

## STRONG MIDWIFERY GROUP

### POSTPARTUM INSTRUCTIONS CESAREAN SECTION

**General Activity:** When you are discharged, go directly home and rest.

- Limit visitors and gradually increase your activities but try to rest whenever possible for the first two weeks at home. Lie down to rest. Swelling in feet and ankles can last for several days.
- Limit stairs to a few times a day. Climbing stairs will not hurt your incision but it is tiring.
- Do not drive for 2 weeks. If you must travel in the car for long distances, stop frequently for bathroom breaks and short walks.

**Incision Care:** Call the office to be seen in two weeks to have your incision checked.

- If your staples or sutures were not removed in the hospital, call to have them removed as instructed when you were discharged.
- Paper tapes (Steristrips) usually are placed across the incision. You can remove these by 10 days after your surgery if they haven't fallen off.
- Healing is a continuous process. The scar begins to strengthen 12 days after the surgery but it really takes a month to regain the strength the abdomen had before surgery.
- The incision will remain red for a long time, frequently over a year. Tenderness, itching, and numb spots around the incision are common for several months.

#### **Breast Care:**

Breast feeding often takes patience and perseverance. Remember, this is a new learning experience for you and your baby. For the first few weeks, your baby may nurse every 2-3 hours. Good nutrition, fluids and rest are important for your own well being, so try to rest as much as possible in between feedings. **Breast feeding help line number is 341-6808.**

- If the baby doesn't empty your breasts and they become **engorged**, you may express the rest of the milk. The breasts may become hard and sore during this short period of engorgement (3-5 days). To decrease your discomfort and make it easier for your baby to nurse, we recommend the following:
  - 1) Nurse your baby frequently, every 2-3 hours
  - 2) Wear a bra with good support
  - 3) Use cold packs, such as packages of frozen peas, as soon as the swelling begins. Apply 3-4 times a day for 20 minutes. Or place a cold green cabbage leaf over the breast to decrease engorgement.
  - 4) Take Ibuprofen (Advil, Motrin) 600 mg every 6 hours around the clock to reduce inflammation.
  - 5) Massage the breast gently before nursing and express some milk first to allow the baby to latch on more easily. Try massaging in a warm shower.
  - 6) Clogged ducts (feel like stringy clumps) can be relieved with massage and a warm shower or wash cloth on the breast prior to nursing.
- Nipple tenderness and soreness peaks at 5-7 days of nursing. To correct this, check to make sure the baby is in the right position and latched on correctly. The baby needs to suck on the areola (pigmented area around breast) not just the nipple. Letting a little breast milk dry on the exposed nipple and applying ice packs helps healing. Use a nipple cream, such as the lanolin-based Pure-Lan or Lansinoh (available at CVS, other pharmacies, and the Center for Women). Expose your nipples to air several times a day, especially after a feeding.
- Breast infections can occur whether you are nursing or not. Symptoms include fever, chills, and/or a painful red area on your breast. Usually antibiotics are needed, so call us during the day with your pharmacy number. If you need to use medications check with your pediatrician. Call the office if you have severe breast or nipple pain, or if your breast has red streaks or if your nipples are bleeding.

If you are bottle-feeding, a snug bra will be helpful in preventing engorgement. If engorgement does occur, apply ice packs to breast and medicate with Ibuprofen. This must be done continuously for several days. Medication is no longer used to "dry up" your breast milk.

**Abdominal Cramps:** In addition to incisional pain, many women have “after birth” pains. They are temporary; usually occur within the first few days, especially while nursing and rarely last more than 4 days. You will be given a prescription for pain on discharge. Ibuprofen and Tylenol are also fine to take. All can be used while nursing.

**Bathing:** If your incision is not draining, you may shower or bathe at any time. The heat may make you dizzy especially if you are taking pain medication. Have someone nearby to help you, and keep the water warm, not hot. Do not douche.

**Diet:** Eat a well balanced diet rich in protein and calcium. Breastfeeding mothers: drink 8-oz of fluid at every breast-feeding. Once your bowel movements are normal, **resume your prenatal vitamins** for 6 weeks or as long as you are nursing. **Take iron for 4 weeks** (examples: Feosol 325mg daily, Slow Fe one/day).

**Constipation:** You may use stool softeners such as Colace, Metamucil, Senokot, etc. Do not use a laxative if you are nursing without checking with your pediatrician. If you have hemorrhoids, use Sitz baths.

**Abdominal Exercise:** No strenuous exercises should be done until after your visit to the office. Walking, general activity and practicing “pulling in” your abdominal muscles will help you regain muscle tone.

**Menstruation:** Variable vaginal drainage is often present up to 3 months after surgery. At first it is red, then pink, then yellow-gray. It frequently increases in amount and becomes red again when you increase activity. This is normal. The first period can come as early as 4 weeks if you are not breast feeding but often takes up to 10 weeks. The first few periods may be heavier or lighter than you were used to and they may be quite irregular. Nursing mothers often don’t resume periods until supplementary formula or solids are added to baby’s diet. While nursing you could also have irregular bleeding. Whether you are nursing or not, fertility can return before the first period.

**Contraception: REMEMBER** it is possible to get pregnant as early as 1 month after your birth. Contraceptive pills may be started shortly after delivery. Other methods to be used before returning to the office are foams or condoms; both are available without a prescription. If you want an Intrauterine Device (IUD), discuss with the midwife when you come in for your post-partum visit. Some methods of birth control may not be covered by your insurance. Please call your insurance carrier before you make an appointment.

**Postpartum Examination:** After your incision exam at 2 weeks, you will return for a full physical around 6 weeks. Your breasts, abdomen, incision, muscles and uterus will be examined, along with a pap smear if needed.

**Employment:** Most women can return to work by 6 weeks after a cesarean. You can discuss at your postpartum appointment or call the office earlier if necessary.

**Please notify us if you have:**

1. **Fever or chills. (Check your temperature with a thermometer before calling.)**
2. **Excessively heavy or prolonged bleeding (soaking a large pad every hour).**
3. **Frequency or burning with urination.**
4. **Swelling, tenderness with redness in one area of breast, cracked or bleeding nipples.**
5. **Marked depression or anxiety.**
6. **Severe abdominal pain not relieved by Tylenol or Ibuprofen.**
7. **Increased tenderness, redness, oozing or odor at C-Section incision site (these could be signs of infection).**

**For acute emergencies call 258-4970.**

**Strong Midwifery Group  
585-275-7892**

**RAMP  
585-275-2962**

**Answering Service  
585-258-4970**

Write your pharmacy number here so it is easily available: \_\_\_\_\_