

Postpartum Discharge Package

MOTHER/BIRTHING PERSON



SOUTHLAKE
REGIONAL HEALTH CENTRE

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MOM/BIRTHING PERSON

Warning Signs

SEEK MEDICAL ATTENTION IF

- You are unable to empty your bladder
- You have a fever (38 degrees Celsius or 100.4 degree Fahrenheit)
- You have unexplained/severe abdominal or perineal pain
- You are soaking a pad in less than 1 hour, passing large clots, or having foul smelling discharge - consider going to your nearest Emergency Room (ER)
- Your breasts are red, warm, shiny or there is unusual discharge from the nipple(s)
- You have discharge from an episiotomy/laceration or the incision site
- You have unusual/new/ongoing headache or vision change
- The back of your leg(s) are tender and/or red and painful
- You have prolonged and noticeable change in mood (feel depressed or feeling blue)
- You have thoughts of hurting yourself or your baby
- You have redness, warmth, pain or drainage from your incision or your incision is not healing, opens or hardens, as these may be signs of infection.



PHYSICAL CHANGES TO YOUR BODY AFTER BIRTH



Breasts

It is normal for your breasts to feel larger and heavier a few days after having your baby. Your breasts will get bigger and fill with yellow milk (colostrum) within the first few days. Keep your breasts dry. Do not use soap as it can dry out your nipples. Hand

express and rub colostrum on your breasts and allow them to air dry to prevent or treat nipple discomfort. See the feeding section below for more information.

Non-Breastfeeding Mothers

Expect a period of engorgement, treatable with form-fitting bras, ice treatments and avoid stimulation to the breast (avoid pumping or hot showers).

Over-the-counter pain medication can be used to relieve pain. Cabbage leaves placed on your breast may also provide relief. Symptoms should resolve within 24 to 48 hours, although leaking of milk may continue for days or weeks.



QUICK TIP

Some people experience nipple tenderness in the early days of breastfeeding. A little tenderness is not cause for alarm.

Image: Freepik.com



Bleeding/Vaginal Discharge (Lochia)

Bleeding after delivery is called Lochia. It is normal to have bleeding/vaginal discharge for up to 10 weeks. The bleeding may start and stop during this time. You should notice a decrease daily. Change your pad when needed and do not use tampons until instructed at your follow up appointment in 6 weeks. Keep your perineal area clean water and pat dry at least once a day; and change your pad often.

CALL YOUR HEALTH CARE PROVIDER IF

- Your flow is heavier than normal (filling a pad in less than an hour), is heavier than a period, smells bad, or has large clots.



Postpartum Bleeding

3 TO 4 DAYS POSTPARTUM	4 TO 12 DAYS POSTPARTUM	2 TO 4 WEEKS POSTPARTUM
<p>Lochia Rubra Dark Red Blood</p> <p>Flows like a heavy period</p>	<p>Lochia Serosa Pinkish Brownish Discharge</p> <p>Low to medium flow</p>	<p>Lochia Alba Yellowish White Discharge</p> <p>Gradually disappearing flow</p>



Perineal Care

Your perineum (the area between your vagina and buttocks) may feel painful and swollen. If you have stitches, you may feel more pain. These stitches will dissolve on their own. You can use cold compresses, take sitz baths, and clean the area with warm water after urination and bowel movement.

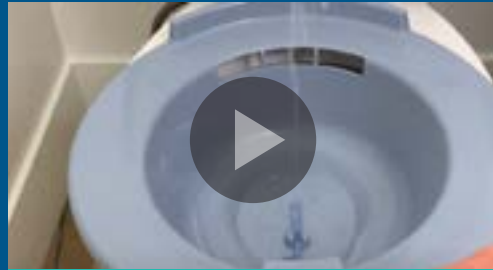
Your perineal area may cause you discomfort depending on the type of delivery you had. If it is uncomfortable after you return home, the following should be done:

- Sit in a tub containing several inches of plain warm water for 15 minutes two to three times a day (Sitz baths).
- Apply Tucks pads (place in fridge and they may be more soothing).
- Continue to use your peri-bottle after each void while having vaginal flow.
- Keep your stools soft as discussed below.
- Take over the counter pain medication if needed.

Sitz Bath

A bath used to relieve pain in perineal area caused by birth trauma, hemorrhoids, swelling, and vaginal discomfort.

1. Clean the sitz bath with soap and water. Rinse it well before you use it.
2. Fill the basin until it is 2/3 full with warm water.
3. Add 1 tablespoon of Epsom salts. Stir the water until it is dissolved.
4. Lift the toilet seat up and place the sitz bath on the bowl (do not lower the toilet seat)
5. Sit down on the sitz bath letting your perineum soak in the water (any extra water will flow into your toilet). You should not touch the bottom of the basin when you sit in the water.
6. Soak until the water cools down (about 10 to 15 minutes).
7. Air-dry the area or gently pat yourself dry with lint free towel.
8. Can repeat this process 3 times a day.



> [WATCH VIDEO](#)

+ Swelling

Minor swelling in your hands, legs and vulva is normal for the first few days after delivery. Your body will gradually get rid of the extra fluid; walking may help.

Uterine Cramps

You will likely feel painful contractions or cramping also called “after pains” due to your uterus decreasing back to its normal size pre-baby.

The “after pains” may be bothersome for first-time mothers and more intense with subsequent babies, especially during breastfeeding. Over the counter pain medications can be taken as instructed on the back of the bottle to alleviate this discomfort. Expect cramping to continue for the first several days after birth. Call your health care provider if the afterpains do not go away or if they are very painful.

It can take a few weeks for your uterus to return to its pre-pregnancy state.



Bowel and Urine Function

Constipation

As your hormones shift, you may experience constipation. Eat foods high in fiber and drink lots of fluids to help prevent and alleviate constipation. After a bowel movement, wipe from front to back. If necessary, take a stool softener/laxative, such as Metamucil or Restoralax.

Hemorrhoids

Hemorrhoids are swollen veins in your anus and lower rectum. If you have hemorrhoids, you may experience painless bleeding during bowel movement (the most common symptom), discomfort, itching or pain in the anal area. They usually improve in the first days or weeks following delivery. Sitz baths will occasionally give considerable relief. Your nurse may give you hemorrhoidal ointment to apply to your hemorrhoids every 4 hours and after each bowel movement. You can also apply medicated cooling pads to the affected area. If you are concerned about your hemorrhoids, speak to a health care professional.

Urinary Incontinence

You may find it hard to pass urine for a couple of days after your baby is born. Drink lots of fluids and remind yourself to go to the toilet even if you do not feel like you need to go. If it burns or hurts when you pass urine or you really cannot pee, talk to your health care provider.

WHAT CAN HELP

	<p>Go when you feel the urge</p>
	<p>Drink 6-8 glasses of water a day</p>
	<p>Eat fiber-rich foods</p>
	<p>Walk or do yoga stretches</p>
	<p>Take stool softeners</p>

SEXUAL ACTIVITY/CONTRACEPTION

Do not put anything in your vagina or have intercourse for at least 6 weeks (until cleared at your 6-week postpartum visit). This is to reduce your risk of developing an infection. Resuming an active sex life may be low on your list of priorities at the moment. Do not feel the need to rush, allow time your body to recover.

The following questions and answers are from The MoHERS Program. Please see their website topic Sex for more frequently asked questions.

Q: When can I resume sexual activity?

A: Everyone will resume intercourse at a different time depending on when they feel comfortable. This will be different for everyone. Some factors that may affect the timing may include mode of delivery, type of tear, fatigue, etc. Only 50% of women have resumed intercourse by 6 weeks post partum and 90% at 3 months. If you are uncertain whether it is safe then you should ask your health care provider.

Q: I am having pain with intercourse now. Is that normal?

A: Pain with intercourse after having a vaginal delivery can be normal and may depend on whether or not you had a tear at delivery. It takes time for the vagina to heal, just like an injury to other parts of the body, and sometimes scar tissue can be sensitive and tender. If you are experiencing intolerable pain and continue to have pain after multiple attempts, then you may have resumed intercourse too soon and should allow more time for healing. Using lubricants during intercourse may make it more comfortable if you are tender.

Q: I am experiencing vaginal dryness. Is something wrong?

A: Many couples may interpret this as a decrease in sexual arousal or desire, which, in fact may not be the case. This is common issue for mothers who are breastfeeding. The hormone responsible for breast milk production (prolactin) will cause your ovaries to produce less estrogen. In turn, the lower estrogen levels decrease the production of natural vaginal lubrication. Many women may require a water-based lubricant. Even though there is not a lot of evidence to support its use at this time, a short course of local estrogen cream or estrogen tablet in the vagina may be prescribed for you by your physician when your natural estrogen levels are low because of breastfeeding.

Q: To be honest, I just don't feel like having sex yet. Is there something wrong with me?

A: Not at all. In the postpartum period women go through many changes. There are the physical changes such as weight gained during pregnancy, breast tenderness, and healing associated with a vaginal tear or cesarean section. There are emotional changes such as the stress associated with caring for a new baby. There is also the overwhelming exhaustion from disrupted sleep patterns and...oh yeah...the time it takes to care for a newborn! Don't panic. It is going to take time for all of these adjustments to take place and the amount of time will differ for everyone.



QUICK TIP

Breastfeeding is not a reliable form of birth control!



Many physicians do not recommend starting a combined hormonal contraceptive method (pill, patch or vaginal ring) until at least 6 to 10 weeks after delivery because your estrogen may have a effect on your breast milk supply. Barrier methods such as condoms may be used at any time.

Postpartum Contraception



Fertility after giving birth

Predicting the return of fertility after giving birth is difficult and impacted by several factors, including **breastfeeding**.

- Some women will ovulate within **4 to 6 weeks** of delivery.
- Ovulation returns before your menstrual period. For example, women ovulate and get a period 2 weeks later.

The return of fertility is unpredictable. Your doctor won't be able to tell you when you are going to ovulate. Therefore, it is important for you to consider using contraception until you are ready to try to conceive again.

Common misconceptions among postpartum women

I will not be interested in having sex during my postpartum period.

FALSE:

Libido in the postpartum period is variable, and there is no "normal"? After giving birth, libido is impacted by many things, including tissue healing, vaginal dryness related to low estrogen from breastfeeding and new demands of motherhood.

Contraception will negatively impact my ability to breastfeed.

FALSE:

There are several effective contraceptive methods that have no impact on breastfeeding or your baby.

If I am breastfeeding my baby, I don't need to use birth control.

FALSE:

Breastfeeding is only effective at preventing pregnancy when you feed at least every 4 hours with no formula supplementation, for up to 6 months postpartum, assuming you haven't gotten your period yet.

Choosing the right option for you

Factors to consider when choosing postpartum birth control include:

- **Hormonal vs. non-hormonal options**
 - Hormonal birth control comes in many forms (pill, patch, ring, injections, IUD) and may contain both estrogen and progesterone or progesterone alone. Estrogen-containing options may decrease breast milk supply (see reverse).
 - Non-hormonal options include condoms, copper IUD, fertility awareness method and withdrawal.
- **Reversible vs. permanent options**
 - Most birth control options are reversible. Reversible options do not delay the return of fertility when stopped.
 - There are permanent forms of contraception for both men and women:
 - Tubal sterilization ("Tubes tied") for women
 - Vasectomy for men

Other considerations

- **Cost**
 - Ranges from \$0 to \$400
 - Many birth control options are covered by basic drug plans
 - Ontario residents with OHIP coverage are eligible for free contraception when aged 25 years or younger
- **Effectiveness**
 - 85 out of 100 women will get pregnant within one year without contraception
 - If you are trying to prevent pregnancy in the postpartum period, it is important to have an **effective and reliable** form of birth control
 - Methods range from 75% to >99% effectiveness
- **Route of Administration**
 - Having a newborn is a busy time. Different birth control options require different levels of attention. For example:
 - Long-acting reversible contraception like the IUD or the progesterone implant need to be inserted by a health care provider, but typically require no attention after insertion
 - Progesterone-only oral contraceptive pills must be taken everyday at the same time to prevent ovulation

If you have questions about what method of contraception is right for you during your postpartum period, you can ask your doctor or midwife. A postpartum visit typically happens 6 weeks after you have had your baby.

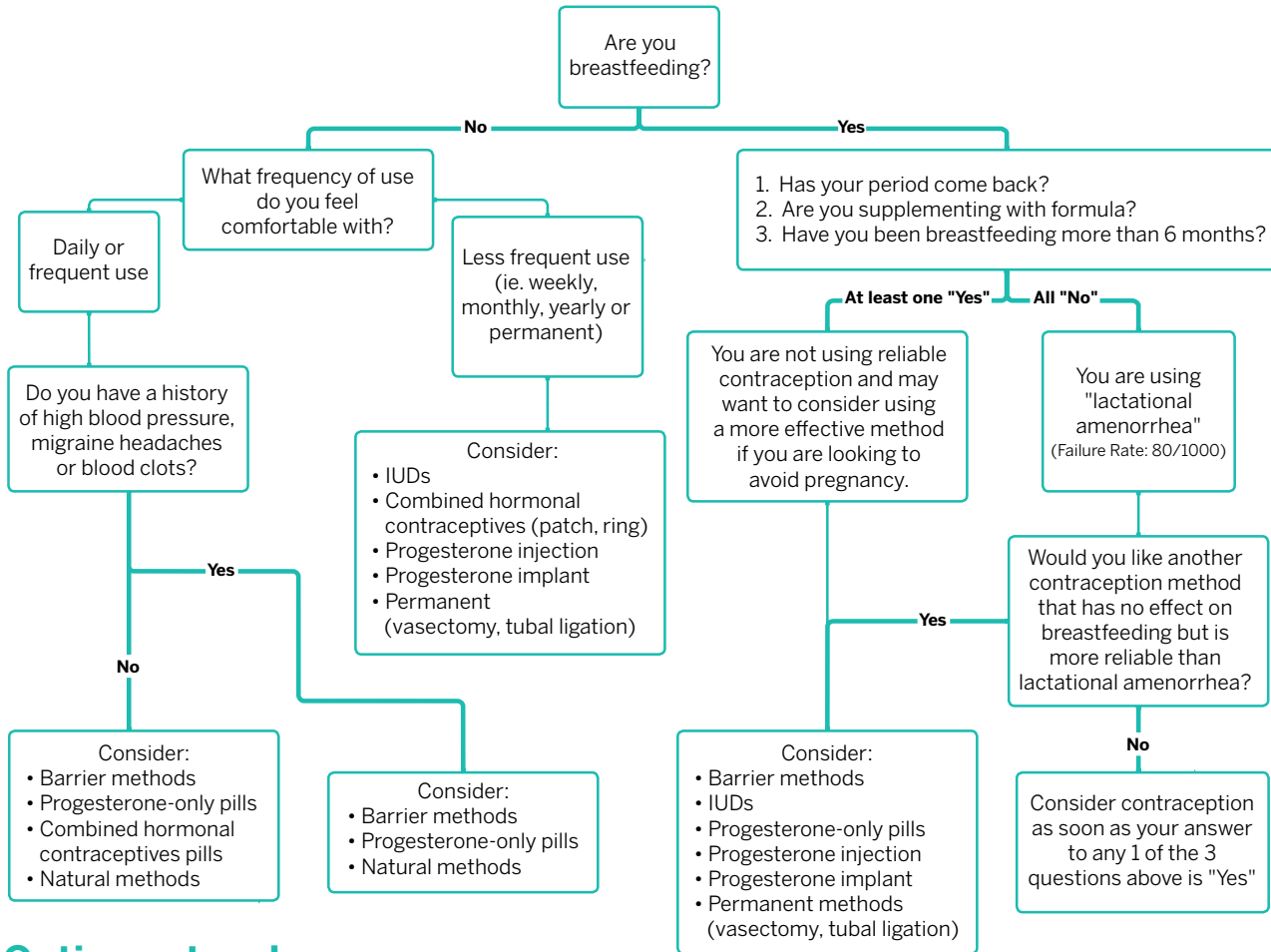
You can also find more information from the Society of Obstetricians and Gynaecologists of Canada (SOGC) about the post-partum period and birth control here:



Gladstone R, Brent S, Karol D, Hojabri S, Al-Harbi, H, Shirreff L
v.10/18/22

This material is intended for use by Canadian residents only. It is solely intended for informational and educational purposes. The information presented in these handouts is not to be used as a substitute for medical advice, independent judgement, or proper clinical assessment by a physician. The context of each case and individual needs differ between patients and this material cannot be applied without consultation with a trained doctor. This information handout is not intended for the diagnosis of health concerns or to take the place of the care of a medical professional. This material reflects the information available at the time of preparation.

Postpartum Contraception Decision Tree



Options at a glance...

<p>Copper IUD (e.g. Mona Lisa, Liberte)</p> <ul style="list-style-type: none"> • Cost: \$65-\$90 • Effect on Breastfeeding: None • Considerations: Can make periods heavier and more painful, inserted in clinic, can have same IUD for 5+ years, • Failure rate*: 8/1000 	<p>Progesterone Injection (e.g. Depo Provera)</p> <ul style="list-style-type: none"> • Cost: \$180/year • Effect on Breastfeeding: None • Considerations: Injection every 3 mos, can be started anytime, may not be optimal for women with low mood • Failure rate*: 60/1000 	<p>Barrier Methods (e.g. Male and Female Condoms)</p> <ul style="list-style-type: none"> • Cost: \$1-\$3/use • Effect on Breastfeeding: None • Considerations: Protection against sexually transmitted infections (STIs) • Failure rate*: 200/1000
<p>Progesterone IUD (e.g. Mirena)</p> <ul style="list-style-type: none"> • Cost: \$400 • Effect on Breastfeeding: None • Considerations: Can have nuisance spotting for 3-6 months, inserted in clinic, can have same IUD for 5 years • Failure rate*: 2/1000 	<p>Combined Hormonal Contraception (e.g. pill, patch, ring)</p> <ul style="list-style-type: none"> • Cost: \$15-\$30/month • Effect on Breastfeeding: Estrogen component may decrease milk supply • Considerations: Dosing is daily (pill), weekly (patch) or monthly (ring) • Failure rate*: 90/1000 	<p>Natural Methods (e.g. Withdrawal, Rhythm Method)</p> <ul style="list-style-type: none"> • Cost: Free • Effect on Breastfeeding: None • Considerations: Requires dedication to tracking cycles, cannot use rhythm method while breastfeeding • Failure rate*: 240/1000
<p>Progesterone Only Pill (e.g. Micronor)</p> <ul style="list-style-type: none"> • Cost: \$15-\$30/month • Effect on Breastfeeding: None • Considerations: Must be taken at the same time every day, may not be optimal for women with low mood • Failure rate*: 90/1000 	<p>Progesterone Implant (e.g. Nexplanon)</p> <ul style="list-style-type: none"> • Cost: \$400 • Effect on Breastfeeding: None • Considerations: Can have nuisance spotting for 3-6 months, inserted office, lasts 3 years • Failure rate*: 2/1000 	<p>Permanent Methods (e.g. Vasectomy, Tubal Ligation)</p> <ul style="list-style-type: none"> • Cost: Covered by OHIP • Effect on Breastfeeding: None • Considerations: Considered Irreversible, tubal ligation requires surgery (risk of bleeding and infection) • Failure rate*: 1/1000

*Pregnancies for every 1,000 women over one year with typical use

ACTIVITY/EXERCISE

For vaginal birth, you may resume exercising two to three weeks after the baby is born. You may begin Kegel exercises two to three weeks after delivery. Kegel exercises help increase the strength of your pelvic muscles. A pelvic physiotherapist can assess and treat various pelvic dysfunctions including post-partum recovery. If you desire, you may begin swimming two to three weeks after delivery.

If you've had a caesarean section, we also recommend you wait six weeks before doing any heavy lifting or intense activity.

Take it slow!

Give your body time to recover and ease back gently into physical activity.

Even if you were physically active before and during pregnancy, don't get ready for a marathon just yet – you've already finished one! Pregnancy, delivery and the exhaustion of life with a newborn can take a heavy toll on your body. Many women don't try anything more active than going for a walk until six weeks or so after delivery.

Benefits of Postnatal Exercise

- Improves stamina, cardiovascular fitness and decreases cardiovascular disease risk
- Helps restore muscle tone, strength and pelvic floor muscles
- Improves milk production
- Helps control and prevent incontinence
- Improves core strength and stabilization
- Expediates weight loss and improves self-esteem
- Targets posture and functional training
- Combats stress and promotes endorphin release which helps in prevention and treatment of postpartum depression
- Provides social network for mom and baby



Image: Freepik.com

Other Resources

Many communities also offer postnatal yoga and pilates classes that tend to focus on regaining abdominal tone and core strength. Classes often include baby, making it easy to fit exercising into your schedule. Also investigate local options for personal fitness trainers who can help speed up your postpartum recovery time by safely easing you back to your full activity level or greater.

NUTRITION

It takes 40 weeks to gain the extra pounds needed to create a baby but this extra weight does not disappear right after delivery. The average weight loss at delivery is probably about 12 pounds (approximately 8 pounds of baby, 1.5 pounds of placenta, 2 pounds of amniotic fluid and 0.5 pounds of blood).

Weight loss should happen slowly over weeks or months. Many women find breastfeeding helps with weight loss – but it also increases your appetite so your body can keep up with the demands of milk production. Dieting is not recommended for breastfeeding moms, focusing on healthy nutrition will help you lose the weight and keep it off. For more information, download the Canada's Food Guide: Servings Tracker for Breastfeeding Females.



If you are breastfeeding, please see the La Leche League Canada resource on Food Choices while breastfeeding.

www.lllc.ca/food-choices-while-breastfeeding

Don't push yourself too hard or too early, the first six to eight weeks after delivery most women are dealing with sleep deprivation and exhaustion as they adjust to life with a newborn.

Feed your body foods that will give you energy. Breastfeeding typically requires an additional 500 calories more a day on average.

Understanding Maternal Mental Health

Life with a new baby is not always easy and the adjustment to parenthood can be challenging for new moms and their families. Anxiety, depression and other mood disorders during pregnancy and after the arrival of a baby are a reality for many expectant and new moms.

These can affect mom's:

- Physical health
- Emotions
- Actions
- Relationships
- Baby

**It can happen to any family. It is not your fault.
It is treatable.**

Risk Factors

- Depression or anxiety during pregnancy
- Previous history of depression or other mental illness
- Family history of mental illness
- Lack of help or support
- Relationship or family conflict
- Stressful life events
- Financial stress
- Unwanted/unplanned pregnancy
- Baby with special needs
- Fussy baby

<h2 style="text-align: center;">Facts</h2>	<h2 style="text-align: center;">Symptoms</h2> <p style="text-align: center;">Moms may have some or all of the following symptoms</p>
<h3 style="margin: 0;">Baby Blues</h3>	
<ul style="list-style-type: none"> • Affects up to 80 per cent of new moms • Occurs within the first three to five days after birth • Goes away within one to two weeks • Are normal feelings following the birth of a baby <p>If symptoms do not go away after two weeks, it may be a sign of something more serious. It is important to seek help. Talk to your health care provider.</p>	<ul style="list-style-type: none"> • Cries for no apparent reason • Feels irritable or oversensitive • Feels a bit anxious • Has lots of mood changes • Is happy most of the time
<h3 style="margin: 0;">Postpartum Anxiety Disorders</h3>	
<p>Anxiety disorders and depression often happen together. Most common types:</p> <ul style="list-style-type: none"> • Panic disorder • Generalized anxiety disorder • Obsessive compulsive disorder • Post-traumatic stress disorder <p>Anxiety can get worse if not treated early. It is important to seek help. Talk to your health care provider.</p>	<ul style="list-style-type: none"> • Has panic attacks: pounding heart, shortness of breath, sweating, shaking, chest pain and upset stomach • Experiences feelings of dread • Excessively worries about everything • Feels jittery, irritable, cannot focus and has muscle tension • Has repeated inappropriate thoughts about baby or self • Has repetitive behaviours or rituals • Has persistent disturbing memories, nightmares or flashbacks about traumatic event(s) • Feels numb • Avoids people, places or events that remind her of the trauma
<h3 style="margin: 0;">Postpartum Depression</h3>	
<ul style="list-style-type: none"> • Affects 15 to 20 per cent of new moms • May start suddenly or slowly • Can occur any time within the first year after baby's birth or during pregnancy • Depression can get worse if not treated early. Talk to your health care provider or call a crisis line. <p>If you have thoughts about death or suicide, call 911 or your local crisis line.</p>	<ul style="list-style-type: none"> • Has a low mood most of the time • Loses enjoyment in regular activities • Is sad most of the time • Feels inadequate, guilty, worthless or hopeless • Feels angry, irritable or resentful • Has difficulty sleeping • Has low energy or feels agitated • Has no appetite or overeats • Finds it difficult to concentrate • Fears for her baby and/or fears being alone with her baby • Has thoughts about death or suicide
<h3 style="margin: 0;">Postpartum Psychosis</h3>	
<ul style="list-style-type: none"> • Rare, occurs in one to two per 1,000 births • Rapid onset (within hours) and symptoms appear within three days to four weeks after birth • Risk increases with previous history of postpartum psychosis and/or bipolar disorder <p>This is a very serious mental health condition that requires urgent attention and treatment. Call 911 for immediate help.</p>	<ul style="list-style-type: none"> • Hallucinates, hears voices or sees things • Has thoughts of harming herself or others • Has paranoid thoughts that someone is trying to harm her and her baby • Is not able to sleep or eat • Unusual behaviour

What can moms do?

Get help! Call your health care provider to talk about how you are feeling. Delaying treatment can delay recovery.

Ask for support. It is okay to have help taking care of your baby and yourself. Choose someone you can talk to who is patient and caring.

Take care of yourself. Sleep when baby sleeps, eat well and get some exercise. Take breaks. Take time to be by yourself. Take a bath, read a magazine or go for a walk.

Get counselling. There are many professionals who can help you to talk through your feelings.

Consider medications. Antidepressants are not addictive. Talk to your doctor about what is right for you. You can continue to breastfeed while taking certain medications.

Delay major decisions. Wait until you are feeling better so you can concentrate and think through problems.

Be patient. It takes time for recovery. Remember, there is hope.

You will get better

If you know someone who is living with a mood disorder you can help:

- Be patient
- Listen
- Provide breaks
- Support decisions to seek help
- Watch for signs of medical emergency
- Provide emotional support by letting her know that her concerns are real and that you will be there

Mental Health Support for Partners/Support Persons

You can help a new mother get the care and support she needs. If you notice signs of postpartum depression, help her contact her health care provider right away.

To support the mother dealing with postpartum symptoms of depression you can:

- Know the signs and symptoms of postpartum depression.
- Tell her she is a good mother and the baby is doing great.
- Help with the care of the baby and household chores.
- Take the baby out to give her a break.
- Suggest she get outside for a walk. Go with her or have a friend join her.
- Listen without judging or trying to fix her situation.
- Limit the number of visitors.
- Arrange for other people to make meals and to help in practical ways.
- Go with her to medical appointments and psychological follow-ups.

What you can do for yourself

- Life with a new baby is stressful for fathers/partners and other family members as well, especially if the mother becomes depressed.
- It is important to take some time for yourself to do what you enjoy doing. You need a break too. Find someone to talk with. Here are some suggestions:
 - Family, friends, other fathers.
 - Your health care provider.
 - 24-hour crisis line.
 - Your local public health unit.
 - Community services in your area.
 - Men's groups or fathers' groups in your area.
- Remember that:
 - Having symptoms of depression is not a weakness of character.
 - It is a treatable mental condition that does not go away by itself.
 - Getting help is the best thing you can do.
 - You need to look after yourself.



CESAREAN DELIVERY

Incision Care

If you have a **white** dressing:

- A pelvic physiotherapist can assess and treat various pelvic dysfunctions including post-partum recovery. After the big bandage has been removed, the incision will be left to air dry.
- There may be vertical tape (steri strips) on the incision. You can remove the steri strips after 2 weeks if they have not fallen off.

If you have a **brown** dressing (aquacel):

- The bandage will remain in place for 7-14 days. Make an appointment with your Obstetrician to have the dressing removed. You may shower with your Aquacel dressing, pat it to dry.

How you can promote healthy healing:

- Use proper hand hygiene before touching your incision.
- Check your incision every day for any signs of breakdown/infection. Early detection of wound concerns can prevent complications.
- Gently cleanse your wound in the shower with soap and water – pat the wound dry with a towel, do not rub dry.
- Smoking decreases circulation and may delay wound healing – discuss smoking cessation with your care provider.

Medications

- Take over the counter pain medication regularly for the first 4 days after surgery to keep the pain under control. Read the medication container for instructions on the maximum dose per day and do not exceed the maximum recommended daily dose.
- Take the prescribed narcotic only if your pain remains severe after maximizing your over-the-counter medication.
- Narcotics can cause nausea, itching, constipation, dizziness and can be addictive. If you are breastfeeding and taking narcotics, watch your baby for excessive sleepiness, as narcotics can cross the breast milk. If you are taking narcotics regularly, you may get constipated and may need a stool softener/laxative.
- If you are anemic (diagnosed with having low iron), after surgery you may be instructed to start an iron supplement. To maximize iron absorption, take iron on an empty stomach (without food), with water or orange juice (not with coffee, tea or milk) and not at the same time as your other medications (do not take with prenatal vitamins or thyroid pills). It is normal if your stool turns black while you are taking iron. You may get constipated with iron.



Photo romper.com



Photo ConvaTec Surgical Solutions

Activities

- You can eat whatever you like. If you feel bloated/gassy, avoid foods that produce gas (broccoli, cauliflower, cabbage, kale, bok choy, arugula, brussels sprouts, collard greens, watercress, radishes).
- It is safe to go up and down stairs and take walks.
- You may shower after 24 hours. Pat the incision and make sure it is dry. Take a shower every day. No baths for the first 7 days after surgery.
- You are not allowed to drive a motor vehicle or operate heavy machinery for the first 2 weeks after surgery. After 2 weeks, do not drive a motor vehicle if you are still taking narcotic medication or still moving slowly (as you have delayed reaction time).
- No lifting anything heavier than the weight of your baby for the first 6 weeks. No sit ups/abdominal crunches for the first 4 months.
- You will feel discomfort when you use your stomach muscles (get out of bed, laugh etc), and this is normal. This will get better day by day but it will take 2-4 weeks before you forget that you had surgery (you will be reminded when you move). There will be numbness above and below the skin incision and this is normal. It will take months for the nerves to regrow and this will happen slowly over time.

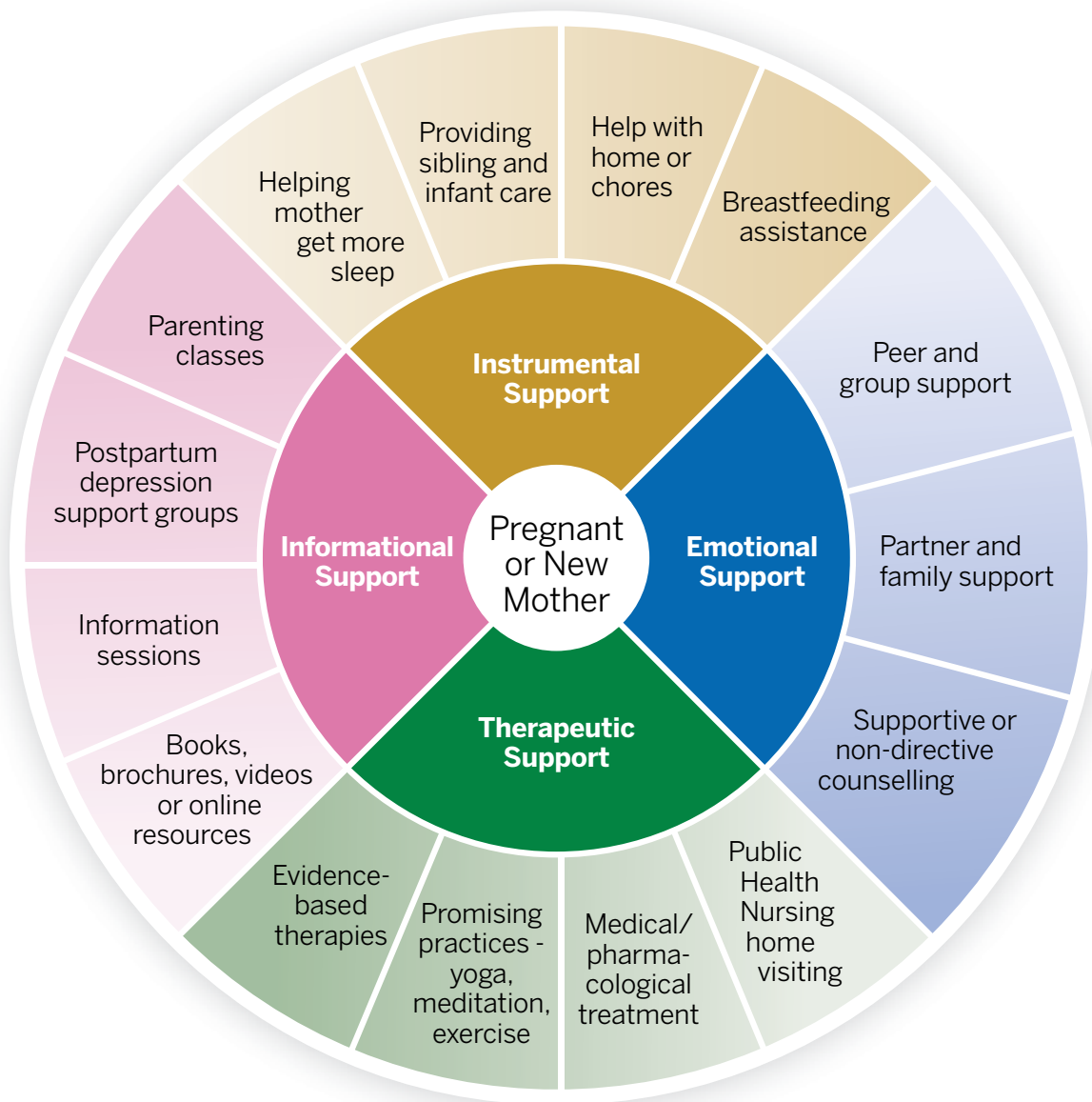
WHERE TO FIND MORE INFORMATION

- www.pregnancyinfo.ca
- www.themothersprogram.ca/postpartum-health
- [Sex & U \(sexandu.ca\)](http://Sex & U (sexandu.ca))
- www.omama.com/en/index.asp



Photo credit www.themothersprogram.ca

COMMUNITY RESOURCES



Prenatal Circle of Support

**best start
meilleur départ**

by/par health **nexus** santé

Public Health

York Region Public Health

To speak to a registered nurse about York Region's breastfeeding supports or other parenting questions, call 1-800-361-5653 and press 2, or chat live with a registered nurse at [York.ca/nursechat](https://york.ca/nursechat)

Simcoe Public Health

To speak with a registered nurse about services offered through the Healthy Babies Healthy Children Program, call Health Connection Monday through Friday, 8:30am – 4:30pm at 705-721-7520 (1-877-721-7520) or visit online.

Pelvic Physio

- www.sheelazelmer.com
- www.prospectphysiotherapy.com/services/pelvic-floor-physiotherapy/
- www.oonacares.com/pelvic-floor-physiotherapy/

Mental Health

- Bounce Back - www.bouncebackontario.ca
- Mind Beacon - www.mindbeacon.com
- Perinatal Wellbeing - www.perinatalwellbeing.ca

Support Groups & Education

- www.roseofsharon.com/programs/
- www.dadcentral.ca/dads
- Community Parenting Groups on social media
- Laleche League - www.lllc.ca/lllc-group-listings/ON

References

Best Start Resource Centre Ontario.

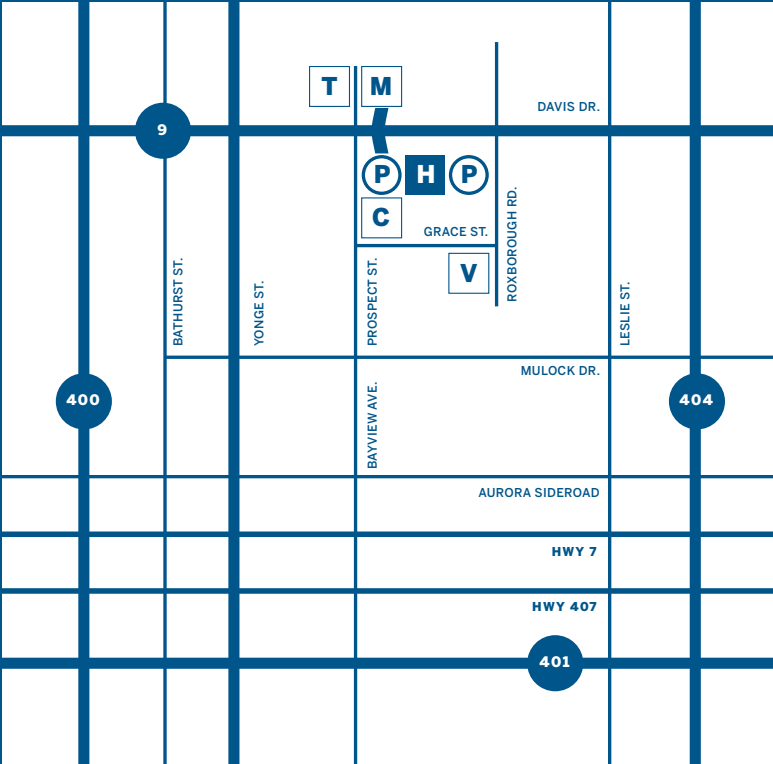
Mount Sinai Hospital. (2020). Preparing to go home with your baby: Discharge information about you and your newborn.

The MoTHERS Program.

Trillium Health Partners. (2021). Hospital to home: Caring for mom & baby after discharge.

York Region Public Health.

HOW TO FIND US



- V** Southlake Village, 640 Grace Street
 - M** Medical Arts Building, 581 Davis Drive
 - H** Southlake Regional Health Centre
 - C** Stronach Regional Cancer Centre
 - T** The Tannery Mall, 465 Davis Drive
 - P** Parking
- Bridge over Davis Drive – accessible from P3 of the Parking Garage and Level 3 of the Medical Arts Building.**

For more information, please contact:

**Birth Unit & Postpartum
Southlake Regional Health Centre**

Tel: 905-895-4521

596 Davis Drive
Newmarket, Ontario L3Y 2P9

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