollably
- Feeling hopeless
- Trouble concentrating
- Lack of interest in sex

### **It's ok to ask for Help**

It can be very difficult to recognize or admit feelings of depression or anxiety.

Many women who experience postpartum mood changes delay calling the doctor because they feel guilty or don't want to be judged. However, while mild mood changes during and after pregnancy are common, they are treatable. If feelings of depression or anxiety persist for a few weeks or interfere with daily activities, it is time to ask for help.

### **Sleep**

The physical demands of pregnancy, delivery, and recovery can make getting good sleep tricky for even the strongest women. But while a lack of sleep frustrates nearly all pregnant and postpartum women, it takes a much higher toll on those suffering from a PMAD. The relationship between sleep problems and PMADs is complex because impaired sleep can contribute to the initial development of a PMAD or make daily symptoms worse. The bottom line is that all postpartum women need good sleep in order to recover. Practicing good sleep habits — such as developing a bedtime routine, using bed for sleep and sex only, and avoiding caffeine late in the day — is a good start.

### **Support**

Although PMADs affect nearly 1 million women annually, these conditions have a way of making each woman feel alone. Some women feel less alone and more supported in a community of others who are also experiencing PMADs. Attending support group meetings with other women who are in the same situation is a way to understand your feelings and share your thoughts. For more information about support groups at Woman's and other resources, call Social Services at 225-924-8456 or visit [womans.org](http://womans.org).

If you are unable to attend an in-person support group, Postpartum Support International offers online support groups. Visit [www.postpartum.net/psi-online-support-meetings/](http://www.postpartum.net/psi-online-support-meetings/) for additional information.

### **Exercise**

The mood-boosting and anxiety-reducing benefits of exercise are well established, with some studies demonstrating that regular exercise reduces depressive symptoms as effectively as treatment with medication. This makes exercise an important component of treatment for pregnant and postpartum women.

### **Woman's Social Services Support Groups**

225-924-8456

### **Woman's NICU Parents Support Group:**

225-231-5588

### **Other Resources Include:**

#### **Postpartum Support International (PSI)**

PSI Coordinators provide support, encouragement, and information about perinatal mood and anxiety disorders, including postpartum depression. This organization can help you connect to your community or online resources. Visit [postpartum.net/get-help/in-an-emergency](http://postpartum.net/get-help/in-an-emergency) or call 1-800-944-4PPD (4773) for local help.

#### **Postpartum Progress, Inc.**

[postpartumprogress.org](http://postpartumprogress.org)

#### **MGH Center for Women's Mental Health**

[womensmentalhealth.org](http://womensmentalhealth.org)

#### **Seleni Institute**

[seleni.org](http://seleni.org)

#### **Woman's Pregnancy/Infant Loss Support Group**

Sessions are free and adult family members and friends are welcome. For more information, visit [womans.org](http://womans.org) or call 225-924-8456

#### **Crisis Line (The Phone)**

225-924-3900 or 1-800-437-0303

**IN A CRISIS OR EMERGENCY SITUATION,  
CALL 911 OR GO TO THE NEAREST  
EMERGENCY ROOM IMMEDIATELY.**

### Once You Are Home

When you get home, you may realize that you have many questions that you did not think to ask while at the hospital. Hopefully, this guide will help answer most of your questions. Contact your healthcare provider if you still have unanswered questions or concerns.

Once you are home, please contact your healthcare provider for continued support throughout this new journey.

### Woman's Resources You May Need

Lactation Warmline .....	225-924-8239
Woman's Diabetes Prevention Center .....	225-924-8550
Fitness (exercise classes) .....	225-924-8300
Genetics Clinic .....	225-924-8550
Health Information Management .....	225-924-8753
Medical Records	
Birth Certificates	
Laboratory Services .....	225-924-8271
Nutrition Services .....	225-924-8313
Patient Accounting (billing questions) .....	225-924-8106
Patient Relations (patient satisfaction hotline) .....	225-231-5555
Pastoral Care (Chaplain) .....	225-924-8456
Photography (Photos) .....	225-924-8997
Social Services .....	225-924-8456
Spa Services .....	225-924-8388
Therapy Services .....	225-924-8450
Occupational Therapy	
Physical Therapy	
Speech Pathology	
Hearing Services	
Woman's Website .....	womans.org

### Community Resources

Battered Women's / Domestic  
Violence Crisis Line  
1-800-541-9706

CDC Information Line  
1-800-232-4636  
Provides information on vaccines  
and immunizations.

Crisis Line (The Phone)  
225-924-3900  
1-800-437-0303 (toll free)

Greater Baton Rouge Food Bank  
225-359-9940

Louisiana Poison Control  
1-800-222-1222

Postpartum Support  
International (PSI)  
www.postpartum.net  
1-800-944-4PPD (toll free)  
(1-800-944-4773)

### Louisiana WIC

WIC provides nutritional services,  
support and supplemental food  
for women and children.

To locate a WIC clinic near you,  
please call 1-800-251-BABY (2229).

East Baton Rouge Parish WIC Clinic  
225-925-3606

Livingston Parish Health Unit  
225-686-7017 or 225-686-9363



100 Woman's Way  
Baton Rouge, LA 70817  
225-927-1300  
**womans.org**



*Woman's* exceptional care, centered on you

Founded in 1968, Woman's is a nonprofit organization, governed by a board of community volunteers, providing medical care and services in order to improve the health of women and infants, including community education, research and outreach.

