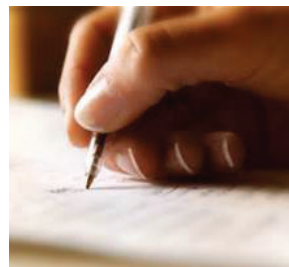
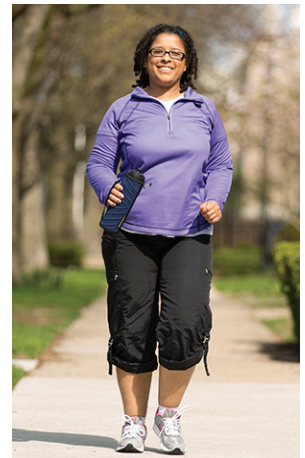


# UW Medicine | Your Care After Giving Birth

*In the hospital and at home*



*October 2018*



## My Discharge Checklist

I can go home when:

- I have read and checked off all the workbook chapters.
- I have my medicines and I understand my plan of care.
- I have had a doctor's exam.
- I have received any immunizations I need.
- I have pharmacy information ready to give my doctor for discharge prescriptions.
- I have confirmed with my nurse or doctor that there is a doctor's order for my discharge.
- I can "teach back" my self-care instructions, medicine doses, and follow-up plan.
- I have set up my follow-up clinic visit. My visit is set for:  
Date: \_\_\_\_\_  
Time: \_\_\_\_\_
- I have signed my discharge form.

# Tracking Your Medicines

After giving birth

## Day 1

**Pain score:** 0 = no pain, 10 = the worst pain. **Rate your pain before taking medicine and 1 hour after.**

Pain Medicines	Time	Dose	Time	Dose	Time	Dose	Time	Dose	Time	Dose
	<b>Acetaminophen (analgesic)</b> 1,000 mg by mouth every 6 hours or 650 mg by mouth every 4 hours									
Before		After	Before	After	Before	After	Before	After	Before	After
<b>Pain Score</b> Rate your pain from 0 to 10, before and after dose										
	Before	After	Before	After	Before	After	Before	After	Before	After
<b>Ibuprofen (anti-inflammatory)</b> 600 mg by mouth every 6 hours										
	Before	After	Before	After	Before	After	Before	After	Before	After
<b>Pain Score</b> Rate your pain from 0 to 10, before and after dose										
	Before	After	Before	After	Before	After	Before	After	Before	After

**If your doctor prescribed opioids:** Always take your nonprescription pain medicines first. Use opioids for break-through pain only. Tracking your opioid use and pain scale in hospital will help you taper your doses at home.

Opioids Start with smallest dose	Time	Dose	Time	Dose	Time	Dose	Time	Dose	Time	Dose
	<b>Medicine:</b>  <b>Pain Score</b> Rate your pain from 0 to 10, before and after dose									
Before		After	Before	After	Before	After	Before	After	Before	After
<b>Medicine:</b>  <b>Pain Score</b> Rate your pain from 0 to 10, before and after dose										
	Before	After	Before	After	Before	After	Before	After	Before	After

## Day 2

**Pain score:** 0 = no pain, 10 = the worst pain. **Rate your pain before taking medicine and 1 hour after.**

Pain Medicines		Time	Dose	Time	Dose	Time	Dose	Time	Dose	Time	Dose
<b>Acetaminophen (analgesic)</b> 1,000 mg by mouth every 6 hours or 650 mg by mouth every 4 hours											
<b>Pain Score</b> Rate your pain from 0 to 10, before and after dose	Before	After		Before	After		Before	After		Before	After
<b>Ibuprofen (anti-inflammatory)</b> 600 mg by mouth every 6 hours											
<b>Pain Score</b> Rate your pain from 0 to 10, before and after dose	Before	After		Before	After		Before	After		Before	After

**If your doctor prescribed opioids:** Always take your nonprescription pain medicines first. Use opioids for break-through pain only. Tracking your opioid use and pain scale in hospital will help you taper your doses at home.

Opioids		Time	Dose	Time	Dose	Time	Dose	Time	Dose	Time	Dose
Start with smallest dose											
<b>Medicine:</b>											
<b>Pain Score</b> Rate your pain from 0 to 10, before and after dose	Before	After		Before	After		Before	After		Before	After
<b>Medicine:</b>											
<b>Pain Score</b> Rate your pain from 0 to 10, before and after dose	Before	After		Before	After		Before	After		Before	After

### Day 3

**Pain score:** 0 = no pain, 10 = the worst pain. **Rate your pain before taking medicine and 1 hour after.**

Pain Medicines		Time	Dose	Time	Dose	Time	Dose	Time	Dose	Time	Dose
<b>Acetaminophen (analgesic)</b> 1,000 mg by mouth every 6 hours or 650 mg by mouth every 4 hours											
	Before	After	Before	After	Before	After	Before	After	Before	After	
<b>Pain Score</b> Rate your pain from 0 to 10, before and after dose											
	Before	After	Before	After	Before	After	Before	After	Before	After	
<b>Ibuprofen (anti-inflammatory)</b> 600 mg by mouth every 6 hours											
	Before	After	Before	After	Before	After	Before	After	Before	After	
<b>Pain Score</b> Rate your pain from 0 to 10, before and after dose											
	Before	After	Before	After	Before	After	Before	After	Before	After	

**If your doctor prescribed opioids:** Always take your nonprescription pain medicines first. Use opioids for break-through pain only. Tracking your opioid use and pain scale in hospital will help you taper your doses at home.

Opioids		Time	Dose	Time	Dose	Time	Dose	Time	Dose	Time	Dose
Start with smallest dose											
	Before	After	Before	After	Before	After	Before	After	Before	After	
<b>Medicine:</b>											
	Before	After	Before	After	Before	After	Before	After	Before	After	
<b>Pain Score</b> Rate your pain from 0 to 10, before and after dose											
	Before	After	Before	After	Before	After	Before	After	Before	After	
<b>Medicine:</b>											
	Before	After	Before	After	Before	After	Before	After	Before	After	
<b>Pain Score</b> Rate your pain from 0 to 10, before and after dose											
	Before	After	Before	After	Before	After	Before	After	Before	After	

Other Medicines	Date	Time	Date	Time	Date	Time	Date	Time	Date	Time	Date	Time	Date	Time
<b>Senna</b> (herbal laxative): Take by mouth 2 times a day														
<b>Polyethylene glycol</b> (oral fiber drink): Take 17 grams 1 time a day														
<b>Medicine:</b> Dose:														
<b>Medicine:</b> Dose:														
<b>Medicine:</b> Dose:														
<b>Medicine:</b> Dose:														
<b>Medicine:</b> Dose:														
<b>Medicine:</b> Dose:														



# Washington State Birth Filing Form

Fields with asterisk (\*) are required and appear on the Birth Certificate.

For Hospital Use Only			
Mother's Medical Record #:	Child's Medical Record #:	Prefer Parent / Parent Labels on Birth Certificate <input type="checkbox"/> Yes <input type="checkbox"/> No (Default Labels are Mother / Father)	
Plurality:	<input type="checkbox"/> 1- single birth	<input type="checkbox"/> 2- twin	<input type="checkbox"/> 3- triplet <input type="checkbox"/> Other _____
If multiple, this worksheet is for child:	<input type="checkbox"/> 1- first born	<input type="checkbox"/> 2- second born	<input type="checkbox"/> 3- third born <input type="checkbox"/> Other _____
Child's Information			
*1. Child's Name			
First	Middle	Last	
*2. Child's Date of Birth (MM/DD/YYYY) / /		*3. Time of Birth	
5. Type of Birthplace <input type="checkbox"/> Hospital <input type="checkbox"/> Home <input type="checkbox"/> Enroute <input type="checkbox"/> Clinic/Doctor's Office <input type="checkbox"/> Freestanding Birth Center <input type="checkbox"/> Other (specify):		*4. Child's Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
*7. Name of Facility (If not a facility, enter name of place and address)		*8. County of Birth	*9. City of Birth
Mother's Information			
10. Mother's Current Legal Name			
First	Middle	Last	
*11. Mother's Name Prior to First Marriage			
First	Middle	Last/Maiden	
*12. Date of Birth (MM/DD/YYYY) / /		*13. Birthplace (State, Territory, or Foreign Country)	
15. Do you want to get a Social Security Number for your child? <input type="checkbox"/> Yes <input type="checkbox"/> No		14. Social Security Number	
16a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.)			Apt No.
16b. If not U.S.; Country	16c. State	16d. County	
16e. If you live on Tribal Reservation, give name		16f. City or Town	16g. Zip Code + 4
16h. Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	17. How Long at Current Residence? Years:                      Months:		18. Telephone Number ( )
19a. Mailing Address, if different: Number and Street, or PO Box			Apt No.
19b. If not U.S.; Country	19c. State	19d. City	19e. Zip Code + 4
20. Occupation (type of work done during last year)		21. Kind of Business/Industry (do not use company name)	
22. Mother's Education (Check the box that best describes the highest degree or level of school completed at the time of delivery.)		23. Mother of Hispanic Origin? (Check the box that best describes whether the mother is Spanish/Hispanic/Latina or check "No" box if not Spanish/Hispanic/Latina.)	
1 <input type="checkbox"/> 8 <sup>th</sup> grade or less (specify): _____ 2 <input type="checkbox"/> 9 <sup>th</sup> – 12 <sup>th</sup> grade; no diploma 3 <input type="checkbox"/> High school graduate or GED 4 <input type="checkbox"/> Some college credit, but no degree 5 <input type="checkbox"/> Associate degree (AA, AS, etc.) 6 <input type="checkbox"/> Bachelor's degree (BA, AB, BS, etc.) 7 <input type="checkbox"/> Master's degree (MA, MS, MEd, MSW, MBA, etc.) 8 <input type="checkbox"/> Doctorate (PhD, EdD, etc.) or professional degree (MD, DDS, DVM, LLB, JD, etc.)		1 <input type="checkbox"/> No, not Spanish/Hispanic/Latina 2 <input type="checkbox"/> Yes, Mexican, Mexican American, Chicana 3 <input type="checkbox"/> Yes, Puerto Rican 4 <input type="checkbox"/> Yes, Cuban 5 <input type="checkbox"/> Yes, Other Spanish/Hispanic/Latina (specify): _____	
		24. Mother's Race (check one or more)	
		1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black or African American 3 <input type="checkbox"/> American Indian or Alaska Native (Name of enrolled or principal tribe) _____ 4 <input type="checkbox"/> Asian Indian                      5 <input type="checkbox"/> Chinese 6 <input type="checkbox"/> Filipino                              7 <input type="checkbox"/> Japanese 8 <input type="checkbox"/> Korean                                9 <input type="checkbox"/> Vietnamese 10 <input type="checkbox"/> Other Asian (specify): _____ 11 <input type="checkbox"/> Native Hawaiian                  12 <input type="checkbox"/> Guamanian or Chamorro 13 <input type="checkbox"/> Samoan 14 <input type="checkbox"/> Other Pacific Islander (specify): _____ 15 <input type="checkbox"/> Other (specify): _____	

Continue on next page

Mother's Information	25. Mother's Height Feet: _____ Inches: _____	26. Mother's Pre-Pregnancy Weight (pounds)	27. Did Mother get WIC food for herself during pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No
	28. Cigarette Smoking Before and During Pregnancy <input type="checkbox"/> Yes <input type="checkbox"/> No	Average number of cigarettes or packs per day: # of cigarettes # of packs	
		Three months before pregnancy _____ or _____	
		First three months of pregnancy _____ or _____	
		Second three months of pregnancy _____ or _____	
		Last three months of pregnancy _____ or _____	

**Mother's Marital Status**

29. Is mother married? (Check only one box)

**Important - Read before responding to marital status question:**  
*If you were married at any time during your pregnancy, your spouse or partner is considered the other legal parent unless he or she completes a denial of paternity and another man acknowledges that he is the father (chapter 26.26 RCW). To add someone other than your spouse or partner to the birth certificate, an acknowledgment and denial of paternity needs to be completed by all parties (DOH form 422-032). Under Washington State law, a state-registered domestic partnership is considered the same as a marriage (chapter 26.60 RCW).*

*If you were not married at any time during the pregnancy, an acknowledgment of paternity needs to be completed to add the father to the birth certificate.*

Married - Yes		Married - No	
29a. <input type="checkbox"/> Yes, I am married to the other parent identified in box #30.		29d. <input type="checkbox"/> No, I am not married. I am providing information about the father in box #30. I will complete a Paternity Acknowledgment form at the hospital.  <i>Ask hospital staff for a Paternity Acknowledgment form (#DOH 422-032).</i>	
29b. <input type="checkbox"/> Yes, I am married but not to the other person identified in box #30.  <i>Ask hospital staff for a Paternity Acknowledgment form (# DOH 422-032). You must complete this form, including the spouse's Denial of Paternity.</i>		29e. <input type="checkbox"/> No, I am not married now, but I was married to the other parent identified in box #30 at some time during this pregnancy.	
29c. <input type="checkbox"/> Yes, I am married but not providing the spouse or partner's information.  <i>If this box is checked, the other parent will be listed on the birth certificate as "None Named".</i>		29f. <input type="checkbox"/> No, I am not married and not submitting a completed Paternity Acknowledgment form with the father's information.  <i>If this box is checked, the other parent will be listed on the birth certificate as "None Named".</i>	

**Father/ Parent's Information**

<b>*30. Current Legal Name</b>		
First _____	Middle _____	Last _____
<b>*31. Date of Birth</b> (MM/DD/YYYY) ____/____/____	<b>*32. Birthplace</b> (State, Territory, or Foreign Country)	<b>33. Social Security Number</b>
<b>34. Occupation</b> (type of work done during last year.)		<b>35. Kind of Business/Industry</b> (do not use Company Name)
Father/Parent's Information	<b>36. Father/Parent Education</b> (Check the box that best describes the highest degree or level of school completed at the time of delivery.)	<b>37. Father/Parent of Hispanic Origin?</b> (Check the box that best describes whether the father/parent is Spanish/Hispanic/Latino or check "No" box if not Spanish/Hispanic/Latino.)
	1 <input type="checkbox"/> 8 <sup>th</sup> grade or less (specify): _____ 2 <input type="checkbox"/> 9 <sup>th</sup> – 12 <sup>th</sup> grade; no diploma 3 <input type="checkbox"/> High school graduate or GED 4 <input type="checkbox"/> Some college credit, but no degree 5 <input type="checkbox"/> Associate degree (AA, AS, etc.) 6 <input type="checkbox"/> Bachelor's degree (BA, AB, BS, etc.) 7 <input type="checkbox"/> Master's degree (MA, MS, MEd, MSW, MBA, etc.) 8 <input type="checkbox"/> Doctorate (PhD, EdD, etc.) or professional degree (MD, DDS, DVM, LLB, JD, etc.)	1 <input type="checkbox"/> No, not Spanish/Hispanic/Latino 2 <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano 3 <input type="checkbox"/> Yes, Puerto Rican 4 <input type="checkbox"/> Yes, Cuban 5 <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (specify): _____
	<b>38. Father/Parent Race</b> (check one or more)	
	1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black or African American 3 <input type="checkbox"/> American Indian or Alaska Native (Name of enrolled or principal tribe) _____ 4 <input type="checkbox"/> Asian Indian      5 <input type="checkbox"/> Chinese 6 <input type="checkbox"/> Filipino            7 <input type="checkbox"/> Japanese 8 <input type="checkbox"/> Korean                9 <input type="checkbox"/> Vietnamese 10 <input type="checkbox"/> Other Asian (specify): _____ 11 <input type="checkbox"/> Native Hawaiian    12 <input type="checkbox"/> Guamanian or Chamorro 13 <input type="checkbox"/> Samoan 14 <input type="checkbox"/> Other Pacific Islander (specify): _____ 15 <input type="checkbox"/> Other (specify): _____	



# Table of Contents

## *Your Care After Giving Birth*

*My Discharge Checklist*

*Inside front cover*

*Tracking Your Medicines*

*Washington State Birth Filing Form*

### **Section 1**

I have reviewed this chapter      My nurse did “teach back” with me about this chapter

### **In the Hospital**

Welcome to the Mother Baby Unit: What to expect

Your Safety While in the Hospital: Partnering with hospital staff to keep you safe

After Your Vaginal Birth: Your plan of care

After Your Cesarean Birth: Your plan of care

Opioid Use: When you need to take opioid pain medicines

Being Near Your Baby: When your baby is in the Neonatal Intensive Care Unit

### **Section 2**

### **Getting Ready to Go Home**

Planning to Go Home: A checklist for patients at UW Medical Center

Planning Your Family: Thinking about the future

**Section 3**  
**At Home**

I have reviewed this chapter      My nurse did “teach back” with me about this chapter

Taking Care of Yourself at Home: Self-care and follow-up

Constipation: Causes and tips

Baby Blues and More: Postpartum mood disorders

**Appendix**

Staying in the Hospital: When your baby is ready to go home

*Helpful Phone Numbers and Websites*  
*Who to Call*

*Inside back cover*  
*Back cover*

---

**Online Resources**

For copies of your workbooks and other education you received in the hospital, visit the Obstetrics Patient Education page of the UW Medicine website:

***[www.uwmedicine.org/services/obstetrics/patient-education](http://www.uwmedicine.org/services/obstetrics/patient-education)***

**Free UW Baby Apps**



Visit ***[www.uwmedicine.org/uwbaby](http://www.uwmedicine.org/uwbaby)*** or go to your app store for UW Baby Apps on breastfeeding, postpartum care, and newborn care.

**Section 1**  
**In the Hospital**

## Welcome to the Mother Baby Unit

### *What to expect*

*During your hospital stay, we will help you rest, recover and get to know your new baby. We will work as partners with you to provide your care. Our expert staff is here to help and support you.*

### **Your Hospital Stay**

Here are some things you can expect during your hospital stay after giving birth:

#### **Getting Ready to Go Home**

Read this workbook to help you get ready to go home. The chapters in the Table of Contents are listed in the order we suggest you read them. Please check off each chapter as you read it.

#### **Teach-Back**

Your nurse will use “teach-back” to confirm that you understand what you read. To do this, your nurse will ask you to tell us key points in your own words.

Teach-back tells us if we have done a good job of sharing information. Teach-back sessions are also a great time for you to ask your nurse any questions you have.



*During your stay in the Mother Baby Unit, your nurse will talk with you about caring for yourself and your new baby.*

#### **Nursing Care**

- To help you recover and to keep you comfortable and safe, your nurse will check your vital signs and other signs of healing.
- If you want to talk with your doctor, a lactation consultant, or a social worker, your nurse can help you reach them.



## **Bedside Shift Report**

When nurses change shifts, the nurse who is going off duty will talk with the nurse who is starting a shift. This “hand-off” is done at your bedside. It is called a *bedside shift report*, or just *bedside report*.

During bedside report, both nurses will:

- Do safety checks such as checking your ID band and *intravenous* (IV) lines
- Review your medical chart on the computer
- Review your vital signs, lab results, teaching, planning for discharge, and any medicines or other treatments that you need
- Ask you if there is anything else you would like the next nurse to know

The nurses will talk about your health history and diagnosis during this bedside report. You may have one support person present. Please be sure that you are OK with this support person hearing all the details of your health condition.

## **Starting a New Shift**

We want to hear about what is most important to you. Early in the shift, your new nurse will talk with you about:

- Your priorities
- The plan of care for the new shift
- Making a teaching plan
- “Clustering” care (tending to many aspects of your care at one time)
- Preparing for discharge

## **Your Visits with Healthcare Providers**

- Your obstetrics (OB) doctor from the clinic may not see you during your stay in the hospital. Another doctor from their team will check on you every day, usually in the early morning.
- You might have an extra visit from the attending doctor, resident, and nurse. The time of that visit can vary.
- Most Family Medicine providers visit between 8:30 a.m. and 11 a.m.
- Try to write down your questions as you think of them. Have this list ready when you visit with your doctors. You may write your questions on the white board in your room.

- When they can, your nurses will be with you when your doctor visits.
- You may have 1 support person present during your visits with your doctors. Make sure that you are comfortable with that support person hearing your personal health information. At times, your care team may ask to speak with you privately.



Patient and Family  
Centered Care

### **Patient and Family Centered Care**

UW Medicine is proud of our commitment to practicing patient and family centered care (PFCC). PFCC is a partnership among you, your family, your healthcare providers, nurses, and other staff.

Our providers and staff practice PFCC in these ways:

- Members of your care team introduce themselves.
- We explain our roles and responsibilities to you and your family.
- We offer you and your family a way to contact your care team.
- We ask who you want to have included in talks and decisions about your care.
- We explain diagnoses and care planning in words that you and your family can understand.
- We actively involve you and the loved ones you choose in your care decisions.
- We treat you and your family with respect, using tact and compassion.
- We protect your modesty and dignity in all possible ways.
- We use interpreter services, a phone, or an iPad when talking with patients whose main spoken language is not English or who has a hearing disability.

Please tell our providers and staff if you have questions or concerns.

**Now, please go back to page 1 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 your stay on the Mother Baby Unit, please ask your nurse, or ask to speak with the charge nurse.



## Your Safety While in the Hospital

*Partnering with hospital staff to keep you safe*

### Preventing Falls

#### Am I at risk for falls even if I am strong and healthy?

**YES, you are at risk for falls!** Many things can increase your risk of falling while you are in the hospital, in labor, and after giving birth. You might:

- Believe you are not at risk because you are usually healthy
- Be receiving *opioid* pain medicines
- Become dizzy when standing up
- Need to get to the bathroom quickly
- Have equipment that can get tangled
- Be very tired from lack of sleep
- Have weakness
- Have swollen legs
- Have low blood pressure after blood loss during birth or surgery
- Not use your call light because you do not want to bother staff

#### What do I need to do?

- **Please do not try to get out of bed on your own until your nurse has said it is safe to do so.** Instead, use your call light for help.

- Tell your nurse if you start to feel lightheaded or weak. This can happen even after you have been walking safely.



*We may use a gait belt to help keep you steady while you walk.*

- When it is safe, we will turn the sign above your bed to “Ambulates Independently.” This means it is OK for you to get up and walk by yourself.
- **Work with us to create your fall prevention plan.** We want to keep you safe! As part of this plan, we may:
  - Use a *gait belt* around your chest or abdomen to help keep you steady when you walk.
  - Check your mobility by seeing how well you can rotate your ankles, raise your legs, and flex your hips.
  - Help you to the bathroom every 2 to 3 hours. We will stay with you while you use the bathroom to make sure you are safe.

## **How do hospital staff help keep me safe?**

Here are just a few important ways we help keep you safe while you are in the hospital:

- All staff will wash or use gel on their hands before we enter your room, and when we leave.
- We will wear gloves and protective clothing when we expect to have contact with body fluids.
- We will check your hospital ID band:
  - Every time the nurses change shift
  - Before we give you medicines
- We will follow strict safety rules about giving you medicines.
- Your nurses or patient care technicians will check on you every hour during the day and every 2 hours at night. This is called “rounding.”
- Every 4 hours, we have a short unit safety meeting, called a “huddle.” This meeting lasts about 5 minutes. During the huddle, unit staff and the charge nurse review what is happening on the unit and in the hospital.
- We restrict access to the unit and ask your visitors to sign in on entry.

## **What are Public Safety Officers?**

Public Safety Officers are members of the hospital staff. They are specially trained to help us keep the units safe for families and staff.

On the Mother Baby Unit, Public Safety Officers help ensure each family has a calm environment for recovering from birth and getting to know your new baby. If needed, they will explain hospital rules and expectations to you, your visiting support people, or your family members.

All families have their own style of communicating and dealing with stress or tiredness. But there may be some things that work well for your family at home that do not support the quiet healing environment of the Mother Baby Unit.

If we have concerns, we may talk with you and your family about hospital rules of conduct while you are in the unit. We will invite our Public Safety Officers to help lead these conversations.

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

## Questions?

Your questions are important. Please tell us if you have questions or concerns about your safety.

## 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**

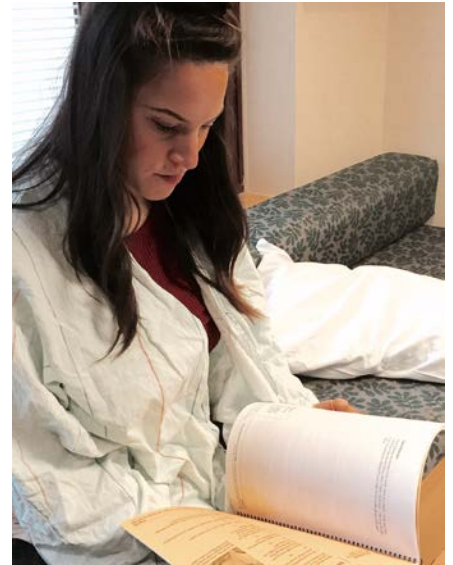
You will most likely be in the hospital for about 24 hours after giving birth. If you have other health issues, you may need to stay longer. Your nurses and doctors will talk with you about when you can go home.

### **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.



*Take time to review this workbook while you are recovering from giving birth.*

- 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.





*Eat lots of fruits and vegetables and drink plenty of water to help ease hemorrhoids or constipation.*

## **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 post-partum pain, call your healthcare provider during office hours.

## After Your Cesarean Birth

### *Your plan of care*

*After a Cesarean section, your body goes through many changes. This chapter explains how we will help you as you recover from surgery.*

### **What to Expect**

You will be admitted to the Mother Baby unit after you are released from the Recovery Room.

### **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 – not even with help from family or friends – until your nurse says it is safe for you to do so.
- When it is safe, we will encourage you to get up and walk. Moving around helps you heal. It can also help prevent stiffness, gas pain, blood clots, constipation, and other health problems.
- If you feel OK sitting, sit in a chair or on the day bed for part of the day.
- Walk in the halls at least 3 times a day. While you walk, you may push your baby in the bassinet or a family member can stay in the room with your baby.



*Take time to review this workbook while you are recovering from giving birth.*

### **Medical Devices**

You will have these medical devices on your first day of recovery:

## **Intravenous Line**

The *intravenous* (IV) line from your surgery will stay in your arm while you are recovering. We will use the IV to give your body water, sugar, salt, and some medicines.

Your nurse will watch the IV and make sure you are getting the right amount of fluid. If you can drink fluids well and do not need the IV for other reasons, we will stop the fluids and remove the IV tubing after 24 hours. The tiny tube in your hand or arm may remain for several more hours until we are sure you do not need more fluids or medicine.

## **Urine Catheter**

During surgery, a thin, flexible tube called a *Foley catheter* drains urine from your bladder. Most times, this catheter stays in place until the end of the first day after giving birth. While you have the catheter, you will not need to get up to the bathroom to pass urine. Your nurse will measure how much urine is in the catheter.

After the catheter is removed, your nurse will show you how to collect your urine in a container placed in the toilet. We measure your urine to make sure your kidneys and bladder have fully recovered from surgery.

## **Sequential Compression Devices**

You will have *sequential compression devices* (SCDs) on your lower legs. SCDs are leg wraps that gently fill with air and then deflate. This improves blood flow. SCDs help lower your risk of getting a serious blood clot while you are in bed and not moving very much.

You will wear the SCDs until you can get up and walk often. Most times, this is about 24 hours after giving birth.



*SCDs help lower the risk of getting blood clots.*

## Wound Vac

Some patients have a special device that adds gentle, ongoing suction to their incision. This device is called a *wound vac*. It will be put on in the operating room and removed before you go home. If you have a wound vac, your nurse will explain how it works.

## Your Plan of Care

### Usual Care After a Cesarean

To help your recovery, we will “cluster” your care as much as we can. This means that when we check on you, we will also do many care tasks. This helps you get better rest 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 medicines, if needed. (See “Managing Your Pain” on page 5.)
- Check your **vital signs** such as blood pressure, temperature, heart rate, and breathing. At first, we will check these signs every 15 minutes, then every hour for 2 hours, then every 4 hours for 24 hours. After that, we will check every 8 hours till you go home.
  - If you have **special medical conditions**, we may check your vital signs more often.
  - If you had a **long-acting pain medicine** such as morphine (*Duramorph*) in your epidural/spinal, we will check on you every hour for the first 24 hours.
  - **If you have problems** such as fever, high blood pressure, or extra bleeding, we will check on you more often.
- Check the **dressing** (bandage) over your incision. We will remove the dressing over your incision 1 to 2 days after surgery.
  - After we remove the dressing, your nurse will check your incision to make sure it is healing well.
  - Your skin will be held together with several layers of stitches under your skin. You will have Steri-Strips (thin pieces of white tape) or small metal staples across your incision. If you have staples, they will most likely be removed and replaced with Steri-Strips before you go home.

- Check your **uterus** by feeling your belly for the top of your uterus. Your uterus is a muscle and it will feel firm to the touch as it contracts. It is starting to return to the size it was before you became pregnant.
- Check for **vaginal bleeding**. This bleeding comes from the area where the placenta attached to your uterus. The flow is usually heavy and bright red. Then it changes to a pinkish or brown color. You may see small blood clots for the first few days.
- Check any stitches and check your **vaginal and perineal** area for swelling, bruises, or hemorrhoids.
- Use a stethoscope to listen for **bowel tones** in your belly. Having surgery slows your bowels. As you recover, your bowels will become active and you will pass gas.
- Check your legs for **swelling**. Some swelling is common after giving birth.
- Check your **blood sugar** in the morning of the first and second days after your Cesarean. High blood sugar after surgery can lead to health problems.
- Check your **breasts and nipples** for soreness.
- Check to make sure you are **urinating** without trouble after we remove your Foley catheter.
- Remind you to **change positions often** while you are in bed. We can adjust your bed and add pillows for comfort and support.
- 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, make sure you have the supplies you need, and help you to the bathroom as needed.

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 talk with your nurse.

## **Managing Your Pain**

An important part of our care is teaching you how to manage your pain after surgery. Common types of pain after a Cesarean birth are uterine pain, pain in the incision, and sometimes hemorrhoid pain.

Each person feels pain in different ways. We will work with you to help you be as comfortable as possible. Our goal is to lessen your pain so that you can rest, move around easily, and enjoy getting to know your new baby.

Getting out of bed and walking will help your body heal and lessen your overall pain.

### **Uterine Pain**

These symptoms may last for **5 to 7 days** after giving birth:

- Tenderness
- Cramping, which may:
  - Be more painful if you have had many births
  - Increase when you breastfeed for the first 5 days after birth
  - Increase when your bladder is full, so it will help to empty your bladder often

### **Incision Pain**

These symptoms may last for **1 to 2 weeks** after your surgery:

- Soreness, discomfort at the incision
- A tugging and pulling feeling when you move
- A burning feeling at your incision
- Numbness above your incision (it can take up to 1 year for feeling to fully return to this area)

### **Hemorrhoids**

Hemorrhoids are inflamed veins in the rectum. They can happen late in pregnancy or during labor.

Most hemorrhoids that form in pregnancy go away after the birth. Constipation can make them worse or slow your recovery. We will offer you a laxative to prevent constipation while you are in the hospital.

To learn more, see the chapter “Constipation” in this workbook.



Here is an example of how to alternate using both acetaminophen (Tylenol) and ibuprofen for extra pain relief:

Time	Medicine to Take
12 a.m.	Tylenol: 1,000 mg
3 a.m.	Ibuprofen: 600 mg
6 a.m.	Tylenol: 1,000 mg
9 a.m.	Ibuprofen: 600 mg
12 noon	Tylenol: 1,000 mg
3 p.m.	Ibuprofen: 600 mg
6 p.m.	Tylenol: 1,000 mg
9 p.m.	Ibuprofen: 600 mg

## Pain Medicine

Pain medicine works best if you take it **before** you are in a lot of pain. You will need less pain medicine if you “stay ahead of your pain” by taking your medicines as directed.

Your nurses will ask you many times about your pain. We will help make sure your pain is well controlled.

## Spinal or Epidural Anesthesia

If you had spinal or epidural anesthesia for your Cesarean birth, you may have received a dose of a long-acting pain medicine (Duramorph) along with the anesthesia medicine. This usually gives very good pain relief for the first 18 to 24 hours after birth.

If this medicine is not helping enough, please tell us. We may be able to give you another pain medicine.

## Pain Pills

There are 3 types of pain pills that your provider may prescribe after birth. They are:

- *Analgesics* such as acetaminophen (Tylenol) that help ease pain
- *Anti-inflammatories* such as ibuprofen (Advil, Motrin) that help ease pain caused by the body’s inflammatory response
- *Opioid* pain medicine such as oxycodone or hydromorphone (Dilaudid)

Analgesics and anti-inflammatories are “first line” medicines. This means that we use them first to manage pain. They are given at set times during the first 24 hours after your Cesarean birth. After 24 hours, you will decide with your nurse when to take them.

If needed for pain control, you may alternate taking ibuprofen and acetaminophen:

- **Ibuprofen:** Take 600 mg every 6 hours. Do not take more than 2,400 mg in 24 hours.
- **Acetaminophen (Tylenol):** Take 1,000 mg every 6 hours. Do not take more than 4,000 mg in 24 hours.

See the table in the left-hand column for an example of how to alternate these medicines.



## Opioids

Opioids are stronger pain relievers that are used to control *breakthrough pain*. This is severe pain that occurs even if you are already taking pain medicines.

We prescribe opioids only as needed, and in the smallest possible dose. This is because opioids can be addictive. Smaller doses lower the risk of addiction.

If needed to control your pain, we will increase your opioid dose. We want you to have good pain control without it making you too tired or sleepy to enjoy your baby.

Most patients take an opioid for about 1 week after Cesarean surgery. Your healthcare provider will tell you how often to take it.

When you leave the hospital, we will give you an opioid prescription. As your pain lessens, start to *taper* your dose at home. To do this:

- Start taking smaller doses, such as 1 pill instead of 2, or ½ a pill instead of 1
- Start taking your dose less often until you do not need it at all

It is safe to use opioids while you are breastfeeding. A very small amount may enter your breast milk. It is considered safe to use these medicines for a short time while you are breastfeeding.

## Leg Swelling

Some leg swelling is common in the first 7 to 10 days after giving birth. **But, tell your nurse if:**

- Your leg swelling gets worse
- You have pain or redness in the lower part of your leg

To help lessen swelling:

- Sit with your legs propped up
- Do not wear tight-fitting shoes or clothing, other than support stockings

## Food and Nutrition

Your doctor will write an order for the type of diet you will need to follow after your Cesarean birth. Ask your nurse when you can start to eat and drink. Most likely, you will feel best if your first meal after your surgery is a small one.

If you have a medical condition such as diabetes, we may ask you to wait until you are passing gas before you drink and eat. You can help the gas pass by:

- Sitting up on the side of your bed or in a chair
- Walking in your room or in the hall (push your baby in the bassinet or ask a family member to stay in the room with your baby)

Remember to call a nurse for help getting out of bed until we tell you it is OK for you to walk alone.

### **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.
- Your breasts may become very full and uncomfortable. This is called *engorgement*. It usually lasts from 2 to 3 days. To help prevent 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 section on breastfeeding in the workbook *Baby Care and Breastfeeding*.

### **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.

#### **Questions?**

Your questions are important. Call your healthcare provider if you have questions about taking care of yourself after a Cesarean birth.

When your provider’s office is closed, call the Labor & Delivery unit.

**If you have a medical emergency, call 911.**

**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.**

## Opioid Use

*When you need to take opioid pain medicines*

*This handout gives important information about taking opioid pain medicines while you are in the hospital.*

### What is an opioid?

An *opioid* is a drug that reduces the pain messages that reach your brain. Opioids are used to treat strong pain that may not respond to other medicines. Morphine, hydromorphone (Dilaudid), and oxycodone are types of opioids. You must have a doctor's prescription to use opioids.

### Why do I need opioids?

If your doctor prescribed an opioid, it means that other pain medicines are not strong enough to control your pain. Controlling your pain will help you be comfortable so that your body can heal.

We cannot make all your pain go away. It is also not safe to get rid of all pain. Pain is how your body tells you what it needs. But with good pain control, you can do these things to help your body heal:

- Rest and sleep
- Cough and breathe deeply
- Get out of bed and move

### How can I help manage my pain?

- If you have *patient-controlled analgesia* (PCA), it is important that **only you**, the patient, press the button. Family members and friends should **never** press the button. It is not safe.
- **Tell staff if you feel too sleepy or are having any breathing problems.** Opioids can slow your breathing enough to be life-threatening.



*Talk with your doctor or nurse if you have any questions about your pain medicine.*

- **Talk with your nurse** about your opioid doses. Ask about the best times for you to take it.
- **Use non-medicine methods** for pain relief, too, like music, cold packs, and meditation.

## Are there any side effects from opioids?

Opioids can make you:

- Sleepy
- Sick to your stomach (*nauseated*)
- Itchy
- Constipated
- Unable to think clearly

While you are on opioids, we will check on you often. We will do our best to manage any side effects. For your safety, we may wake you up from time to time after you have a dose of opioid medicine.

## How long will I be on opioids?

After 1 or 2 days, most new pain should start to lessen. When that happens, you will need less opioid.

Before you leave the hospital:

- We will help you develop a plan for how to reduce (*taper*) and then stop your opioids once you are home.
- Talk with your nurses and doctors about any concerns or fears you may have about taking opioids.

When you get home:

- Carefully follow your opioid plan so that you do not take too much.
- If you become too sleepy or have breathing problems:
  - Call 911 **right away**.
  - Do **not** take your next dose of opioid.
- If you have been taking opioids every day for several weeks or more, do **not** stop taking them all at once. Use the tapering instructions you received before you left the hospital.

### Questions?

Your questions are important. Call your doctor or healthcare provider if you have questions or concerns about managing your pain.

**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.**

UW Medicine

## **Being Near Your Baby**

*When your baby is in the Neonatal Intensive Care Unit*

Congratulations on the birth of your child! We feel privileged to be part of your birth experience and this important time in your family's life. Thank you for trusting us to care for you and your baby.

### **Why is my baby on another unit?**

Sometimes we have to take special measures to help moms and babies recover and become stronger after birth. This can mean that they need to be on separate hospital units for a while.

Right now, your baby is being cared for in the Neonatal Intensive Care Unit (NICU) while you are recovering on the Mother Baby Unit. The NICU is a special unit that cares for newborn babies who need extra medical attention. The NICU has advanced technology and trained staff who are providing expert care for your baby.



*Right now, your baby is being cared for in the Neonatal Intensive Care Unit in the hospital.*

Please know that we want you to be with your baby as much as possible. We also want to help you to recover fully and quickly.

### **How can I visit my baby in the NICU?**

Most times, a mother's first visit to the NICU is:

- After delivery
- Before you move to the Mother Baby Unit (MBU)
- With your labor nurse

When you and your baby are ready for a 2nd visit, your Mother Baby Unit (MBU) nurse or patient care technician will take you to the NICU. Even if you feel you can walk, we will take you in a wheelchair. This is for your safety.

After that, you may be able to travel to the NICU with just your family. We will show you and your family how to find the NICU entrance in the Montlake Tower.

When you leave the MBU to visit your baby in the NICU:

- **Sign out** at the MBU front desk. Write down the time you plan to return.
- When you return to the MBU, **sign in**. This way, we will be able to tell your visitors where you are, as needed.

The NICU Patient Service Specialist will help you and your family learn about the unit. They will give you information about the visitors' policy, security, health, handwashing practices, and family facilities.

### **Can I visit my baby at any time?**

In the MBU, we do safety checks every time the nurses start a new shift. Please make sure you are on the MBU at these times. Both the nurse who has been caring for you and the nurse who is starting the next shift must see and talk with you during these safety checks. These checks are especially important if you are spending time away from the unit.

### **Your Care and Recovery**

Before you leave the MBU to visit your baby, your nurse will talk with you about your plan of care for pain control and other medicines. We will do this each time you leave the MBU.

Your nurse will also make a plan for checking your vital signs and pumping breast milk. These tasks need to be done while you are in your room in the MBU.

This planning of your day helps us support your recovery. It also helps us know how often you can safely leave the MBU to visit the NICU.

It may be hard to think about your own care needs when your baby is in the NICU. But, please remember that:

- You must take regular naps and rest time for yourself so that you can get healthy and strong, and be able to care for your baby.
- Keeping your pain under control will help your recovery. Do not go for long periods without your pain medicines. This is especially important if you have had a Cesarean birth.

### **Can the NICU nurses provide my care when I'm visiting my baby?**

The NICU nurses caring for your baby are not obstetric nurses. They cannot provide your care while you are in the NICU.

We will give your baby's NICU nurse your MBU nurse's phone number. Please call your MBU nurse if you have concerns while you are visiting the NICU. **If you feel even a little unwell, call your nurse or return to the MBU.**

### **If You Are Not Well**

If your vital signs, blood sugars, and pain are not well controlled, we may work with you to create a plan for you to visit the NICU for shorter periods.

If you have a family member with a device for Skype or FaceTime, they can give you some "virtual" baby time by dialing your phone from the NICU. The NICU nurse can help them choose a good time to do this.

The MBU nurse manager, assistant manager, or the charge nurses will check with you to make sure we are meeting your need to be with your child.

### **Finding the MBU and NICU**

- **Getting to the MBU:** From the main entrance of the hospital (3rd floor), turn right. Take the Pacific elevators to the 5th floor.
- **Getting to the NICU:** From the main entrance of the hospital (3rd floor), turn left. When you reach the Gift Shop, turn right and go down the hallway to the the Montlake Tower. Take the Montlake elevators to the 4th floor.

**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. Call your healthcare provider if you have questions about visiting your baby in the NICU.



**Section 2**  
**Getting Ready to Go Home**



## Planning to Go Home

### *A checklist for patients at UW Medical Center*

*This chapter is for patients who have given birth at UW Medical Center. It explains what needs to happen before you leave the hospital. Please read this chapter early in your hospital stay.*

Care and rest are important after giving birth. Planning ahead is important, too. After you get some rest, you and your family will need to:

- Start reading your **workbook and other educational materials**. Try to finish several hours before discharge so you have time to think about what you have read and ask questions.
- Review “My Discharge Checklist” on the inside front cover of this workbook.
- Talk with your nurse about your **follow-up visit**. Your nurse will remind you to make a postpartum clinic appointment for yourself. This needs to happen before you go home. If you have problems setting up an appointment, tell the nurse or patient care technician right away. They can help you, if needed.
- Fill out the **birth filing form** as soon as you can. See the section on the next page **and** use the tear-out page, “Washington State Birth Filing Form,” at the front of this workbook.
- You may also need to fill out the **Paternity Acknowledgement Form** (see the section on page 4 of this chapter). We will give you this form if you need one.



*Your follow-up visit is very important. Set up your appointment before you leave the hospital.*

## Your Ride Home

- Early in your stay, make a plan with the responsible adult who will drive you home.

## Prescriptions

- Talk with your nurse about any vaccines you may need.
- If your healthcare provider prescribes medicines for you to take at home, you can fill your prescriptions at your local pharmacy or at the UWMC pharmacy. The hospital pharmacy accepts many prescription plans. If a co-pay is needed, you can pay with cash, check, Visa, or Mastercard. There are cash machines (ATMs) on the 1st and 3rd floors of the hospital.
- If you want to use the *e-prescribe system* for an outside pharmacy, tell your doctor which pharmacy you will use. Do this early in your hospital stay.

### If you receive a prescription for opioid pain medicine:

- Be sure to tell your doctor about any other medicines you are taking.
- Read the chapter “Opioid Use” in this workbook.
- Opioids can make you sleepy. They also can be dangerous if taken at the same time as alcohol or some medicines. While you are taking opioids, do **not**:
  - Drive or use machinery
  - Drink alcohol
  - Sign any legal papers or make important decisions
  - Be the only one responsible for the care of another person or your baby

## Your Discharge Orders

- Before you go home, your doctors will write your *discharge orders*. This list tells what you will need before you leave the hospital and when you are at home.
- Your nurse will see these orders and help you get ready for discharge.



Fill out and turn in the Washington State Birth Filing form **before** you leave the hospital.

## Washington State Birth Filing Form

As soon as you can, fill out the Washington State Birth Filing form. The form is in the front of this workbook.

After you fill out the form, give it to your nurse. **Make sure to do this before you leave the hospital.** We will send your form to the State of Washington Center for Health Statistics so that a birth certificate can be made for your baby.

Make sure to write clearly and fill out all areas of the form. If you do not complete the whole form (for example, if you leave off the baby's name), you may have to pay for updates and corrections.

## Birth Certificates

The Center for Health Statistics in the Washington State Department of Health issues certified birth certificates. You can order a birth certificate in person, by phone, by mail, or online. We will give you a copy of the "Order Form for a Certified Copy of a Birth Certificate" to help you.

If you make your order in person, it will be processed right away. Orders by phone, mail, or online take about 1 to 2 weeks.

To request a birth certificate in King County:

- **In person:** Go to the King County Vital Statistics office, 908 Jefferson St., Seattle, WA 98104.
- **By phone:** Call 206.296.4769.
- **By mail:** Send your request to Vital Statistics, Box 359784, 325 Ninth Ave., Seattle, WA 98104-2499.
- **Online:** Go to [www.metrokc.gov/health](http://www.metrokc.gov/health).

For questions about costs, methods of payment, and Vital Statistics office hours, call 206.897.5100.

When you receive your baby's birth certificate, put it in a safe place. It is an important legal document.

## Birth Verification Letter

You will receive a Birth Verification Letter as short-term proof of your baby's birth. You can use this letter in place of a birth certificate for up to 60 days after your baby is born.

You can have this letter sent to your home, or you can get it before you leave the hospital.

If you want to get a Birth Verification Letter before you leave the hospital, you or a family member can take your completed Washington State Birth Filing form to Admitting (Room EA 315) weekdays from 9 a.m. to 3:45 p.m. They will give you your Birth Verification Letter.

Birth Verification Letters are available from the time of your baby's birth until your baby is 60 days old. UWMC can give only one Birth Verification Letter to each family for their baby's birth. We **cannot** replace a lost letter.

The Department of Social and Health Services (DSHS) accepts an original Birth Verification Letter as proof of birth. **If you get DSHS assistance, you must tell DSHS about your baby's birth.**

## **Social Security Number**

You will need to get a Social Security number for your baby. The easiest way to request one is to check the box that says, "Social Security Requested for Child" on the Washington State Birth Filing form in this workbook. It will take 6 to 8 weeks for you to receive your baby's Social Security number.

If you cannot wait 2 months for your baby's number, go to any Social Security office and apply in person. To find your local office, visit <https://secure.ssa.gov/apps6z/FOLO/fo001.jsp>.

When you go to the Social Security office, you must bring:

- A certified copy of your baby's birth certificate
- The Birth Verification Letter
- Your baby's hospital identification (ID) band
- The name card from your baby's hospital crib

## **Paternity Acknowledgment Form (Paternity Affidavit)**

If you are a single mother and want the name of your baby's father on the birth certificate, both you and the baby's father will need to fill out a Paternity Acknowledgement Form within 10 days of your baby's birth. Ask your nurse or social worker for a booklet about this form.

The form must be signed by both you and the baby's father in front of a notary. Both parents will need to show the notary their current government-issued **photo** identification, such as a driver's license, passport, or current state ID card.

**To fill out the Paternity Acknowledgment form at UWMC and make an appointment for free notary services, call 206.598.4144. Or, ask your nurse or social worker for help.**

If you turn in the Paternity Acknowledgment form at Admitting Department within 5 days of your baby's birth, the hospital will send it and the information for the birth certificate to the Washington State Department of Health. If you fill out the form more than 5 days after your baby's birth, you must send it yourself to the address on the form.

### **Medical Records**

- The hospital keeps a record of the healthcare services you received while you were in the hospital. If you wish, you can ask to see your record and request a copy. To find out how to do this, visit [www.uwmedicine.org/patient-resources/medical-records](http://www.uwmedicine.org/patient-resources/medical-records). We will not show your medical record to others without your permission, unless we are legally required to do so.

**Now, please go back to the Table of Contents in 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 birth documents, talk with your nurse.

These UWMC numbers may also be helpful:

Medical Records and Notary Services: 206.598.3478

Notary Services are also available at:

- Registration: 206.598.4310
- Social Work (for inpatients): 206.598.4349
- Release of Information: 206.598.3343
- Health Information Management: 206.598.3976



## Planning Your Family

*Thinking about the future*

### Why think about family planning right now?

Many new parents tell us they are not thinking about family planning right after their baby is born. But your healthcare provider wants to make sure you and your family have a healthy start to your new life. This is why your provider will ask you about your plans for *contraception* (birth control) before you leave the hospital. Most types of birth control can be safely started right away.

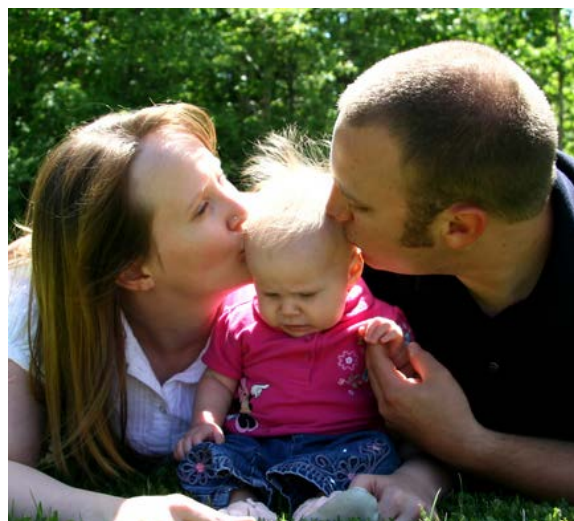
One reason to start using birth control right away is that problems can occur when a woman becomes pregnant too soon after giving birth. These problems include a higher risk of:

- Premature birth
- Bleeding behind placenta and other problems in pregnancy
- Low birth weight
- Birth defects
- Problems with parent-child relationships

**We advise waiting at least 1 year between pregnancies for best health of mothers and their babies.**

### What does family planning involve?

The first step is to think about what you want for yourself and your family. Find time to talk with your sexual partner or partners about the future.



*Your new baby will affect your plans for your family.*



*Talk with your partner about using 2 birth control methods at a time to increase your protection.*

Some things to keep in mind as you plan are:

- Your overall health and how heavy your periods are
- How often you have sex
- Your ideal family size
- Protection against the spread of sexually transmitted infections

### **Which form of birth control is best?**

Birth control methods have different success rates. When you hear someone say, “Condoms prevent pregnancy 82% to 98% of the time,” it means that:

- Condoms prevent pregnancies for 82 to 98 couples out of 100. The lower number (82%) tells how successful 100 couples were when using condoms for 1 year. The higher number (98%) is the expected success rates for 100 couples if they use condoms the right way every time they have sex.
- **Between 2 and 18 couples out of 100 will become pregnant if they use only condoms for birth control.**

This is why we advise using **2 birth control methods at a time**. Doing this will increase your protection. For example:

If a couple uses **both** a method that has a 95% prevention rate **and** a method that has a 90% prevention rate, the combined prevention rate is 99.5%. That means there are **only 5 pregnancies among 1,000 couples** who used both birth control methods for 1 year.

Here are some questions to help you decide which method of birth control to use:

### **When do you think you will want to have another baby? Or do you prefer not to have any more children?**

There are different birth control methods to think about, depending on what you want. Some are permanent, and some can be reversed.

Many reversible methods are just as effective as permanent options. These methods may be a good option even if you do not plan to get pregnant again.



Talk with your provider about the best kind of birth control for you and your health.

### **Reversible Birth Control**

If you use *reversible* birth control, you can stop using them and return to your natural chances of becoming pregnant. Some reversible birth control methods are:

- Intrauterine device (IUD)
- Implant (Nexplanon)
- Injection (Depo-Provera)
- Male and female condoms
- Diaphragms
- “Morning after” pill
- Oral contraceptives (the Pill)
- Vaginal ring (NuvaRing)
- Transdermal patch (Ortho Evra)
- Natural family planning (fertility awareness) methods
- Spermicides

### **Permanent Birth Control**

People who want *permanent* birth control have decided they do **not** want to have more children. *Sterilization* surgeries work well to prevent pregnancy for the rest of your life.

- For females: Both a *tubal ligation* and a *hysteroscopic tubal occlusion (Essure)* prevent eggs from reaching the uterus.
- For males: A *vasectomy* prevents sperm from being released during ejaculation.

Vasectomy is usually safer and more effective than tubal ligation.

### **Can you handle the side effects of birth control? What if a certain type makes you sick?**

There are many ways to prevent pregnancy. Your provider can help you find a safe method that works for you, with the least amount of side effects. Many types of birth control also have helpful effects, such as lighter periods or less cramping with periods.

### **If you smoke or have high blood pressure, migraines, or a history of blood clots:**

- It may not be safe for you to use birth control that contains estrogen.
- Talk with your provider. Tell them about any health issues you have and any medicines you already take.

### **If you are breastfeeding:**

- Birth control methods that contain the hormone *estrogen* may decrease your breast milk. Most birth control pills, the patch, and

the vaginal ring contain estrogen. Once breastfeeding is going well, most women find that birth control that contains estrogen does not affect their milk supply.

Doctors believe it is safe to use birth control methods that contain the hormone *progesterone* when you are breastfeeding. These include the mini-pill, Nexplanon, and Depo Provera. The tiny amount of progesterone that enters breast milk from these products does not seem to be a problem for babies.

There are very few studies about how progesterone affects milk supply. But, most reports say that progesterone does not affect milk production. To learn more, visit <https://toxnet.nlm.nih.gov/newtoxnet/lactmed.htm>.

- Any type of *intrauterine device* (IUD) is considered safe while you are breastfeeding.
- If you are concerned about your breast milk levels, talk with your doctor about when to start your birth control method.

### **How easy is it for you to use your birth control?**

A birth control method that is easy for one person might be too involved for another. It can be hard to remember to take a pill every day, or to use condoms every time you have sex.

There are some types of birth control that you don't have to think about very often. These are called **highly effective reversible contraception** (*long-acting reversible contraception*, or LARC).

LARC is the most effective form of reversible contraception. Women who use LARC are much less likely to have an unplanned pregnancy than those who use other forms of reversible contraception.

LARC methods can be removed *at any time* if you decide that you want to get pregnant, or want to switch to a different form of birth control. They include:

- **Intrauterine devices (IUDs)**. These work for several years, depending on which type you choose:
  - *Hormonal IUDs* (Skyla, Kyleena, Mirena, Liletta) last between 3 and 7 years depending on the type. They contain a small amount of progesterone, which makes your periods lighter.
  - *Copper IUD* (Paragard) is the only IUD that does not contain hormones. These IUDs last for up to 12 years.

- **Implant (Nexplanon).** This implant lasts for 5 years. The manufacturer advises inserting Nexplanon 4 weeks after giving birth, but it is often inserted while you are still in the hospital. Talk with your doctor about this product, and visit the “Questions and Answers” page on the Nexplanon website: <https://nexplanon.com/questions>.

Nexplanon contains the hormone etonogestrel. A small amount of this hormone will pass into your breast milk. A 3-year study did not find any effects on the growth and development of children whose mothers had the Nexplanon implant.

### **Do you need protection from *sexually transmitted infections (STIs)* and the *human immunodeficiency virus (HIV)*?**

During sex, *barrier methods* such as male and female condoms offer the best protection from these diseases. Whatever you choose as your preferred method of birth control, you must still use the male or female condom to protect yourself against STIs and HIV.

### **Choose Birth Control That You Will Use**

The best way to prevent an unplanned pregnancy is to pick a method of birth control that you will use **the right way every time**. For many women, the easiest methods to use are LARC methods such as the IUD and implant (Nexplanon).

Remember that:

- **Half of pregnancies in the U.S. are unplanned.**
- **Half of the unplanned pregnancies in this country occur in women who are using birth control**

### **The Truth About How to Prevent Pregnancy**

These statements **are true**:

- Usually the time during your period is a safe time to have sexual intercourse – but you **can** still get pregnant during this time.
- Unprotected sex “just one time” **can** make you pregnant.
- Urinating after sexual intercourse does **not** prevent pregnancy. But, it can help prevent urinary tract infections.
- *Douching* (rinsing your vagina), powders, deodorants, and other feminine hygiene products do **not** prevent pregnancy. They also



*Half of all pregnancies in the U.S. occur in women who are using birth control.*



Be sure both you and your partner know how to care for and use condoms.

do not have any health benefits. In fact, they can increase your risk of certain vaginal infections.

- You do **not** need to have an orgasm to get pregnant.
- You are **not** too old to get pregnant, unless you have gone through menopause (natural or surgical).
- You **can** get pregnant while breastfeeding.
- You **can** get pregnant soon after giving birth, even before your periods return.
- Many people who are “infertile” can still get pregnant.

## Choosing When to Have Children

When you make choices based on the facts, you increase your chances of having the number of children you want, when you want to have them. Using birth control the right way takes some time – but most agree that it is much easier to make the commitment to birth control than it is to deal with an unplanned pregnancy.

## To Learn More

Washington State Department of Health has a brochure called “Birth Control: Choosing the method that’s right for you.” It explains:

- 14 birth control methods used most often and how they work
- When to use it
- How to get it
- Positives and negatives
- Known side effects

The brochure is online in English and Spanish:

- **English:** [http://here.doh.wa.gov/materials/birth-control-choosing-the-method-thats-right-for-you/14\\_BCmethods\\_E12L.pdf](http://here.doh.wa.gov/materials/birth-control-choosing-the-method-thats-right-for-you/14_BCmethods_E12L.pdf)
- **Spanish:** [http://here.doh.wa.gov/materials/birth-control-choosing-the-method-thats-right-for-you/14\\_BCmethods\\_S12L.pdf](http://here.doh.wa.gov/materials/birth-control-choosing-the-method-thats-right-for-you/14_BCmethods_S12L.pdf)

### Questions?

Your questions are important. If you have questions about family planning, ask your healthcare provider at your next visit or while you are in the hospital.

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

## **Section 3**

### **At Home**





## Taking Care of Yourself at Home

### *Self-care and follow-up*

*Your body goes through many changes in the first weeks after giving birth. Be sure to take care of yourself and follow your provider's guidelines.*

### **Follow-up**

After you get home, you may receive a call from one of our nurses. We will ask how you and your baby are doing and answer any questions you have.

If you are not home when we call, we will leave a message. Please call us back! We want to follow up with you and to answer your questions. We also want to know if there are any ways you feel we can improve the care we provide.

### **Your Follow-up Visit**

You will need to see your healthcare provider for a follow-up visit about 6 weeks after giving birth. Your provider may ask you to come in sooner. We can help you set up this visit if you are seeing a UW Medicine provider.

**Do not miss this important visit!** We want to make sure you have fully recovered from pregnancy and birth. If you had any problems such as hypertension, pre-eclampsia, or gestational diabetes, ask your provider how to reduce your risk of these problems in the future.

### **Physical Changes**

#### **Uterine Cramps**

You may have abdominal (uterine) cramps in the days after your baby's birth. These "after pains" are caused by your uterus shrinking



*After you give birth, remember to take good care of yourself! This includes continuing to eat a good variety of wholesome foods.*

back to the size it was before pregnancy. They are strongest for the first 2 or 3 days and then become less uncomfortable. Please read the chapter “After Your Vaginal Birth” in this workbook for more information.

### **Breast Swelling and Leaking**

- Right after birth, your breasts make a special milk called *colostrum*. Milk volume usually grows within 2 to 4 days and then changes to mature milk.

- You may have breast swelling and tenderness when your milk “comes in” (fills your breasts). This is called *engorgement*.

If your breasts continue to be painful, swollen, or hard, or if you have other concerns about breastfeeding, call your healthcare provider or Lactation Services (see the “Helpful Phone Numbers” chapter in this workbook).

- Your breasts may leak milk. Put a soft handkerchief or a nursing pad inside your bra. This will help soak up the milk and keep it from leaking onto your clothes. Do **not** use a nursing pad with plastic lining.

### **Vaginal Bleeding and Your Period**

After childbirth, you will have some bleeding from your vagina. This blood is from the lining of your uterus where the placenta was attached.

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 bad smell, call your healthcare provider 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. Do not use tampons, feminine sprays, or douches.

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

### **Risk of Getting Pregnant**

We strongly advise that you use birth control after your baby is born. Read the chapter “Planning Your Family” in this workbook.

If you have no bleeding after the first 8 weeks, **and** you are **only** breastfeeding (not giving formula) for the first 6 months, your risk of getting pregnant is less than 2% (fewer than 2 out of 100 women get pregnant under these conditions).

### **Leg Swelling**

Swelling in your legs is common after giving birth. It should go away in 7 to 10 days. To help with swelling:

- Sit with your legs propped up to help the swelling go down.
- Do not wear tight-fitting shoes or clothing. Support stockings are OK to wear.

Call your healthcare provider if your leg swelling gets worse, or if you have leg pain or redness in the lower part of your leg.

### **Vaginal Tears or Episiotomy**

You may 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). Your stitches will dissolve in a couple of weeks.

Be sure to keep the area clean. Rinse well with warm water each time you go to the bathroom. Use the squirt bottle you received in the hospital until you do not have any vaginal bleeding or discharge.

If needed, read about managing pain in the chapter “After Your Vaginal Birth” of this workbook.

### **After Cesarean Section**

These symptoms often last for **1 to 2 weeks** after your surgery:

- Soreness and discomfort at the incision
- A tugging and pulling feeling when you move
- A burning feeling at your incision
- Numbness above your incision – it can take up to 1 year for feeling to fully return to this area

If needed, read about managing pain in the chapter “After Your Cesarean Birth” in this workbook.

### **Hemorrhoids**

You may develop *hemorrhoids* (inflamed veins in your rectum) late in pregnancy. They may get irritated during delivery.

If you have hemorrhoids, tell your doctor or nurse. There are medicines and treatments that can help.

Most hemorrhoids that form in pregnancy go away after the birth. See the chapter “After Your Vaginal Birth” in this workbook.

### **Feeling Tired**

Most mothers feel tired in the days after giving birth. The birth itself is hard work and uses a lot of your energy. Plus, your baby will feed every few hours in the first days and weeks at home.

Try to get as much rest as you can. Take naps. Try to sleep when your baby is sleeping.

### **Urine and Bowel Control**

After pregnancy and giving birth, the muscles that support your bladder, vagina, and rectum can be weak. You might have urine leaks when you cough or sneeze. Here are some things you can do to help:

- **Kegel exercises** help heal and strengthen pelvic floor muscles. Learn to do these when you are urinating. Begin to pass your urine, then stop the flow by tightening your muscles. Hold as long as you can, up to 30 seconds. Then let go and finish urinating.  
  
Once you know how to do these exercises, do them several times a day when you are **not** urinating. Tighten the muscles, hold for 10 seconds, relax for 10 seconds, then repeat 10 times. Do this at least 3 times a day.
- **Yoga, Pilates, and other exercises** that strengthen your core abdominal and pelvic muscles can help you regain urine and bowel control.

If you try these forms of exercise and still have trouble controlling urine or bowel movements, or if you don't feel like you can empty your bladder all the way, talk with your doctor. Getting help early can keep muscles from getting even weaker.

### **Emotional Changes**

The “baby blues” are emotional changes you may have after your baby's birth. Please read the chapter “Baby Blues and More” in this workbook.



*Wait until you have had your 6-week checkup to go jogging, do aerobics, or do any other very active exercise.*

## **Activity and Exercise**

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

Wait until your 6-week checkup before you begin or go back to jogging, aerobics, or other active exercise. A slow return to your activities will help you recover and keep you from getting too tired.

Here are some activity guidelines to follow:

### **For 6 to 8 Weeks After Giving Birth**

- **Walk.** Start with short walks at a slow pace. Try starting with 5-minute walks around the house. As you begin to heal, slowly increase the amount of time you spend walking. Let your body be your guide and stop or slow down if you have pain, bleeding, soreness, or very low energy.
- **Breathe.** Practice breathing using your abdominal muscles. When you are resting, try taking 10 slow breaths. Expand your belly as you inhale, and gently pull in your belly as you exhale. This kind of breathing will help reduce stress and help your abdominal muscles get stronger.
- **Protect your abdominal muscles.**
  - Log-roll in and out of bed, especially if you had a Cesarean.
  - Sit up straight. Try not to slouch when seated, even if you are tired. Use a support for your lower back and your shoulders while you are feeding or rocking your baby.
  - Breathe out when you have to do something that takes effort or causes pain. This will gently activate your core muscles and protect your back.
  - Avoid lifting anything that weighs more than 10 pounds (a gallon of milk weighs almost 9 pounds). This means you will need help carrying your car seat or a toddler.

### **After 8 Weeks**

Many women need help to get their bodies back to normal after being pregnant. Talk with your doctor about physical therapy if you have these symptoms 8 weeks after giving birth:

- Pain
- *Incontinence* (cannot control when you pee)

- A scar that feels “stuck”
- The feeling that your abdominal muscles have forgotten how to work

To learn more about physical therapy to help strengthen your pelvic floor muscles, visit:

- [www.womenshealthpta.org/pt-locator](http://www.womenshealthpta.org/pt-locator)
- <https://hermanwallace.com/practitioner-directory>

Also talk with your physical therapist about massaging your Cesarean scar after it is healed. It takes about 6 weeks for the scar to heal.

### **Returning to Exercise or Sports**

Before you return to more vigorous activity:

- See a physical therapist. Find out if your core and pelvic floor muscles are strong enough to keep you free of injury.
- Start with strengthening and core stability work before returning to high-impact activity. Pay attention to your body every step of the way. Remember that postpartum recovery can take a year or more, especially if you are breastfeeding.
- Avoid doing sit-ups, double leg lifts, and heavy weight-lifting until you are sure you are fully healed. Most women have some *abdominal separation* (diastasis recti) during pregnancy. This is when your belly sticks out because the space between your left and right belly muscles has widened. Doing these exercises too soon can make this problem worse.
- For more personal guidance, work with a personal trainer who has certification in postpartum exercise. For trainers in the Seattle area, visit [www.bodiesforbirth.com](http://www.bodiesforbirth.com).

### **Nutrition**

**A well-balanced, healthy diet will help you heal and build and maintain a good milk supply.** It can be hard to juggle preparing regular meals and taking care of a newborn. It can help to have a supply of healthy snacks on hand.

Do **not** try to diet to lose weight for the first 6 weeks after you give birth. Talk with your provider about your nutritional needs.

## Iron Supplements

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

## Immunizations After Pregnancy

After giving birth, it is safe for you to receive vaccines, even if you are breastfeeding. Several vaccines can help protect your new baby from getting whooping cough and other serious illnesses. Your healthcare providers will talk with you and answer your questions about any vaccines that you can receive at the hospital.

## Resuming Sexual Activity

People differ in when they are ready to resume intercourse after having a baby. Some are ready as soon as possible after the birth, and others prefer to wait. They may even feel afraid.

A couple's ability to relax and enjoy sex can be affected by:

- Being very tired
- The demands of parenting
- Being in pain
- Other issues

Talk with your partner about your concerns and desires, and whether you feel ready to have sex. Ask your healthcare provider any questions you may have.

**Wait at least 4 to 6 weeks after giving birth to have intercourse.** After that, it should be safe to have intercourse when:

- Your stitches are healed
- Your vaginal discharge stops
- Your birth control plan is in place
- You feel ready

You may feel sore at first. You may also have vaginal dryness caused by hormone changes. A water-soluble lubricant can help.

**Be sure to use birth control when you have intercourse, since you could get pregnant.** See the chapter “Planning Your Family” in this workbook.



*Talk with your partner about planning your family before you resume sexual activity.*

## Family Planning

To help make your best decision about planning your family, read the chapter “Planning Your Family” in this workbook. Check with your health insurance provider about your family planning coverage.

**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 taking care of yourself, call your healthcare provider during office hours.

If you have an urgent concern, call your Labor & Delivery unit.

**If you have a medical emergency call 911.**



## Constipation

### *Causes and tips*

#### Causes of Constipation

- A change in the foods you eat or changes in when you eat
- Some prescription pain medicines such as opioids
- Not being as physically active as usual
- Cesarean birth and other types of surgery

#### Tips to Ease Constipation

- **Increase the amount of fluid** you drink. Drink 6 to 8 glasses of water a day, plus the liquids you drink with your meals.

Signs that you are not drinking enough are:

- You are urinating less than normal.
- Your urine is dark-colored.
- You feel dizzy when you stand up.

- **Eat high-fiber foods.** One of the best sources of fiber is breakfast cereal with 5 or more grams of fiber per serving. Read the Nutrition Facts label on the box to find the fiber content.

Other high-fiber foods are dry and unsalted peanuts, whole wheat bread, parsnips, white or red grapefruit, cantaloupe, cooked carrots, prunes, green peas, baked beans, kidney beans, and split peas.



*Eat high-fiber foods to help ease constipation.*

- **Try to have meals at the same time each day.** It helps to eat breakfast at the same time every day. This helps get your bowels on a regular schedule.



To help lessen constipation, try to eat breakfast at the same time every day.

- **If you are allowed to drink coffee, have some with your breakfast.** Coffee helps your bowels move. Decaf works, too.
- **Drink cold or warm prune juice** with breakfast.
- **Walk or do other light exercise after breakfast** to increase the movement of food through your body.
- **Most people feel the urge to have a bowel movement about 20 minutes after a meal.** If you feel the urge, try to go right away instead of waiting. The body absorbs fluid from the bowel. This means constipation may be worse if you wait.
- **Do not just sit on the toilet and read a book.** Sitting on the toilet for a long time can cause painful swelling or hemorrhoids. Wait until you feel the urge to have a bowel movement, and then go and sit on the toilet.

## Laxatives

After an operation, a laxative is sometimes needed to help get bowels moving. Your doctor may suggest a laxative or you can buy one over the counter (without a prescription) at any drugstore.

- **Senna tablets:** Usually work overnight.
- **Milk of Magnesia liquid** (*magnesium hydroxide*): Works overnight.
- **Miralax or GaviLax** (*polyethylene glycol*): Works in 1 to 3 days.
- **Bisacodyl rectal suppositories:** Work in about 20 minutes.
- **Fleets enema:** Works in about 15 minutes.

## Call Your Healthcare Provider If You:

- Had a Cesarean birth and trying these tips for 3 days has not helped you have a bowel movement.
- Are sick to your stomach and throwing up.

### Questions?

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

**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.**

## **Baby Blues and More**

### *Postpartum mood disorders*

*Some new mothers have “baby blues” or more serious postpartum mood disorders. This chapter gives ideas for things you can do to feel better, and for how partners, families, and friends can help. We list many local resources at the end of this chapter.*

For most women, having a baby is unlike any other event in their life. Both parents can feel excitement, joy, anxiety, confusion, love, and fear after the birth of their baby. If this is your first baby, your world will change as it never has before. Even if you have other children, the birth of each new baby brings many emotions and adjustments for the family.

In the months before your baby is born, most of the focus is on you, your changing body, and your baby growing inside of you. You and your partner may spend hours planning for your labor and birth. You may notice new mothers and fathers with their babies and dream of soon being a parent yourself.

### **Emotional Changes After Giving Birth**

But, most women and their partners do not know that for some new parents, the love and happy emotions may be overshadowed by feelings such as sadness, fear, anxiety, and overwhelm.

Healthcare providers may not say much about the emotions that can arise after giving birth. Most times, they do not want to scare the parents-to-be.

But, 50% to 80% of new parents (50 to 80 out of 100) have “baby blues,” and 20% of new mothers (20 out of 100) have a more serious postpartum mood disorder.



*For some new mothers, the joy of having a baby may be replaced by feelings of sadness, fear, anxiety, and overwhelm.*



*Baby blues are common. They affect about 50% to 80% of new mothers.*

Women who have had anxiety, depression, or other mood disorders in the past are at higher risk for having postpartum mood disorders.

It is very important to learn about these issues and find ways to talk about them. The best thing you can do for yourself is to speak up and share your concerns with someone you trust and who can get you help. This may be your partner, a close friend, your provider, nurse, or social worker. Holding in scary or negative thoughts and feelings may lead to a more serious situation.

This chapter explains baby blues and other postpartum mood problems that may need more attention. Your provider is the best person to listen to your symptoms. Your provider can determine what condition you may have and the best way to treat it.

**Postpartum mood disorders can be treated. With help, you will soon feel better.**

## **Baby Blues**

Baby blues affect about 50% to 80% of new mothers (50 to 80 out of 100). Symptoms can occur anytime from birth through the first 2 weeks after giving birth.

This common condition is not a postpartum adjustment disorder. Baby blues are mostly caused by the sudden change in the mother's hormones and feeling overwhelmed about being a new parent of a baby who is so dependent on her. Symptoms may include:

- Mood swings
- Crying
- Trouble concentrating
- Difficulty sleeping
- Fatigue
- Eating too much, too little, or having anxiety about food

Baby blues may last a few hours or as long as 2 weeks. With good physical care, strong emotional support, and knowing about this condition, these symptoms usually go away on their own.

**Even during the first 2 weeks, if you are overwhelmed by these symptoms, they interfere with your ability to care for your baby, or your symptoms are getting worse, something more serious may be going on. Call your provider if this happens to you.**



*Women with postpartum depression may have low energy and other symptoms of depression.*

## **Postpartum Depression**

Postpartum depression is a more serious condition. It can start anytime after delivery, but most often it occurs from 2 weeks up to 1 year after the baby's birth. This and some of the other disorders can affect 20% of new parents (20 out of 100), including fathers and parents who have adopted a baby.

If you are worried that you or someone you know may have a postpartum mood disorder, call your provider or a mental health specialist.

The most common thing women with postpartum depression say is that they "feel overwhelmed." Women with postpartum depression usually have many of the symptoms listed under baby blues. They may have low energy and depression symptoms, or they may be hyperactive and irritable. They may also say things like:

- I can't stop feeling depressed, no matter what I do.
- I cry at least once a day and sometimes I can't stop.
- I feel sad most or all of the time.
- I can't concentrate.
- I don't enjoy the things I used to enjoy.
- I have frightening thoughts about the baby or other family members.
- I can't sleep, even when my baby sleeps.
- I feel like a failure all of the time.
- I have no energy. I feel tired all of the time.
- I have no appetite and no enjoyment of food.
- I am having sugar and carbohydrate cravings and compulsively eating all the time.
- I can't remember the last time I laughed.
- Every little thing gets on my nerves lately. I am even furious with my baby. I am often angry with my partner.
- The future seems hopeless.
- It seems like I will feel this way forever.
- There are times when I feel I would be better off dead than to feel this way.



*Postpartum depression can start anytime up until about a year after your baby's birth.*

## **Postpartum Anxiety**

Postpartum anxiety can occur at the same time as postpartum depression. This is usually 2 weeks to 1 year after the birth of your baby. Symptoms of postpartum anxiety include:

- Unable to concentrate
- Afraid to go out
- Fear of being alone
- Feeling trapped
- Guilt
- Irritability
- Unable to sleep
- Constant fears for baby's health
- Anger or rage
- Rapid heartbeat
- Dizziness
- *Hyperventilating* (breathing very fast, not able to stop)
- Tingling or numbness
- Nausea or vomiting
- Muscle tension
- Diarrhea

## **Scary or Intrusive Thoughts**

A mother with a postpartum mood disorder may have scary thoughts. She may be flooded with thoughts about harm coming to her baby, such as, "What if I drop her out of the window" or "put her in the microwave." "Maybe there is something seriously wrong with my baby." "I am a terrible mother. My baby should have a different mother."

Sometimes these thoughts are constant. They may go along with a ritual such as:

- Constantly checking and re-checking the baby
- Checking to make sure no knives are missing or getting rid of all the knives in the house
- Doing safety checks on the house and locks



*Let your partner know how you are feeling.*

These behaviors are often disruptive to how a family functions. Most women will realize these thoughts and behaviors are due to their situation, and are not real. But a small number of women may believe their thoughts, or believe that someone outside of herself is telling her to do things. If this happens, it is much more serious. Call your provider **right away** if this happens.

The most important thing to remember is to share your thoughts and feelings with someone you trust, such as your partner, close friend, or provider, so they can get you the help you need. Call mental health services if you have any of these symptoms.

### **Things You Can Do to Feel Better**

Below is a list of things you can do to lessen the baby blues or symptoms of depression and anxiety. As the saying goes, “An ounce of prevention is worth a pound of cure.”

You may not feel well enough to do many or any of these things. But, you do hold the power to get help and to help yourself.

- If you can, rest when your baby sleeps.
- Eat well.
- Avoid caffeine and alcohol
- Make your needs a priority.
- Avoid strict or rigid schedules.
- Avoid overdoing.
- Do not expect too much from yourself right now.
- Tell yourself it’s OK to have negative feelings.
- Screen phone calls. Do not answer calls from people you don’t want to talk to. Set limits with visitors.
- Try not to compare yourself to others.
- Do not blame yourself.
- Avoid being with people who make you feel bad. Set boundaries with people you cannot avoid.
- Be careful about asking too many people for advice. Confide in someone you trust.
- Do the best you can. Even if it doesn’t feel like enough, it’s enough for now.

- Trust your instincts.
- Whether you have just 1 baby or are a mother of many children, every baby is different. Be patient with yourself. You will survive and succeed.

### **Make Time for You**

- Take a walk.
- Take a bath, once your provider says it's OK.
- Set small goals for yourself.
- Stay on all medicines your provider has prescribed.
- Get out of the house.
- Remind yourself that all adjustments take time.

### **Partner with Your Partner**

- Let your partner know how you are feeling.
- Thank your partner for helping you.
- Let your partner know what you want and need from them. They may not know.
- Encourage your partner to seek support from friends and outside activities.

### **Accept Help**

- Decide what needs to be done and what can wait.
- It is very hard for many of us to accept help. Know that you can:
  - Ask family members to do household tasks you usually do.
  - Make a list of daily and weekly tasks. Put the most important tasks at the top of the list. Let your friends and family choose their tasks – they may do more than one!
  - Get counseling, medicine, or both. Talk with your provider, nurse, or social worker about these options.

### **Helpful Tips for Partners, Families, and Friends**

Here are examples of helpful things to say to a mother who is struggling with a postpartum mood disorder. They can help her know you care and that you understand what she is going through. After the first list of things to say is a list of things NOT to say.





*There are many helpful resources for women and their partners who are dealing with postpartum mood disorders.*

### **DO tell her:**

- You know she feels terrible.
- She will get better.
- She is doing all the right things to get better (such as counseling or medicines).
- She can feel terrible and still be a good mother.
- It's OK to make mistakes. Things don't need to be done perfectly.
- You know how hard she's working at this right now.
- You will help with the baby and chores. Let her know she can ask for your help when she needs it.
- You know she's doing the best she can.
- You love her.
- Her baby will be fine.

### **Do NOT tell her:**

- She should get over this.
- You are tired of her feeling this way.
- This should be the happiest time of her life.
- You liked her better the way she was before.
- She'll snap out of this.
- She would feel better if only: she were working or not working, got out of the house more or stayed home more, etc.
- She should lose weight, color her hair, buy new clothes, etc.
- All new mothers feel this way.
- This is just a phase.
- Since she wanted a baby, this is what she has to go through.
- You know she's strong enough to get through this on her own and she doesn't need help.

## There Is a Lot of Help Out There

There are many helpful resources for women and their partners who are dealing with postpartum mood disorders. Here are just a few:

- **Perinatal Support Washington**  
888.404.7763, [perinatalsupport.org](http://perinatalsupport.org)  
Mother-to-mother support, support groups, therapists, doulas, and workshops.
- **24-Hour Crisis Clinic**  
866.427.4747  
Emotional support and referrals.
- **Northwest Association for Postpartum Support (NAPS)**  
206.956.1955, [www.napsdoulas.com](http://www.napsdoulas.com)
- **This Is Not What I Expected! Emotional Care for New Families Support Group**  
425.899.3602, [Evergreenhealth.com](http://Evergreenhealth.com)  
Free postpartum mood disorder support group for mothers, partners, and their families. Infants are welcome (mother's choice). Call for time and date.
- **Wellspring Family Services**  
208.826.3050, [Wellspringfs.org](http://Wellspringfs.org)  
1900 Rainier Ave. South, Seattle, WA 98144  
Parenting support, counseling
- **Counseling:** Many patients who have postpartum mood disorders find it helpful to talk with a counselor. Please talk with your healthcare provider, nurse, or social worker for a referral.

### Questions?

Your questions are important. If you have questions about postpartum mood disorders, talk with your healthcare provider.

The resources in this chapter may also be helpful.

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

# **Appendix**



## Staying in the Hospital

*When your baby is ready to go home*

*This handout explains what to expect when you must stay in the hospital for medical reasons and your baby is ready to go home.*

### Can my baby stay with me in the hospital?

Sometimes babies are ready to go home before their mother can leave the hospital. If this happens, and you are staying in the Mother Baby Unit, your baby can either:

- Stay with you
- Come visit you

Please note that while you are a patient, you **cannot** be your baby's caregiver since you may need to receive medical care. This means that whether your baby stays in the hospital with you or visits, another adult caregiver **must** be with your baby at all times.



*If you need to stay in the hospital when your baby is ready to go home, an adult caregiver can bring your baby to visit you.*

Other children under age 12 who come to visit must also have a responsible adult with them at all times.

### What can I expect when my baby is discharged from the hospital?

Whether your baby stays with you in the hospital or goes home:

- We will make a discharge follow-up plan for your baby.
- We will remove your baby's ID bands and security tags.
- Your baby will not have a nurse and will not receive nursing care.

- We will provide 6 disposable diapers and cloths. This should cover your needs until you can have supplies brought from home.
- You and your support person will need to provide all other supplies your baby needs. If there is any reason you cannot provide what your baby needs, please ask your nurse to contact the social worker. The social worker can help you create a plan for managing this time.

### **What should I do with my baby’s soiled clothes and other personal belongings?**

- Do **not** put personal belongings in the linen hamper. The service we use does laundry for many hospitals. We will not be able to get your belongings back.
- Ask your nurse for a green belongings bag for carrying soiled baby things home.
- Whenever you get up, remember to remove all toys, clothes, and electronic devices from the bed. We want to make sure your belongings do not go to the laundry when we change your sheets.

### **What if I have concerns about not being with my baby?**

- Being in the hospital when your baby is ready to go home can be very stressful. If you start feeling frustrated, please talk with your nurse. We can help you find resources that will help you handle being a new parent while still being in the hospital.
- Your family and other loved ones will also be feeling stress. They may not understand why the hospital is no longer taking care of your baby. Please show them this handout. Tell us if they need more explanation.
- If your support person or you are having any issues with your hospital stay or discharge plan, ask your nurse for a **care conference**. In this meeting, your doctor, social work, and nurse teams will sit down with you and your support person. We will talk about what needs to happen before you can leave the hospital and work with you to create a discharge plan.

#### **Questions?**

Your questions are important. Talk with your doctor or nurse if you have questions or concerns.

**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.**

# Helpful Phone Numbers and Websites

## Childbirth, Parenting, and New Baby Classes

Phone ..... 206.789.0883  
To register ..... [www.parenttrust.org](http://www.parenttrust.org)  
Email ..... [greatstarts@parenttrust.org](mailto:greatstarts@parenttrust.org)

## **UW Medical Center (UWMC)** ..... 206.598.3300

*[www.uwmedicine.org/services/obstetrics](http://www.uwmedicine.org/services/obstetrics)*

Labor & Delivery Unit ..... 206.598.4616  
Mother Baby Unit (Postpartum) ..... 206.598.5600  
Neonatal Intensive Care Unit (NICU) ..... 206.598.4606  
Hall Health Center ..... 206.685.1011  
Maternal and Infant Care Clinic (MICC) ..... 206.598.4070  
Pediatric Care Center (UWMC-Roosevelt) ..... 206.598.3000  
Prenatal Diagnosis Clinic ..... 206.520.5000  
Women’s Health Care Clinic (UWMC-Roosevelt) ..... 206.598.5500  
Community Care Line (24 hours a day) ..... 206.744.2500  
Lactation Services ..... 206.598.4628

## **UW Neighborhood Clinics**

*[www.uwmedicine.org/services/obstetrics](http://www.uwmedicine.org/services/obstetrics)*

Factoria Clinic ..... 425.957.9000  
Kent/Des Moines Clinic ..... 206.870.8880  
Northgate Clinic ..... 206.528.8000  
Ravenna Clinic ..... 206.525.7777  
Shoreline Clinic ..... 206.542.5656  
Woodinville Clinic ..... 206.485.4100

## Who to Call

### Call 911

#### Call 911 if you have:

- Chest pain
- Problems breathing or shortness of breath
- A seizure
- Very heavy bleeding (*hemorrhage*)
- Thoughts about hurting yourself or your baby
- Bleeding that soaks through 1 pad an hour
- Blood clots that are the size of an egg or bigger
- An urgent concern about your health

### Call your clinic right away

#### Call your clinic right away if:

- Your incision is not healing.
- Your incision opens, or leaks fluid or blood.
- Your incision area is more red, swollen, tender, or painful.
- Your leg or thigh is red, swollen, or painful.
- You have chills or a fever of 101°F (38.3°C) or higher.
- You have a headache that will not go away, even after drinking water and resting.

### Call your clinic within 24 hours

#### Call your clinic within 24 hours if:

- Discharge from your vagina smells bad.
- It's hard to pee (urinate), or you have pain or burning when you pee.
- Incision pain keeps getting worse.
- It's hard to eat or sleep.
- You feel depressed, sad, or anxious.
- You have a concern you feel cannot wait until your next clinic visit.

**Call your clinic at any time if you have questions or concerns about your health.** If it is after hours, a recording will tell you what to do.

---

Clinic Name

Phone

**Remember to make your follow-up clinic appointment!**