After Your Vaginal Birth
Your plan of care

Now that you are no longer pregnant, your body is going through many changes. This chapter explains how we plan to help you as you recover from giving birth.

What to Expect
You will most likely be in the hospital for about 24 hours after giving birth. If you have other health issues, you may need to stay longer. Your nurses and doctors will talk with you about when you can go home.

Your Plan of Care
To help your recovery, we will “cluster” your care. This means that when we check on you, we will provide other aspects of your care at the same time. This helps you get better rest in between our care visits.

As part of your plan of care, we will:

- Ask about your pain, help you with comfort measures such as position changes and cool packs, and give you any medicines you may need. Please see “Types of Pain” on page 3.

- Check your vital signs (blood pressure, temperature, heart rate, and breathing). We will check these every 30 minutes at first, then every hour for 2 hours, then every 4 hours for 24 hours. After that, we will check your vital signs every 8 hours until you go home. If you have special medical conditions, we may check your vital signs more often.

- Check on you more often if you have problems such as fever, high blood pressure, or extra bleeding.
• Monitor and manage your **intravenous (IV) catheter (tube)** if you have one. As soon as you no longer need IV fluid or medicines, your nurse will remove the IV. Most times, this is done within several hours after the birth.

• Check your **uterus** by feeling your belly. Your uterus is a muscle. It will feel firm to the touch as it contracts. It is starting to return to the size it was before you were pregnant.

• Check for **vaginal bleeding**. Blood comes from the place where the placenta attached to your uterus. At first, the flow is usually heavier and bright red. It lessens over a couple of days and then changes to a pinkish or brown color. You may see small blood clots for the first few days.

• Check any stitches and check your **perineal area** for swelling, bruises, or hemorrhoids.

• Check your legs for **swelling**. Some swelling is common after giving birth.

• Make sure you are **urinating** without trouble.

• Check your breasts and nipples for soreness.

• Ask you about your **thoughts and feelings** about giving birth.

**Hourly Rounding**

For your safety and comfort, your nurse or patient care technician will check on you every hour during the day and every 2 hours at night. This is called “rounding.” They will bring you water, check to make sure you have supplies you need, and help you to the bathroom as needed.

You can use your call light if you have questions or need anything between rounds. If you want a longer period of rest without being awakened, please make a plan with your nurse.

**Getting Out of Bed**

• After giving birth, you are at risk for falling. For your safety, **we will help you get out of bed until we are sure it is safe for you to stand up by yourself**. Do not get out of bed on your own until your nurse says it is safe for you to stand up without help.
• When it is safe, we will encourage you to get up and walk. Moving around helps you heal. It can also help prevent blood clots, constipation, and other problems.

• While you are in bed, change positions often. If you have a swollen bottom, try lying on your side.

• If you can sit without pain, sit in a chair or on the day bed for part of the day.

• Walk in the halls at least 3 times a day. You can push your baby in the bassinet or a family member can stay in the room with your baby.

**Types of Pain**

There are 3 common types of pain after vaginal birth: uterine cramping, vaginal or perineal pain, and hemorrhoid pain.

**Uterine Cramping or Tenderness**

This type of pain can last for 5 to 7 days after you give birth. It occurs as your uterus returns to the size it was before you became pregnant.

You may have more cramping during the first 5 days after birth, when you breastfeed. It may be more painful if you have had many births. Cramping will also increase when your bladder is full, so it will help to empty your bladder often

*To manage uterine pain:*

• Place a warming pad on your lower belly

• Take ibuprofen

**Vaginal Discomfort or Pain**

This type of pain may last a few days to 2 weeks. This depends on how much tearing or swelling you have. Most women find that using both comfort measures and medicine helps ease vaginal pain.

*Comfort measures:*

• Cold packs for the first 24 to 72 hours

• Witch hazel pads

• A squirt bottle to clean the area around your vagina (we will give you a bottle you can take home with you)
**Medicines:**

- Dibucaine ointment is a numbing medicine. It is usually used for hemorrhoids. It can also be used short-term to help with vaginal pain.
  - Do **not** use dibucaine if you know you are allergic to numbing medicines like lidocaine or novocaine.
  - Do **not** apply dibucaine right on the stitches.

- Many patients are instructed to take ibuprofen (Advil, Motrin) or acetaminophen (Tylenol), or both. Ibuprofen reduces pain caused by inflammation and acetaminophen eases pain in general.
  - If your doctor has prescribed both medicines, you may take them at the same time or separately.
  - While using these 2 medicines, make sure that you do **not** take any other medicines that contain acetaminophen or ibuprofen.
  - For the first 24 hours after the birth, we usually give patients the highest dose. After that, you will work with your nurse to decide the best dose for your needs. For more details on usual doses of these medicines, see the chapter “Your Medicine Doses.”

- You may have more pain if you had a lot of swelling or if your doctor needed to use several stitches to repair a tear. If ibuprofen and acetaminophen do not control your pain, your doctor may prescribe a few doses of an **opioid** medicine such as oxycodone or hydromorphone.
  - **If you misuse opioids, you can become addicted.** Use comfort measures and other pain medicines first. Only use the opioid when your pain makes it hard to do your daily activities.
  - It is considered safe to use opioids for a short time while you are breastfeeding.
  - Please read the section “Opioid Use” in this workbook.

- Remember to use the “Tracking Medicines” tables in the front of this workbook.
Hemorrhoids and Constipation

Hemorrhoids are inflamed veins in or around the rectum. They can happen late in pregnancy or while you are giving birth. Most hemorrhoids that form in pregnancy go away after the birth.

• Constipation can make hemorrhoids worse or slow your recovery.
• We may use witch hazel pads or “Tucks” to help shrink swollen hemorrhoids while you are in the hospital. You can buy these at most drugstores without a prescription once you go home.

To prevent constipation:

• When you feel the urge to have a bowel movement, don’t wait. Go sit on the toilet and allow your bottom to relax.
• Drink 6 to 8 glasses of water a day.
• Eat high-fiber foods like lentils, black or pinto beans, broccoli, peas, berries, avocados, unsalted peanuts, prunes, apricots, and bran cereals.
• We will offer you a laxative medicine during your hospital stay.
• Take the stool softener medicine that your doctor suggests.
• Read the chapter “Constipation” in this workbook.

Leg Swelling

Leg swelling is common in the first 7 to 10 days after giving birth. If you have swelling in your legs:

• Sit with your legs propped up to help the swelling go down.
• Do not wear tight-fitting shoes or clothing.
• Tell your nurse if your leg swelling gets worse, or if you have leg pain or redness in the lower part of your leg.

Breast Changes

• Right after birth, your breasts make a “first milk” called colostrum. You may or may not notice drops of this early milk.
• Your breasts are often soft for the first 2 to 4 days. After that, they may become swollen and tender while your milk is increasing.
• If your breasts become very full and uncomfortable, they are engorged. This normal condition usually lasts 2 to 3 days. To help ease engorgement:
- Feed or pump often (if your baby cannot nurse yet)
- Apply washcloths soaked in warm water to your breasts to help ease the pain

• To learn more, please read the chapter “Breastfeeding” in this workbook.

**Postpartum Depression and Mood Disorders**

Changes in your emotions and moods are common after giving birth. These moods are caused by changes in hormones levels. If you are at all concerned about this part of your recovery, please talk with your nurse and doctor. It is a good idea for both you and your partner to read the chapter “Baby Blues and More” in this workbook.

Now, please go back to the Table of Contents of this workbook and check the box so your nurses will know you have read this chapter.

Questions?

Your questions are important. If you have questions about postpartum pain, call your healthcare provider during office hours.