



Your Postpartum Guide

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Warning Signs of Postpartum Problems to Report to Your Physician or Midwife

- Oral temperature above 100.3° F.
- Sudden onset of severe pain in incision, perineum, or abdomen.
- Bleeding heavily enough to soak through a large peri-pad (maxi pad) in an hour or less.
- Passing a clot larger than a lemon followed by heavy bleeding.
- Inability to urinate or pain, burning, or urgency of urination.
- Putrid-smelling vaginal discharge. (It naturally has a very strong or pungent odor.)
- Opening of a cesarean incision or foul or bloody discharge from the incision.
- Swollen, red, painful area on leg (especially the calf) that is hot to the touch.
- Tenderness and red, warm, swollen area on breast, especially with fever or flu-like symptoms.
- Shooting pain down your legs or difficulty walking.
- Severe headache, especially when sitting or standing that is relieved when you lie down.

Postpartum Care Self-Care Guide

It will be some time before your body returns to how it was before you became pregnant, but there are some things that you can do to assist nature in the recovery phase.

COMFORT AND PAIN MANAGEMENT

Most women have some degree of pain or discomfort after childbirth. The perineum may be bruised, or you may have had some stitches to repair a tear or episiotomy. If you had a cesarean birth, you have pain at your incision site and it is uncomfortable to move, cough, and even laugh. Your doctor or midwife has left orders for medications to reduce your pain and increase your comfort. Tylenol and ibuprofen are in your self-administered medication (SAM) kit and we encourage you to take them as directed to increase your comfort. Other prescribed medications are administered to you by your nurse. Please let your nurse know that you have pain as soon as you are feeling uncomfortable. In addition to pain medication, your nurse can suggest other comfort techniques such as the use of ice on sore stitches or positions to sit or lie in that help you feel more comfortable.

BLEEDING AND AFTERPAINS

After delivery, blood and tissue are expelled by uterine contractions. This vaginal flow is called *Lochia*. This flow continues for a period of 2 to 6 weeks after delivery. The first several days after delivery, the bleeding is usually heavy and bright to dark red in color. Some clots as large as a small tangerine are normal. *If you are expelling many large clots or experiencing an unusually heavy flow (soaking through a large pad in an hour or less), call your nurse while you are in the hospital or your physician or midwife once you are home.*

The bleeding will decrease over the next weeks, changing color from bright red to pink to brown to yellow and then clear. It should have a strong fleshy smell, not a putrid odor. A return to bright red bleeding or passing of large clots once your bleeding has slowed may signify excessive activity on your part. It is your body's way of reminding you to rest and take it easy.

Afterpains. Afterpains or cramping are the contractions of the uterus occurring in the days following birth. They are very normal but may be quite uncomfortable.

Afterpains are usually strongest on the second and third days following delivery, when you are breastfeeding or after you take a uterus-contracting medication prescribed by your physician or midwife. Cramping is most noticeable after the birth of a second or third baby.



Afterpains gradually decrease in intensity but may last 7 to 10 days.

To help ease afterpains, try:

- Using pain medication such as ibuprofen or prescribed medication as needed
- Relaxation and breathing techniques used for labor
- Walking soon after delivery
- Keeping your bladder empty

CHANGES IN YOUR UTERUS

Your Uterus. Immediately after delivery and for the next several days, the uterus weighs about 2 pounds. You can feel it just below your navel as a firm mass about the size of a grapefruit.

Large blood vessels bleed into the uterine cavity where the placenta was attached to the wall of the uterus. The uterus contracts firmly to prevent the uterus from filling with blood and clots and to prevent heavy blood loss. The following activities help the uterus contract:

- You, your husband/partner, and your nurse can massage your uterus for the first few days after delivery. This is done by placing your hand on your uterus and slowly rubbing in a circular motion. This procedure will stimulate contractions and make your uterus become firm.
- If you breastfeed, the hormone oxytocin is released, which causes your uterus to contract. This is normal and helps your uterus return to its prepregnant size.
- Occasionally, medication is given for several days after birth to keep your uterus firm.
- Once you are home, you no longer need to massage your uterus.

The uterus continues to decrease in size until it returns to its normal size and weight of about 2 ounces 6 weeks after delivery.

LACERATION (TEAR) OR EPISIOTOMY

If You Have a Laceration (Tear) or Episiotomy. As the baby is born, the perineum stretches and occasionally tears. If the tears are small, you may experience some uncomfortable swelling and stinging. If the tear is large, you will experience more pain and will have stitches to repair the tear.

Occasionally, an episiotomy (a surgical incision that enlarges the vaginal opening) is performed to facilitate the birth of the baby. The amount of pain following an episiotomy or deep tear varies from woman to woman. It is caused by the swelling of the tissues surrounding the vagina as well as by the incision or deep tear. The swelling and discomfort usually peak on the second or third day after delivery, but it is difficult to predict how long the discomfort will persist. Some may experience little or no discomfort, while others may experience dull, aching pain for some time. This is normal and eventually subsides.

Helpful hints for care of the perineum (tear or episiotomy):

- Always wash hands well before and after cleaning the vaginal area.
- In the first 24 hours after delivery, place ice on your perineum to reduce swelling and pain. Ice may be continued at home as needed.
- When sitting, position yourself squarely on the bed or in the chair, tightening the perineum, buttocks, and thigh muscles. (Sitting only on one hip may pull your stitches.) Start gentle perineal exercises (*see Postpartum Exercise Program in this section of your notebook*). Sometimes, a donut ring or a rolled towel makes sitting more comfortable. Your nurse can help you with this.
- After urination or bowel movement, cleanse your stitches by squirting warm water from the top of the stitches back toward the rectum. At home, continue to use your peribottle. Pat dry with a clean tissue, again from front to back. If you have burning over your stitches when you urinate, pour warm water over this area to dilute the urine as you go.
- Apply a clean sanitary pad from the front to back. Some women find it soothing to place witch hazel compresses between the pad and the stitches.
- Twelve hours after your baby's birth, you can start taking sitz baths. You may use your bathtub, filled with several inches of warm water. Sitz baths may be done several times a day for 20 minutes and may be continued as needed for comfort.

CESAREAN BIRTH

Cesarean Birth. If you have had a cesarean birth, you will stay in the hospital longer so that we can make sure you are able to get up and walk, urinate on your own, and care for yourself and your baby before you go home. There are some special steps you can take to aid your recovery from surgery and increase your comfort.

Helpful Hints:

- If you need to cough or sneeze, hug a pillow in snugly against your incision to splint it and reduce the pain and pressure over the incision.
- To reduce the problems of constipation that commonly occur after abdominal surgery and as a side effect of your pain medication, continue to take your stool softener and consume a diet high in fiber. If a bowel movement doesn't feel imminent in four days, you may take an over-the-counter laxative.
- The pain medications prescribed by your physician or midwife are safe to take while breastfeeding. Do take the medication you need to remain comfortable.
- Rest as much as you can and avoid lifting anything heavier than your baby.
- Mothers who have had cesareans are just as successful at breastfeeding as women who have given birth vaginally. To increase your comfort during breastfeeding, you might use a pillow to position your baby away from your incision.

- Your physician or midwife will discuss the events that led to the decision to deliver your baby by cesarean. Most causes are non-repeating and it is possible that if you choose to have another baby, you may deliver vaginally.
- You will leave the hospital with steri strips over your incision. These tape strips stay in place until your physician or midwife removes them at your postpartum check.
- Call your physician or midwife if your incision opens, becomes sore and red, has a greenish-yellow drainage, or bleeds.

HEMORRHOIDS

Hemorrhoids. Hemorrhoids are protruding veins in the rectum that often cause a constant dull pain or feeling of pressure around the anal area. They become prominent during late pregnancy or labor. The constipation that commonly follows delivery frequently aggravates them. They may become swollen and tender, sometimes itch, and may bleed.

Treatments for hemorrhoids:

- Apply a cold ice pack for 20 to 30 minutes, several times a day as needed for swelling and comfort.
- Take sitz baths in warm or iced water. Lie down for 15 minutes after.
- You may use soothing over-the-counter medications such as Tucks, witch hazel, or hemorrhoid ointments.
- Use a rolled towel shaped in a “U”-shape or donut ring to sit on.
- Avoid constipation by using stool softeners, which are provided in your self-administered medication (SAM) kit. Drink lots of water and eat fresh fruits, vegetables, and whole grains.
- Ask your physician or midwife for a prescription for hemorrhoid medication if these measures do not increase your comfort.

HYGIENE

Bathing. You may take showers or tub baths. Avoid use of bubble bath or bath soaking preparations, as they can be irritating and drying to the perineum or cesarean incisions. Do not use hygiene sprays or tampons until advised to do so by your health care provider.

SKIN CHANGES

Skin Changes. Your stretch marks will fade but not completely disappear. The skin pigmentation (color), including the dark line on the abdomen, will fade as well. Your abdominal skin is stretchy and soft immediately after your baby’s birth. With time and exercise, your skin and muscles gradually return to their former tone.

BLADDER AND BOWELS

Bladder. After birth it is normal to feel numb in your perineal area. Urinating is sometimes difficult because of swelling and lack of abdominal tone.

Helpful Hints:

- Drink plenty of fluids.
- Sit comfortably on the toilet.
- Pour warm water over your perineum with the peribottle or a cup to help start the stream of urine.
- Once you urinate, remember to empty your bladder every 3 to 4 hours. Urinating large amounts during the first week post partum is very normal.
- If you are unable to urinate in the hospital, a catheter (small tube) may be temporarily inserted to empty your bladder. It is generally removed 8 to 12 hours after insertion.
- You should notify your nurse, midwife, or physician if any of the following occur: inability to urinate or pain, burning, or urgency of urination. These symptoms, in addition to fever, may indicate infection.

Bowels. Most women have soft and even loose stools before and during labor and will not have another bowel movement for 2 or 3 days after birth. This bowel movement may be difficult to pass because of decreased muscle tone and decreased activity of the intestines themselves. Hemorrhoids or episiotomy pain may make you dread the first bowel movement after delivery, but when you feel the urge to go, take time to try.

Helpful Hints:

- You are encouraged to take a stool softener, which will be provided in your SAM kit, particularly while you take pain medication.
- Eat fresh fruit, vegetables, and whole grains to provide bulk and fiber.
- Drink enough fluids to keep your urine light colored. Water is particularly helpful.
- Walking and gentle exercise each day may help.
- Gently support your stitches with toilet tissue to help relieve the fear of tearing and hurting yourself while straining.

ACTIVITY

Exercises. Early walking is especially important. You should be assisted the first few times you are up. Some women experience some degree of dizziness and light-headedness. This is very common and is due to the blood loss from delivery and changes in circulation.

If you have had a cesarean birth, generally within 24 hours after delivery you will be encouraged to walk in the hall with assistance. Gradually, as you regain your strength, you will be on your own—but don't rush—take your time.

FATIGUE

The Importance of Rest and Sleep. Most new parents experience some fatigue now and over the next few weeks. Working hard during your labor, visitors, hospital routines, new responsibilities, and interrupted sleep all contribute to fatigue.

Helpful Hints:

- Rest when you can and eat well. This keeps you feeling well and aids in your recovery.
- Don't feel guilty about napping. It is smart to sleep or rest when your baby sleeps. And don't worry if you cannot immediately fall asleep. Rest is restoring, too.
- Don't try to be Super Mom! Unplug your telephone—the phone is for your convenience. Limit visitors. Let friends and relatives wait on you.
- Most babies seem to single out several hours in the evening or night to be fussy and constantly hungry, and to insist on attention. Remember, this will not last forever! Try feeding first. If that does not work, rocking or holding your baby close may help. *See section on Calming Your Baby in the "Baby Care" section of this notebook.*
- Take a warm bath with your baby to calm your fussy baby and you. Some babies calm to the sound of the clothes dryer or dishwasher. Taking the baby outside can help, too. *See Pregnancy, Childbirth and the Newborn, "Recipe for Sleep in the First Weeks After Birth," page 365.*

BREAST CHANGES

Breasts. Whether you are breastfeeding or formula feeding, you can expect some breast changes in the first several days after the baby is born. Breastfeeding mothers may experience some nipple tenderness and breast fullness.

If your baby is not breastfeeding, you may experience mild engorgement (swollen breasts) in the first few days following birth. During this time, wear a bra that fits well. Ice packs applied to the breasts several times a day for at least 20 minutes will help reduce the inflammation that comes with engorgement and will increase your comfort. The ibuprofen in your discharge medication kit also helps reduce the pain and inflammation.

Medication to suppress lactation is no more effective than ice and a well-fitting bra, and because of side effects, including elevated blood pressure, headache, nausea, and even death, lactation-suppressing medications are no longer used.

Call the Breastfeeding Center at 425.899.3494 if you are having difficulty with engorgement.

DIET AND WEIGHT LOSS

Diet. Pregnancy is often the first time many women evaluate their diets and have concerns about how their eating habits may affect their unborn babies. Continue the good practices you established in pregnancy during post partum.

Growing a baby during pregnancy draws on the body's stores of protein, iron, and other essential nutrients. Eating well will replenish those stores and maintain good health.

Guidelines for a healthy diet:

- Do not immediately start a weight-loss diet. Eat sensibly.
- Every day, include plenty of protein foods, fresh fruits, vegetables, and whole grains; limit your fat intake and empty-calorie foods.
- Drink enough fluids to satisfy your thirst and keep your urine light-colored.
- Continue your daily prenatal vitamins until they are gone. Then any vitamin-mineral supplement may be obtained without a prescription for daily use.
- It is recommended that all women who could become pregnant continue to take 0.4 mg (400 mcg) of folic acid daily. This vitamin, taken 3 months or more before conception, reduces the incidence of neural tube defects in babies.

Weight Loss. You will gradually lose the extra weight gained during pregnancy. Please don't rush. You lose approximately 11 to 13 pounds at birth and an additional 4 to 5 pounds within the next couple of weeks. With weight gain in pregnancy (24 to 30 pounds), you should end up with 5 to 6 extra pounds of stored body fat, meant to be slowly utilized during the first 6 months of nursing your baby. If you have accumulated considerably more than 6 pounds over your recommended body weight, you may consider a healthy, slow reduction diet along with an exercise plan.

HORMONAL CHANGES AND MENSTRUAL CYCLE

Hormonal Changes. After delivery, your body undergoes very sudden changes in hormone production. Estrogen and progesterone levels drop abruptly and remain low until your first menstrual cycle begins. If you are breastfeeding, and not giving your baby supplements, your menstrual cycle may not return until after you begin to offer solid foods to your baby, wean your baby, or stop nursing. For others, it may begin 4 to 10 weeks after lochia (bleeding) has stopped. If you are not breastfeeding, your cycle will resume about 3 to 8 weeks after lochia (bleeding) has stopped. The first few periods are often erratic. They frequently are heavier than normal but can also be light. Within a month or two after your first period, your menstrual cycle usually adjusts to normal.

If you do not wish to become pregnant again soon, it is necessary to use birth control even prior to your first menstrual cycle. The absence or delay of your cycle

does not mean you cannot conceive. You can become pregnant before your first period. The odds of getting pregnant are low, however, if you are exclusively breastfeeding.

SEXUAL RELATIONS AND FAMILY PLANNING

Sexual Relations. Most couples wait to have intercourse until the heavy vaginal bleeding has ceased, lacerations and episiotomy have healed, and they are both comfortable about resuming their sex life. Please discuss this with your own physician or midwife.

Once you decide to resume your sexual relationship, you may be concerned about how comfortable intercourse will be if you have had a laceration or episiotomy. Trying different positions for intercourse may increase your comfort, as the healed episiotomy or tear may still be tender. Because of decreased vaginal lubrication, which is more common with breastfeeding, using a water-soluble lubricant such as K-Y Jelly or Astroglide may help.

Family Planning. Many methods of contraception are available to you, and your physician or midwife will talk to you about this before you leave the hospital. Methods to prevent pregnancy include:

Barrier methods block the sperm from reaching the egg or kill the sperm. All of these methods are compatible with breastfeeding.

- **Diaphragm:** The diaphragm is a round rubber dome individually fitted by your doctor, midwife, or nurse practitioner. It is placed inside the vagina and covers the cervix. When used with a spermicidal cream or jelly, it prevents pregnancy by blocking the sperm from entering the uterus and by killing the sperm. Side effects could include latex or spermicide allergy, urinary tract infection, or toxic shock syndrome.
- **Male Condom:** The male condom is a thin sheath made of rubber (latex) or animal membrane. It is worn by the man over his penis. The most effective condoms and the safest are made of rubber. When the woman uses a spermicide in addition to her partner using a condom, the effectiveness of this method in preventing pregnancy is increased. Side effects could include latex allergy.
- **Female Condom:** The female condom is a plastic pouch that lines the vagina. It is held in place by two rings—one closed inner ring at the cervical end and one outer ring at the opening of the vagina.
- **Spermicides:** Spermicides come in the form of foam, creams, jellies and suppositories. They are placed in the woman's vagina before intercourse. They may be used alone as a contraceptive method, but when combined with a condom, diaphragm, or cap, the contraceptive effectiveness is greater. Side effects could include urinary tract infection, vaginitis, or spermicide allergy.
- **Cervical Cap:** The cervical cap is a small, thimble-shaped rubber cup that fits over the cervix. It is usually used with a spermicide. It must be left in place at least six hours after intercourse. Your doctor, midwife, or nurse practitioner will determine the size

you need and write a prescription for it. Side effects could include latex or spermicide allergy, urinary tract infection, or toxic shock syndrome.

- **Lea's Shield:** The Lea's shield is a dome-shaped silicone device that fits inside the woman's vagina. It covers the cervix and can be removed with a loop that is attached to the device. Side effects could include abdominal bleeding or spotting, urinary tract infections, or vaginitis.

Hormones may be used to prevent the egg from being released each month. Methods using hormones include the pill, implants, and injections. Side effects for hormone-based methods could include the following: headache, breast tenderness, nausea, irregular bleeding, missed periods, depression, cardiovascular problems, weight gain, dizziness, acne, or hirsutism. *Talk to your care provider about these risks and side effects.*

- **Birth Control Pill:** These are available only by prescription and are often started the fifth day of your first menstrual cycle after delivery. Birth control pills are not recommended for women who smoke. For breastfeeding mothers, most physicians and midwives do not recommend combination birth control pills, which contain both estrogen and progesterone. Estrogen decreases milk supply and is not advised for breastfeeding mothers. Many others are comfortable using the "mini pill," which contains only the hormone progesterone. The mini pill has decreased the amount of milk some women produce, so if you use the mini pill, pay attention to this possibility.
- **The Patch—transdermal contraception:** This small hormone containing patch is placed on the skin of the abdomen, buttock, lower back, or upper or outer arm. The hormones similar to those in birth control pills are absorbed through the skin. A new patch is put on each of 3 weeks and the fourth week is patch-free. It requires a prescription from your health care provider.
- **Injectable Progestins:** A hormone that is given by injection every 12 weeks or others that are given monthly. It is effective in preventing pregnancy and uses lower doses of the hormone progesterone than are found in birth control pills. These hormones are compatible with breastfeeding.
- **Contraceptive Implant:** With this method, several tiny tube-like implants containing a hormone (levonorgestrel) similar to one your body produces during the menstrual cycle are placed beneath the skin of the upper, inner arm through a small incision. It may be especially useful for women who do not want to become pregnant for up to 5 years and cannot or should not use estrogen. This method provides protection from pregnancy using lower doses of hormone than contained in the birth control pill and requires no action from you once inserted. If you want to become pregnant sooner than in 5 years, the implants can be removed. Implants are compatible with breastfeeding.
- **Vaginal Ring:** A vaginal ring releases both estrogen and progestin. It is a flexible plastic ring that is placed in the upper vagina and worn for 21 days and removed for 7. Each month a new ring is used. It releases hormones and the risks are the same as the birth control pill.

Devices that are placed in the uterus (IUD or intrauterine device) create a reaction that prevents fertilization of the egg in the tubes or attachment of the fertilized egg to the wall of the uterus. IUD's are compatible with breastfeeding.

- **IUD:** A plastic device that contains copper or a hormone is inserted and left in the uterus. The IUD does not protect against the risk of pelvic infection or STD's, which can cause infertility. The risk is higher for women who have many sexual partners rather than one partner, or who have a past history of pelvic infections. IUD's are compatible with breastfeeding. Possible side effects could include irregular or heavy periods, vaginal discharge, or painful periods.

Other family planning methods rely on avoidance of sexual intercourse during times of fertility or withdrawal before ejaculation. Each method has a different rate of effectiveness.

- **Rhythm Method:** This method is not effective immediately after birth since it takes some time to reestablish an ovulation pattern in your menstrual cycle.
- **Natural Family Planning:** This method can be effective later in post partum if the couple is committed to practicing what they have learned about checking cervical secretions as an indicator of ovulation.
- **Coitus Interruptus (or Withdrawal):** This method has the man withdraw his penis before ejaculation. It is not an effective method of birth control.
- **Lactation Amenorrhea Method:** If a woman has a baby under 6 months of age, has had no menstrual-like bleeding after the lochia flow ended, is not giving the baby more than 2 ounces of supplement (water, juice, formula) a week, and is exclusively breastfeeding, the risk of pregnancy is less than 2%.

Sterilization involves cutting the tubes of a woman to prevent the sperm from reaching the egg or cutting the vas deferens in the man to prevent sperm from being present in the semen.

- **Tubal Ligation:** A tubal ligation can be done following birth or later by cutting and tying off the tubes so that the egg and sperm cannot unite. This can be done after birth during a cesarean or through a small incision made by the navel. It is generally irreversible. A tubal ligation can also be done as day surgery after the woman has recovered from birth.
- **Vasectomy:** This procedure is often done in a urologist's or family practice office as an outpatient surgery. It involves severing the vas deferens (the tube through which sperm travel from the testicles to become part of the ejaculate). It should be considered irreversible.

| Typical First-Year Failure Rates of Various Birth Control Methods | |
|--|-------------------------|
| <i>(based on how it is usually used—not on perfect use)</i> | |
| Method | Pregnancy Rate % |
| Spermicides | 26 |
| Male Condom | 14 |
| Female Condom | 21 |
| Cervical Cap | 40 |
| Diaphragm | 20 |
| Lea's Shield | 15 |
| Combination Pills | 3 |
| Progestin Only Pill | 3-6 |
| Vaginal Ring | 1-2 |
| Skin Patch | 1-2 |
| Injection | 0.3 |
| IUD (Copper) | 0.8 |
| IUD (Hormonal) | 0.1 |
| Withdrawal | 19 |
| Female Sterilization | 0.5 |
| Male Sterilization | 0.15 |
| Natural Family Planning | 25 |

Source: *The American College of Obstetrics and Gynecologists, 2003.*

EMOTIONAL CHANGES AND POSTPARTUM BLUES

Postpartum Emotional Adjustments. Most women find the first weeks and months after birth to be a time of great emotional upheaval. Intense feelings of joy, exhaustion, fatigue, confusion, loneliness, disappointment, anger, fear, and happiness are all common in post partum.

The transition to parenthood is referred to as a normal “life crisis.” Life will never be quite the same again. You redefine who you are (a mother or father), and you find that you are often expected to put your baby’s needs before your own. It sometimes feels as though caring for a totally dependent infant is too heavy a burden. It is common to feel that life is over and all that’s left is feeding, changing, and soothing an infant.

If you have other children at home, you may feel sad for your older child when he or she has to wait for attention and that you have less time for him or her, the baby, your husband or partner, and yourself.

The depth of your feelings may be related in part to the enormous hormonal changes that occur after birth, to fatigue, lack of sleep, and to the pain of incisions, swollen breasts or sore nipples. It may also be related to the support you have at home, your feelings about your childbirth experience, and the individual needs of your baby.

What to Expect It is normal in the first few days to feel exhilarated, even “wired” and to have a difficult time resting or sleeping. You may find yourself reliving the birth experience; trying to understand again the sequence of events leading up to birth. Once you are home, the enormity of the 24-hour-a-day responsibility of caring for a baby who knows nothing about day or night sets in. You may feel overwhelmed, not really knowing what it is that your baby needs, and find you are more irritable than usual or cry easily. Your breasts may become swollen (engorged) the third or fourth day after birth, which adds to feeling frantic because feeding becomes more difficult. These symptoms characterize the “**Baby Blues.**” A majority of women experience these symptoms, which are temporary and may last only a few hours or as long as 2 weeks. Getting sleep and rest, reducing household demands, concentrating only on baby care, and getting help with infant feeding, if needed, all help lessen the blues. These feelings and survival skills to help you get through this time will be discussed at your Postpartum Care Center clinic appointment.

Postpartum Mood Disorders (PPMD). PPMD occur less commonly than the baby blues. It is estimated that 20 to 40 percent of women experience PPMD. PPMD can occur anytime in the first year after birth. The symptoms are more pronounced and long-lasting than with the blues. Women with PPMD often feel inadequate, despondent, unable to cope with everyday life, and hopeless. They may feel very anxious or have panic attacks. They may feel life is spinning out of control and they become almost obsessed with getting some order into their lives. It is common to have great fears about their baby’s health or their own.

They may experience headaches, chest pains, rapid heart rate, inability to sleep, and loss of appetite (or overeating). Some women describe feeling irritable, anxious, not wanting to be with people or fear being alone, having nightmares or scary thoughts, feeling as though they are in a deep, dark pit and are “going crazy.” Women often feel irritable or angry at their husband or partner. Some women have these symptoms as a result of a difficult or unexpected childbirth experience. Mothers whose babies have been born early or have needed special care in the nursery are at particular risk for PPMD.

*If these symptoms occur frequently enough to cause you to be unable to care for your baby and/or yourself, or to feel no joy in life, or if they last longer than a week, call your doctor, midwife or you can call the Postpartum Care Center at **425.899.3602.***

Evergreen Hospital Medical Center sponsors a support group called “**This is Not What I Expected**” (**Emotional Care for New Families**). This group is for any woman who feels anxious, worried, or depressed after delivery, is receiving treatment for postpartum depression, or had a postpartum depression and is now pregnant. Fathers, partners, and babies are welcome. The group sessions are relaxed and informational. Parents learn some ways to cope with PPMD, resources for help, and receive the support of the group, who share a common experience. Meetings are held on the first and third Thursdays of each month from 7:00 - 9:00 p.m.. Please stop at the information desk to find the room. There is no registration required and no fee. Any questions—call **425.899.3602.**

Postpartum Psychosis. This is rare and occurs in about one to two women per 1,000. It usually occurs in the first several weeks following birth and is characterized by symptoms more severe than PPMD. Women with postpartum psychosis may exhibit frantic, excessive activity, are unable to eat, are incoherent or very confused, and make irrational statements. They may have hallucinations, loss of memory and thoughts of harming themselves, their baby, or others. Postpartum psychosis must be treated immediately by a physician specializing in treating this type of psychosis. *Call your doctor or midwife to get help.*

Helpful suggestions:

- Discuss your feelings and get help at your Postpartum Care Center clinic visit, or call the clinic at **425.899.3602**.
- Learning to be a mother takes time and resources. The phone lists in the Resource Directory section of this notebook may be helpful.
- Ask for help from your husband, partner, family, and friends.
- Seek out others who also have new babies. You may find they share similar feelings. Go to the Parent-Baby classes.
- Get plenty of rest, good food, and exercise. Avoid caffeine and alcohol.
- Don't give up all outside interests, but limit your responsibilities.

Postpartum Care Center: Your Follow-Up Visit

All mothers and babies receive a follow-up visit at Evergreen's Postpartum Care Center when the baby is between two to four days old (some infants are seen later if they were hospitalized after birth, or earlier if determined by your baby's caregiver). Husbands, partners, grandparents, and siblings are welcome too.

The Postpartum Care Center visit is an important safety net between birth and the typical follow-up visits with the mother's physician or midwife and the baby's caregiver. A mother-baby Registered Nurse Specialist will assess the mother's physical recovery from birth, weigh and check the baby, and answer questions about baby care including feeding, soothing, and sleeping. The nurse will offer suggestions for maternal care and comfort and provide information about "survival skills" for new families. If she identifies any problems, she will notify the appropriate caregiver and the family will be referred for follow up.

Your appointment is scheduled for two to four days after the birth because that is a pivotal time for both babies and mothers. A newborn's weight may reach its lowest point during that time, and conditions such as jaundice are not generally detectable until then. If you are discharged early, you may be seen the next day.

Your nurse will make your Postpartum Care Center appointment as part of your postpartum follow-up care. We will make every effort to accommodate your needs. The nurse will schedule your appointment time and will give you a written confirmation of the date and time of your appointment. Please plan to spend 45 minutes to an hour with the Registered Nurse Specialist. **Please arrive 10 minutes early to your appointment** to allow for check in time with the receptionist. *If you anticipate you will not be on time or need to reschedule your appointment, or if you have questions about your appointment, please call 425.899.3602.* The Postpartum Care Center is located in the Evergreen Professional Center, Coral Suite 225.

The Hospital's Business Services will bill your insurance company for your visit. If your insurance company requires a co-pay we will collect it when you check in for your appointment. This appointment is an extremely important part of your care, therefore if you are uninsured or your plan does not cover this visit and you feel unable to pay for the appointment, please let us know.

The clinic is open from 8:30 a.m. to 4:30 p.m., Monday – Saturday. If you have any questions or concerns about yourself or your baby after hours, please call the Evergreen Healthline at **425.899.3000**.

The Breastfeeding Center

Phone Support and Clinic Visits

The Breastfeeding Center provides families with an innovative breastfeeding program of support, education, and professional care to help you and your baby have the best possible breastfeeding experience. The Internationally Board Certified Lactation Consultants who staff the Breastfeeding Center offer individual consultation to assess your baby's feeding style and help solve breastfeeding problems. They provide support for breastfeeding mothers the entire time a mother is breastfeeding her infant. You may request the help of a breastfeeding consultant during your maternity stay.

After you go home from the hospital, you can schedule an appointment at the Breastfeeding Center clinic by calling **425.899.3494**. Unscheduled or drop-in visits cannot be accommodated. Telephone consultation is available at no charge to families giving birth at Evergreen by calling **425.899.3494**. The telephone hotline is available Monday through Friday, 8:30 a.m. - 4:30 p.m. We receive a very large number of calls to our phone line, however you can expect a return phone call by the end of the business day. Whenever possible, seek our advice by phone during business hours for non-urgent concerns or problems. *A nurse is available after hours for urgent concerns by calling the Evergreen Healthline at **425.899.3000**.*

The Breastfeeding Center is located in the Evergreen Professional Center, Coral Suite 225. There is a fee for inpatient and clinic appointments. **Payment will be your responsibility** and fees **may not** be covered by your insurance carrier. If your insurance requires a co-pay, we will collect it at the time of your visit. *For further financial assistance, contact either your insurance carrier or the hospital business services representative at **425.899.1619**.*

Physicians, midwives, and nurses may refer to the Breastfeeding Center, but mothers may also call for information and counseling. To coordinate the efforts of all health care providers, following a visit with a lactation nurse specialist, a summary report will be sent to the primary health care provider.

We Rent and Sell Breast Pumps

Baby and Family Boutique

Here are brief descriptions of the pumps we carry at the Baby & Family Boutique.

HOSPITAL GRADE PUMPS TO RENT

- **Medela Lactina Pump:** This pump is intended for mothers who need to increase their milk supply or are working full-time. This pump is lightweight, has the capacity for single or double pumping and is very efficient. Most women can express their milk in 10-15 minutes. This pump is perfect if you need to pump frequently to maintain your milk supply. Consider renting if you will be using the pump for 6 months or less. Rental fee is \$40 per month plus an additional \$45 for the accessory kit. We will also a 2 week rental if that is all you need, or for a trial basis, at \$20. All rentals have a one time \$10 cleaning fee at initial rental.
- **Medela Symphony Pump:** Utilizes new computer technology to better mimic baby's sucking patterns for optimum pumping efficiency, comfort and success. This pump is the perfect choice for those moms struggling with milk supply, moms of multiples and working moms. It is a \$55 per month rental. It needs a conversion kit to work with Lactina pump parts. These are an additional \$13 or the entire kit can be purchased for \$45. All rentals have a one time \$10 cleaning fee at initial rental.

DOUBLE PUMPS TO PURCHASE

- **Medela Pump In Style "Advanced":** This pump has a unique auto cycle pumping action that simulates your baby's suck and release pattern. This pump is especially recommended for moms who need extra help stimulating their milk supply. This pump comes in either the shoulder bag or backpack style with removable motor and separate cooler case for storing and transporting your breast milk. This model features Medela's advanced cycling technology for even greater stimulating action!
Available at Evergreen for \$299
Retail price \$319
- **Medela Pump In Style Advanced "Limited Edition":** This pump is the same as the Pump in Style "Advanced" and comes in an over the shoulder bag with colors in blue and brown or black and butter. The difference is that the motor is in its own carry care, which is removable from the over the shoulder bag. The motor takes up a lot less space on a night stand or office desk.

Available at Evergreen for \$325

Retail price \$349

SINGLE ELECTRIC PUMPS FOR PURCHASE

- **Medela's Single Deluxe Pump:** This handheld electric breast pump automatically simulates baby's nursing action. No push button or manual operation is needed to release the vacuum. This pump is lightweight and portable and intended for occasional use only. It is not used to maintain or increase milk production.

Available at Evergreen for \$64

- **Medela's Swing Pump:** This pump is quieter than Medela's Single Electric Pump. The Swing Pump can be used on a tabletop, belt clip or shoulder/neck strap. This pump has one touch let down button designed for faster milk flow. The Swing Pump is convenient, easily fits into a purse or briefcase. With Medela's patented 2-phase expression, the Swing Pump is efficient, with adjustable speed and vacuum. The pump is comfortable and comes with Soft Fit breast shields.

Available at Evergreen for \$135

Retail price \$148.95

MANUAL PUMPS FOR PURCHASE

- **Avent Isis Pump:** This pump has a unique petal design on the flange that touches the breast, providing stimulation for milk removal. This pump is for occasional use only; it is not intended to maintain or increase milk supply.

Available at Evergreen for \$45

Retail price \$49.95

- **Avent Isis Pump on the Go Set:** This pump has a unique petal design on the flange that touches the breast, providing stimulation for milk removal. This pump is for occasional use only. It is not intended to maintain or increase milk supply. This set comes with an insulated carry bag, four bottles to pump into as well as cool packs for keeping your milk cool.

Available at Evergreen for \$55

Retail price \$59.95

THE BABY & FAMILY BOUTIQUE also carries a wide selection of nursing bras, breastfeeding supplies, breast milk storage accessories, slings, books and other great things to meet all of your needs during this wonderful time. Please stop by and see us in the Evergreen Professional Center in suite Coral 320, or give us a call at 425.899.3603.

For additional information, please see:

Medela's breast pumps: www.medela.com

Avent products: www.aventamerica.com

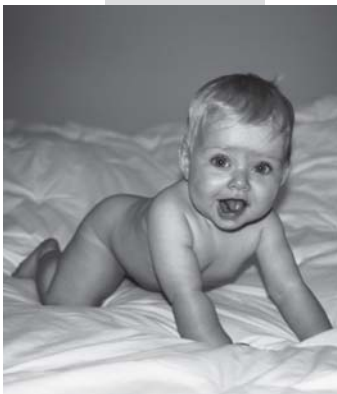
If you have any questions regarding your milk supply or breastfeeding, please call the Evergreen Healthcare Lactation Consultant Hotline at 425.899.3494.

Parent-Baby Classes:

*An educational and supportive series of classes
to attend with baby after delivery*

Evergreen Hospital Medical Center's Parent-Baby series are ever growing! We invite you to join us at these weekly meetings of new parents and their babies. Each week there is a topic and group discussion ranging from feeding and sleeping to couples' relationships and infant development through the first year. The groups are facilitated by trained parenting educators.

- **Newborn Group (Snugglers).** This weekly series for parents and babies newborn to three months is free; our gift to your new family. *Please call the Evergreen Healthline at 425.899.3000 to pre-register for the series.* You are welcome to join the group just as soon as you would like after baby's birth. All families in the community are invited to our Parent-Baby series—please pass the word to your friends and neighbors who are new parents.
- **Groups From 3 to 12 Months.** Continuing three-month series for three to six months (Gigglers), six to nine (Movers), and nine to twelve month (Explorers) babies and their parents cost \$77 per quarter. Advance registration is required. *Please call the Evergreen Healthline at 425.899.3000 for information about dates and times, registration, and pre-payment for your specific series.*



0-3 month Snugglers
meet Tuesdays or Wednesdays
12:30 - 2:30 p.m.

3-6 month Gigglers
meet Tuesdays or Wednesdays
9:30 - 11:30 a.m.

6-9 month Movers
meet Thursdays
12:30 - 2:30 p.m.

9-12 month Explorers
meet Thursdays
9:30 - 11:30 a.m.

When coming to the series for the first time, please leave strollers in the car, as there is no room for them in the classrooms or hallways. Remember to come a bit early to allow time for parking, as all series start at the scheduled times. *To hear a recorded message of monthly discussion topics, call 425.899.2659.*