

# Mother Care



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**PROVENA**

Mercy Medical Center

**FAMILY BIRTH CENTER**

ALL FOR YOU.™



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### **FAMILY BIRTH CENTER MISSION STATEMENT**

In the spirit of the Gospel, the mission of Provena Mercy's Family Birth Center is to provide a safe and comfortable environment where women and their families can enjoy a birth experience that exceeds their own personal expectations.



## Congratulations on the birth of your baby

This booklet contains information which may be useful for you as you recover from the birth of your baby. It reviews both hospital and home care. Our goal is to make your postpartum period as pleasant as possible. Please feel free to ask your nurses any questions you may have about taking care of yourself. If you have any questions after you leave the hospital, don't hesitate to call us at **(630) 801-2767**.

### Family-Centered Programs

Provena Mercy Medical Center believes strongly in the importance of the family and in promoting family relationships. Several special programs in the Family Birth Center demonstrate this commitment.

### ROOMING-IN

Rooming-in allows you and your partner or support person to take care of your baby from the very first day of life. If you choose, your baby may be in your room all the time.

We encourage you to use this time to get to know your baby and to become familiar with parenting tasks.

### FATHER/SUPPORT PERSON PRIVILEGES

Your baby's father or other support person may be with you in your room at any time and is not considered a visitor. If your baby is in the room, your baby's father or support person must wash his/her hands. Smoking is not permitted.

## **CHILDREN VISITING WITH MOTHER**

Your child or children may visit you in your room. A designated adult must remain with them during the visit.

The child should be in good health and the amount of time spent should allow for a meaningful visit that ends before the child becomes restless or bored.

When your family members arrive, they will be asked first to wash their hands. The baby will be in the room in a bassinet if he/she is not already with you. The children may touch or hold the baby.

## **OTHER VISITORS**

Visiting hours are from 8:00 a.m. – 10:00 p.m. Your partner or support person is not considered a visitor.

Please ask your visitors not to sit on your bed so that it will remain as clean as possible. Short visits are recommended and smoking is not permitted. Patients from other parts of the hospital are not allowed to visit the Family Birth Center. Likewise, you are not allowed to leave the unit. These restrictions are enforced to protect you and your baby from infection.

## **BIRTH CERTIFICATE**

Naming your baby is a pleasant responsibility that you have probably thought about throughout your pregnancy. You will be given forms to complete and sign during your stay. At this time you may also request issuance of a social security number for your child.

The baby must be named and this information completed before you are discharged.

Your baby's official birth certificate is filed in Geneva at the Kane County Clerk's office. A copy of it may be obtained from the Government Center 6–8 weeks after delivery.

If you requested your baby's social security number, you will receive it in the mail from the Social Security Administration.

## **Postpartum Recovery**

The nursing staff will be checking you frequently the first two hours after delivery and routinely during the first 24 hours. Your blood pressure, pulse, and temperature will be taken. The nurse will do a fundal check, which is feeling your abdomen to determine the position of the top of the uterus.

If the uterus feels very soft or seems to be above your navel, the nurse may massage the abdomen or instruct you to do so. Massaging may be a little uncomfortable but it is necessary to promote the tightening of the uterine muscles. Such tightening helps the uterine muscles seal off any bleeding points where the placenta was attached and to expel any blood or clots. Massaging may produce cramps when the uterus contracts and you may experience an increased vaginal flow or the passing of clots. The nurse will ask about or check peri-pads to determine the amount and color of the vaginal flow. The

episiotomy stitches and perineum will also be checked.

Since you probably did not eat during labor, you may feel hungry and thirsty. You will be encouraged to drink water or other liquids as soon as your condition is stable. If an I.V. was started during labor, it will continue until you are stable and taking liquids orally.

## URINATING

Your bladder has been through many changes in position and pressures during pregnancy and delivery. Such stress on the bladder sometimes causes problems after delivery. You may experience difficulty starting to void and/or completely emptying the bladder. Because the pressure is now off your bladder, it may fill up without causing an urge to go to the bathroom. Therefore, your nurse will encourage you to empty your bladder. You will be assisted to the bathroom if your condition permits; or you may be asked to use the bedpan. Because of vaginal pooling, you may experience a gushing discharge when you first stand up. It is not uncommon to feel weak or dizzy. Please let the nurses know how you feel. Ask for help when you get up until you feel strong enough to be up by yourself.

If you feel pressure in your bladder and cannot start the flow or the pressure is only partially relieved by voiding (you only voided a small amount), notify the nurse. The nurse will check your bladder and, if necessary, insert a catheter to drain the urine.

## PERI-CARE

Clean your perineum each time after emptying the bladder, to keep the perineum and episiotomy stitches clean. Do not wipe yourself using toilet tissue. Instead, wash the area with a spray of water from the wash bottle.

## STEPS IN PERI-CARE

1. Fill wash bottle with warm water.
2. Get clean peri-pad, pad disposal bag and spray (if being used on stitches).
3. Remove soiled peri-pad and discard in paper bag. Place in waste container in bathroom.
4. Urinate.
5. Squirt water over perineum using entire bottle of water.
6. Pat perineum dry from front to back with toilet paper.
7. Apply anesthetic spray or Tucks™ (an astringent pad) directly to stitches or hemorrhoids if instructed to do so by your nurse.
8. Put on clean peri-pad.
9. Wash hands.

The “front to back” technique is used when washing and drying. This helps prevent the spread of bacteria from the rectal area to the stitches and risk of infection.

## VAGINAL FLOW

You will have some bleeding from the vagina following delivery. This is called lochia and is not a menstrual period. The lochia flow is heaviest in the first 24 hours after delivery. It is bright red for a few days. Report to the nurses

any clots passed while voiding or found on the peri-pad. The uterus may need to be massaged again.

By the third day after delivery, the amount and color of the flow starts to change. The amount steadily decreases and the color changes, first to pink and then to brown. A small amount of vaginal discharge may continue for three or more weeks after delivery. If the amount of flow increases, or the color changes from pink or brown to bright red, you probably need more rest. If it continues, call your doctor or certified nurse-midwife.

### **PERI-PAD**

A peri-pad is used to collect the lochia. These pads are changed each time you urinate. Tampons may not be used for at least six weeks after delivery to allow the vaginal area time to heal. A beltless minipad or maxipad may be used and may be more comfortable following caesarean delivery.

#### **Important Points to Remember**

- Always clean and dry the perineum from front to back.
- Always put on a clean pad each time you go to the bathroom.

### **EPISIOTOMY STITCHES**

The episiotomy may be uncomfortable for several days. The stitches dissolve and do not have to be removed. They usually dissolve within one or two weeks after delivery.

Your doctor or certified nurse-midwife has specific orders for measures to

decrease the discomfort felt from the stitches. Ice packs may be applied for the first 24 hours. A spray-on topical anesthetic or Tucks™ may be applied to the sutures.

Changing positions may also help. Lying on your side, with the upper knee supported on a pillow, may be comfortable. Tighten your buttocks as you lower your bottom to the seat of a chair and relax when sitting. This supports the incision and places less stress on the sutures. Sitting with a pillow under the buttocks or sitting more on one hip rather than straight down on the buttocks may also be more comfortable. Don't stay in any one position for a long period of time. Remember, this discomfort will only last a few days.

A warm bath is another comfort measure which will help relieve the discomfort both from stitches and hemorrhoids. Ask your doctor/certified nurse-midwife about sitting in a warm tub at home.

### **PERSONAL CARE**

While in the hospital, you will bathe by shower or sponge bath. You will be allowed to shower after you have been to the bathroom without feeling faint or dizzy. You may wash your hair as often as you like. Keep the shower water at a moderate to warm temperature, rather than hot, to prevent weakness and fainting.

### **AFTER PAINS**

The cramps, similar to menstrual cramps, which follow delivery are called "after pains". These cramps are caused

by the uterus responding to the changing hormones in the body. These cramps usually do not occur or are only mild after your first delivery. The cramps may increase during breastfeeding. They usually come and go, and may continue for several days after delivery. Urinating to empty the bladder may relieve some cramping. Your doctor/certified nurse-midwife has left orders for medication to relieve the discomfort. Ask the nurses for the medication if the cramps become very uncomfortable or are preventing rest or sleep.

### **BREAST CARE FOR NURSING MOTHER**

See our booklet, *“Breastfeeding, A Mother’s Gift.”*

### **BREAST CARE FOR BOTTLE-FEEDING MOTHERS**

1. When showering in the morning, wash breast with mild soap and water.
2. Do not massage breast or nipple.
3. Turn your back to the stream of water in the shower.
4. After bathing, put on a clean, good supporting bra.
5. Wear bra 24 hours-a-day.
6. Some fullness in the breasts may be felt on the second or third day. Ice bags and wearing the bra as tightly as possible will help.
7. You may need medication for discomfort. Ask your doctor/certified nurse-midwife.

### **BOWEL FUNCTION**

During labor and delivery, the functioning of the intestines slows down therefore,

you may not have a bowel movement for several days after delivery. If by the third day after delivery you have not had a bowel movement, notify your physician/certified nurse-midwife.

To promote the return of regular bowel habits, drink plenty of fluids, especially fruit juices; and eat salad, fresh fruit and cereal. Also, walking as much as possible will help.

### **HEMORRHOIDS**

Hemorrhoids are dilated blood vessels that occur around the anus. These sac-like projections may develop during pregnancy or develop from the pushing of labor and birth. Immediately after birth, the hemorrhoids may be very uncomfortable because of the swelling caused by the delivery. The doctor/certified nurse-midwife may order suppositories, ointment, or Tucks™ to help decrease this swelling. The nurses will instruct you on how to use these. Ice packs may be applied for the first 24 hours. A sitz bath three times a day may also help relieve the discomfort.

### **REST AND SLEEP**

Labor and delivery placed a severe strain on your body. To help your body recover, extra rest and sleep are very beneficial. Do not be surprised if you feel extra tired or tire easily. This is just a reminder to slow down and rest. Plan at least one or two rest periods into your day. Rest while the baby is sleeping. You need not sleep, but take time to relax and get off your feet. This will help your whole body.

## **EMOTIONS AND POSTPARTUM**

### **DEPRESSION**

The delivery of the baby brings a change in hormones as well as new responsibilities. The hormones, feelings and fears combine to affect your emotions. You may experience periods of great excitement, followed by feeling very sad and crying. These mood swings are normal and usually are temporary, but may occur for a couple of weeks after delivery. As your hormone levels and body return to normal and infant care becomes more routine, your emotions should stabilize. To lessen the “blue” feelings, get plenty of rest. Being too tired just makes you feel less able to cope and handle even small emergencies. Take rest periods and allow time for doing something you want or like to do each day.

Watch for these signs of more serious postpartum depression: “blue” feelings last longer than two weeks; inability to handle daily activities; inability to accomplish anything; withdrawal from friends and family; increased frustration with family and infant. If you experience these symptoms, call your doctor or certified nurse-midwife immediately.

## **If You Had a Caesarean Delivery**

### **INTRAVENOUS INFUSION (IV)**

An IV, or intravenous infusion, is started before surgery. The IV is used to provide fluids while you are not eating, for administration of medication during surgery, or to give medication or blood after

surgery, if necessary. The IV will remain in place for a day or two after delivery. The IV will be removed when you are able to tolerate oral fluids. Your doctor may order IV medications for your pain control. The drug is given through the same tubing as your IV solution every couple of hours as needed.

### **PAIN MEDICATION**

The nurse will assess your response to pain medication. We want you to be as comfortable as possible. Please let us know if you are not getting adequate pain relief. We can contact the doctor to adjust the orders.

### **DIET**

Medication given before delivery slows down activity in the stomach and intestines. Because of this, the return to eating will be slow and follows a pattern to ensure you can tolerate the amount and consistency of food. How fast you return to a regular diet will depend on your tolerance and physician’s/certified nurse-midwife’s orders. The day of surgery you will probably have nothing to eat by mouth or be limited to ice chips and sips of liquid. Then you will progress to clear or full liquids and then to a soft or regular diet, approximately two to three days after delivery. This careful progress can prevent overloading the slowed-down system and prevent excessive gas pains or bowel obstruction.

## CARE OF INCISION

Your incision is either vertical or horizontal. The dressing or bandage placed over the incision in surgery will be removed the day after delivery. Usually no new dressing will be applied and the incision is left open to air. A light dressing may be placed over the incision if there is any oozing or if clothing is causing irritation. The incision may be held closed with sutures or skin staples. Sutures may be of a material that dissolves as the skin heals and need not be removed, or they may be silk thread which must be removed. When necessary, sutures or staples may be removed before you go home or at the doctor's office as ordered by your physician. Steri-strips (small pieces of tape) may be placed across the incision to hold the edges together. The incision is cleaned by washing gently with soap and water, rinsing, then patting dry. Make sure to keep the incision site clean and dry at all times.

## EMPTYING THE BLADDER

A tube, or catheter, is placed in your bladder before surgery to drain all the urine. This catheter is left in overnight and is removed the day after delivery. After it is removed, you may experience a slight burning sensation or have trouble getting the stream of urine started. Drinking at least eight glasses of fluids each day should correct the problem in a few days. If burning or urination problems persist, notify the nurse, doctor, or certified nurse-midwife.

## FLOW

The vaginal bleeding or flow (called lochia) will be in a similar amount and color as for a vaginal delivery, which is explained on page 3.

## DAILY CARE

For the first 24 hours after delivery, your activities will be somewhat limited—turning and moving in bed, resting, sitting up and feeding the baby, when you feel able. The first day after delivery, you will be assisted with a sponge bath, sitting in a chair, and walking to the bathroom. On the second day after delivery, or with the physician's order, you may shower, go to the bathroom unassisted, and walk in the halls. Try to plan personal care so that there is a rest period before and after feeding the baby.

## DISCOMFORTS

Because your delivery required a surgical procedure, you will have incision pain. Your physician will order medication for pain which can be given by IV while you are still not eating, and by mouth when you are tolerating a diet. Feel free to ask for pain medication, especially during the first 24–48 hours after delivery, so that you are comfortable when resting, sitting, and moving. The pain medications are not harmful to the baby if you are breastfeeding. You may also have some uterine cramps or “after pains” (refer to page 4). The pain medication also helps to relieve this.

Gas pains (cramps in the intestines) frequently occur after delivery. Such pains can be avoided or limited by eating

slowly, not over-eating, breathing deeply, lying on your left side, walking, and taking a warm shower.

## Leaving the Hospital

Your doctor/certified nurse-midwife will write orders when you can go home. Your baby will also need a discharge order from your Pediatrician. Your wrist identification bands contain numbers that will be checked against the baby's band to assure that you leave with the right infant. **DO NOT REMOVE OR LOSE YOUR IDENTIFICATION BAND BEFORE THIS VERIFICATION IS MADE.** The hugs tag that was securely placed on your baby's right or left ankle after delivery will be removed by your nurse prior to discharge.

When you and your baby have been discharged, you may leave the hospital. Dress the baby, place infant in the car seat and notify the nursing staff when you are ready to leave. Before going home, be sure to discuss with your doctor/certified nurse-midwife any of the following subjects that may affect you:

- Stitches - use of spray and/or bath
- Bathing - shower, tub, or sponge bath
- Care of hemorrhoids - ointment, suppository, pads
- Constipation
- Vaginal discharge
- Sexual relations
- Driving
- Returning to work
- Exercises - when to start
- Postpartum checkup for yourself
- First office visit for the baby

## Diet for Postpartum Recovery

A well-balanced diet is important whether you are breastfeeding or bottle-feeding your baby. All mothers require a nutritious diet for tissue repair and body rebuilding after delivery.

The average woman requires about 2200 calories each day. When you are breastfeeding, you need 500 more calories each day to stay healthy and to produce nutritious breastmilk. Your diet should be balanced and contain the appropriate amount of calories and nutrients in order to fulfill these special needs.

The food pyramid was developed by the U.S. Department of Agriculture to assist adults in choosing foods that provide them the nutrients they require. You may lose up to 20 pounds fairly easily in the postpartum period. More weight loss will be easier with moderate exercise and a smart eating program. The food pyramid can serve as a guide to both balance and moderation. Nursing mothers should refer to the Breastfeeding Booklet. Ask your doctor if you should take vitamins or iron supplements.

### LIQUIDS

Drink plenty of liquids, especially if you are breastfeeding. Besides water, you may include milk, fruit juices, and soup. Coffee, tea, cocoa, and cola drinks should be used infrequently because of their caffeine content.

## **WEIGHT LOSS**

Most women are concerned about the extra weight gained during pregnancy. Much of this weight is lost immediately upon delivery of the baby and placenta, and the emptying of the bag of waters. The weight gain from uterus growth and increased blood volume will be lost as the body returns to normal in 2-4 weeks. The portion of weight gain that went into body fat stores should be lost gradually. After all, it took nine months to put it on. We recommend that you do not start any weight reduction diet for 2-4 weeks after delivery if you are bottle-feeding, 6 weeks if breastfeeding.

Exercise and walking are good ways to burn up extra calories. Be sure to ask your doctor/certified nurse-midwife about when you can start exercising.

## **Home Care**

### **APPEARANCE**

Although your uterus is empty of the baby and afterbirth, you may notice that your abdomen is not as flat as it was before pregnancy. It takes about six weeks for your uterus to return to its original size. Also, the abdominal muscles were stretched by the increased weight and position of the baby. Exercises that specifically tone up muscles (listed on pages 13–15) should be done daily. Remember to ask your doctor/certified nurse-midwife about when you can start exercising.

## **STRETCH MARKS**

The stretch marks on your abdomen and breasts will never totally disappear. Their appearance will change from pink to white or silver and they will become thinner and more like lines. Creams and lotions do help to soften the skin but they will not make the lines disappear.

## **VAGINAL DISCHARGE**

By the time you leave the hospital, the amount of your vaginal discharge should be decreased and the color changed from bright red to pinkish. The amount will continue to decrease and the color will change to brown by the end of the first week. Three weeks after delivery the discharge has usually stopped. However, for some women the discharge may continue for a longer period of time.

If you are very active and are doing a great deal of work at home, the discharge may increase, lighten in color and last longer than three weeks. If these changes occur, take extra time for rest. If the discharge has an odor, or active bright red bleeding resumes after the discharge has turned brown, or your temperature increases, call your doctor/certified nurse-midwife. Do not douche or use vaginal suppositories until your doctor/certified nurse-midwife has given permission.

# Daily Food Guide for Postpartum Mother

The following are examples of 1 serving in the pyramid:

## **Milk, Yogurt and cheese**

1 cup of milk or yogurt; 1<sup>1/2</sup> ounces of natural cheese; 2 ounces of processed cheese (2–3 servings)

## **Meat, poultry, fish, dry beans, eggs and nut**

2–3 ounces of cooked lean meat, poultry or fish (size of a deck of cards); 1/2 cup of cooked dry beans; 1 egg; 2 tablespoons of peanut butter (2–3 servings)

## **Fruit**

1 medium apple, banana or orange; 1/2 cup cooked or canned fruit; 3/4 cup fruit juice (2–4 servings)

## **Vegetable**

1 cup raw, leafy vegetables; 3/4 cup of vegetable juice (2–5 servings)

## **Bread, cereal, rice and pasta**

1 slice of bread; 1 ounce of cereal; 1/2 cup of cook cereal, rice or pasta (6–8 servings)

The food pyramid is being reassessed. A revised pyramid graphic and consumer information is projected for winter 2005.

Breastfeeding mothers need extra fluid, calories, protein and calcium. Calcium and protein can be supplied by milk and other dairy products including yogurt, ice cream, cottage cheese and other cheeses. You should avoid tobacco, alcohol and other non-essential medications while breastfeeding, they can affect your baby. Read labels of food packages so you know what you are eating and drinking.



## RETURN OF MENSTRUAL PERIOD

Most women, if not breastfeeding, will have a menstrual period within 6–8 weeks after delivery. The first period may be longer or shorter than usual. The normal menstrual cycle and period will return in 2–3 months.

Breastfeeding may delay the return of a period for 5–6 months, or until breastfeeding is stopped. If you should start a period while continuing to breastfeed, do not be concerned. The period will not affect or interfere with breast milk. Whether breastfeeding or not, your ovaries may begin to function again soon after delivery and may produce a mature egg even if you do not have a period. Pregnancy is possible even though you have not returned to a regular menstrual cycle.

## PERINEAL CARE

The perineal area will continue to heal and the stitches will dissolve in the first two weeks following delivery. Continue the routine of cleaning the area by squirting water from the peri-bottle (given to you in the hospital) over the area and patting dry. Always wipe or pat from the front to the back. You may continue to use the spray or Tucks™. An additional supply of these materials can be purchased at a drug store. Check with your physician/certified nurse-midwife concerning bathing.

## SELF BREAST EXAM

Self-examination of the breasts, to detect early breast lumps, should be done monthly. The best time to examine your breasts is at the end of the men-

strual cycle. Follow the technique for self-examination taught to you by your nurse or physician.

For breastfeeding mothers, the LaLeche League recommendations are:

1. Self-breast examination should be delayed for three months after delivery to allow the breast to adapt to the routine of breastfeeding.
2. When you start to examine your breasts, pick a day once a month, either at the end of your period or if periods have not returned, a day you can easily remember. The best time to examine the breast is at night after the last feeding for the day.
3. In the lactating breast, lumps may be felt which are only milk ducts or channels. If you have any questions or concerns about a lump which persists in the same place, have it checked by a physician.

## SKIN AND BODY CARE

As your hormone levels are returning to normal, you may notice an increase in perspiration. This is temporary. Also, the skin dryness caused by hormones should start to correct itself. Be sure to check with your doctor concerning taking a tub bath. The use of bubble bath and bath oils in the tub is usually discouraged for at least two weeks.

## CONSTIPATION

Constipation is common during the first weeks following delivery. Eating fresh fruits and vegetables, drinking plenty of fluids, and eating whole grain cereal may help.

## **HEMORRHOIDS**

Having a regular bowel routine and keeping the bowel movement soft will cause less irritation to hemorrhoids. Drinking plenty of fluids, and using suppositories, ointment, or Tucks™ may relieve symptoms. Ask your doctor/certified nurse-midwife what is recommended for your use.

## **SEXUAL RELATIONS**

Resuming sexual activity should be delayed until the perineal area is healed and the cervix is tightly closed, to prevent uterine infection. Each doctor/certified nurse-midwife gives advice on an individual basis. Be sure to talk about this at your follow-up visit.

## **HELP AT HOME**

If possible, arrange to have help at home for at least the first week. During the first week, limit daily activities to care for yourself and your baby. During the second week, add cooking and light household tasks. Avoid lifting objects weighing more than ten pounds. Avoid heavy tasks, and rest frequently. By the time the baby is two weeks old, you may resume most of your usual daily activities, with your doctor's/certified nurse-midwife's permission. When you go for your six-week checkup, ask about resuming all normal activities.

## **REST PERIODS**

In the first two weeks at home, frequent rest periods are recommended. While the baby is sleeping, sit or lie down. Relax, do something you enjoy doing or rest. Take the phone off the hook, and

draw the drapes to discourage well wishers. Giving your body this extra pampering will assist in recovery.

## **VISITORS**

Neighbors and family members will want to come to visit you and the new baby. Limit visitors during the first two weeks so you have more time to rest and decrease the baby's exposure to different people. Do not feel you need to entertain and be a perfect hostess to visitors. Especially welcome visitors who come to help by bringing in a meal or by doing the laundry. Make sure all visitors are healthy.

## **STAIRS**

If you must use stairs in your home, plan ahead and limit trips, especially during the first two weeks after delivery. Plan ahead and make modifications so that trips up and down stairs are infrequent. Ask the helper in the home to make trips for you, if possible.

## **RETURN TO WORK**

If you are employed outside the home, consult your doctor about when you will be able to return to work. When you can return to work depends on your rate of recovery and the type of work you do. Every woman recuperates at her own rate. This even varies with each baby, so you cannot use your last pregnancy as a guide. Nor can you expect to do as a friend or relative has done. Breast-feeding can be continued even after you return to work by using a breast pump. The milk can be pumped during a break and saved for feeding later.

## Getting Back into Shape

A program of postnatal exercises will help you regain good posture and restore your abdominal muscle tone. Exercise is also good to help you lose those few extra pounds. Be sure you check with your doctor/certified nurse-midwife before you do any exercise. Some suggest you start to exercise a few days after delivery and others ask that you delay. If you have had a Caesarean delivery, you will probably be asked to wait a little longer before exercising, and will have a restriction on lifting objects over 10 pounds for several weeks.

### POSTURE

Stand in front of a mirror and look at your posture. Carrying the baby out in front may have caused you to tilt your pelvis forward and sway the lower portion of your back. Continuing this posture after delivery makes your abdomen appear rounder and makes more work for the back muscles. What is desired is a straight back and a flat and tucked-in tummy. Stand with your feet in a comfortable position, knees straight but relaxed and weight slightly forward on the balls of your feet. Tighten your stomach muscles and count to five. Release.

### TO FIRM AND STRENGTHEN ABDOMINAL AND BACK MUSCLES

**1. When Sleeping** – Sleep on your abdomen as much as possible. Place a small pillow under your head and below the breasts, if necessary. Move down in bed so your feet hang over the end of the mattress. This

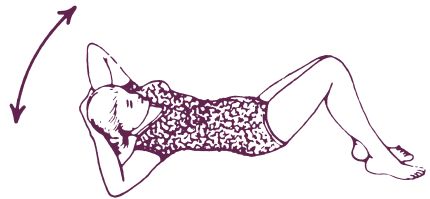
position allows your own body weight to keep the uterus firm and hold abdominal muscles in.

**2. Holding Abdominal Muscles** – Lay on your back on a firm surface. Place your arms at your side. Relax shoulders and back muscles so that the



small of the back rests on the bed or floor. Breathe deeply, expanding the abdomen. Exhale slowly and then forcibly draw in your abdominal muscles. Repeat 10 times, twice a day.

**3. Abdominal Curls** – Lay on your back on a firm surface. Bend and draw up your knees so that your feet are flat on the floor. Relax lower back muscles. Place hands behind head. Lift your head up and look toward your knees. Relax and repeat. Start with



doing the head lifts three times. Increase repetitions to 10. When 10 can be done without fatigue, hold the head up and look toward your knees as you count 1, 2, 3, 4; then relax. When holding the head up can be tolerated for 10 repetitions, try raising it up a little higher. Try bringing your head and shoulders up off the surface and look toward your stomach. Do not try

to do a sit-up where your back is totally off the surface. The objective is just to get the shoulders up.

#### 4. Abdominal Curl with Knee Reach –

Assume the abdominal curl starting position, but do not place your hands under your head. With arms to your side, raise your head and shoulders off the surface and reach with your



hand for the opposite knee. (Use left hand to reach for right knee.) The sequence is to raise up and reach down and relax; raise up and reach with opposite hand, down and relax. The purpose is to reach for the knee but not to touch. Build tolerance up to 20 repetitions per exercise session.

#### 5. The Mad Cat – Assume a position on your hands and knees. Keep your lower back in line with your hips (or keep it flat), do not allow the back to



sag. Hump your back upward in an arched position like a cat ready to pounce. Strongly contract your buttocks and pull in and up with the abdominal muscles. Hold this arched position. Relax to the straight back position. Repeat arching movement 10 times. (Note: If it is more comfort-

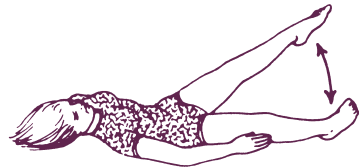
able for you, rest your weight on your elbows rather than your hands.)

#### 6. Leg Lifts – Start by lying on your back on a firm surface. Relax your shoulders and lower back and be sure the back rests on the surface. Position your arms comfortably at your sides. Legs should be extended. Slowly flex one knee and hip and draw knee up to the fully-flexed posi-



tion with the foot flat on the floor. Then slowly straighten leg until it is in the extended position. Repeat with other leg. Repeat knee bends 20 times.

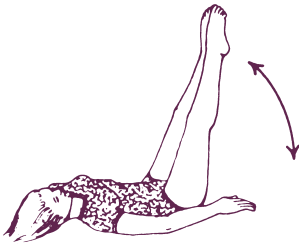
When the knee raises are tolerated without discomfort, advance the exercise to straight leg raises. Assume the same starting position with arms and legs straight. Raise one leg up off the surface. Keep knee straight and toes pointed. Use your abdominal muscles, not your



hands, to raise and lower your leg. Raise your leg as high as possible. The goal is to get your leg up to a 45° angle. Slowly lower the leg to the

extended position. Then raise the other leg. Repeat 10 times.

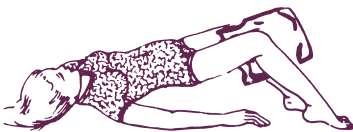
When alternating straight leg raises can be tolerated, increase the difficulty by raising both legs together. With legs fully extended, raise both



legs together off the floor. Keep the knees straight and raise the legs as high as possible. Hold up in the air. Then slowly lower legs to extended position. Repeat 10 times.

The goal is to gradually increase the height to which the legs can be lifted.

**7. Pelvic Lift** – Lay on your back on a firm surface with arms extended at your sides. Bend your knees until your feet are flat on the surface.



Place a pillow between your knees. The pillow may need to be doubled up to provide a separation of 6-10 inches. Using your hands and feet, raise your buttocks and back off the surface. Raise up until back is

straight in line with hips and knees. Do not arch stomach upward. When in the raised position, make a conscious effort to press knees together against the resistance of the pillow. You should feel your hips and knees pressing inward toward the pillow. Lower back and buttocks to surface. Repeat raising and press 10 times.

Plan for a time for exercise in the morning and evening. Gradually build the number of repetitions and difficulty of the exercise. Increase the time spent in exercises to 15 minutes, twice a day. Continue this routine for 6-8 weeks and you should see positive, pleasing results.

## Glossary

**AFTER PAINS:** cramping sensation as a result of uterine contractions after birth of the baby. Most noticeable in breast-feeding mothers and in second and subsequent births.

**AREOLA:** dark area surrounding the nipple of the breast.

**CAESAREAN BIRTH:** delivery made by incision in abdominal wall rather than through vaginal birth canal.

**CATHETER:** a small tube inserted through the opening into the bladder, used to empty the bladder of urine.

**CERVIX:** narrow end or mouth of the uterus which opens into vagina. The cervix dilates (opens) and effaces (thins) during labor and birth, and must return to a closed state after birth.

**ENGORGEMENT:** swelling of the breasts following birth, caused by dilatation of blood vessels and hormones beginning true milk production in the breast.

**EPISIOTOMY:** a cut (incision) in the perineum, made to allow the baby's head to pass through during delivery; repaired with dissolvable sutures.

**FUNDUS:** the top of the uterus. "Fundal checks" will be done. This is feeling for the position of the top of the uterus. The position of the top of the uterus indicates how involution is occurring.

**HEMORRHOIDS:** dilated blood vessels or varicose veins of the rectum, often caused by the pressure of the baby and pushing during delivery.

**INCISION:** a cut or opening through the skin, muscle, and fat layers.

**I.V.:** intravenous - a small needle or catheter placed into the blood vein which is used to administer fluid or blood.

**INVOLUTION (OF UTERUS):** the shrinking (by contractions) of the uterus to its pre-pregnant size and position.

**LOCHIA:** postpartum vaginal discharge, lasting for approximately 3-6 weeks. It will change from bright red to brownish red to yellowish white in color.

**PERINEUM:** the tissue area between the vagina and anus, also called perineal area.

**UTERUS:** pear shaped, hollow organ where the baby develops.

**VAGINA:** birth canal, passageway between uterus and outside opening, about 5 inches long.

**VOID (URINATE):** to pass urine from the bladder.

## In Conclusion

If you encounter any problems when at home, contact your doctor/certified nurse-midwife.

When you go for your checkup, ask any questions that are on your mind. It may help to write your questions down so you don't forget them. Ask about exercise, release to return to work, your health and recovery, family planning, and anything else that concerns you.

If you have any questions, feel free to call the nurses in the Family Birth Center. We are here 24 hours a day, and can be reached at **(630) 801-2767**.

We sincerely hope that these instructions are beneficial to you. Enjoy your new baby.





**PROVENA**

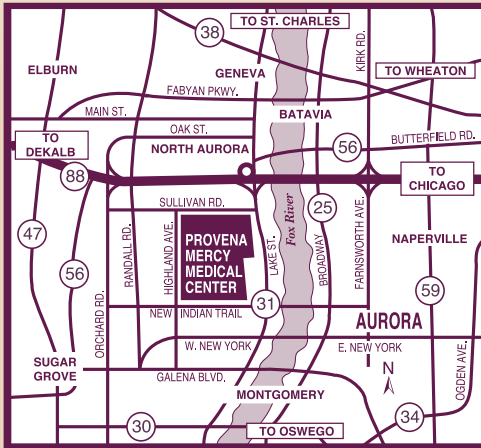
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**For more information:**

- Family Birth Center **(630) 801-2765**
- Nursery (Special Care Nursery) **(630) 801-2766**
- Information about classes **(630) 801-5800**
- Location Consultant **(630) 801-5512**
- Poison Control **(800) 942-5969**
- Physician Referral Service **(630) 801-5800**
- Provena Mercy Medical Center **(630) 859-2222**



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