Caring for Yourself After the Birth of a Baby

LIVING AND LEARNING TOGETHER
When you’re pregnant, you’re often so focused on the changes in your body and the upcoming birth that you don’t anticipate the enormous physical and emotional changes your body goes through after birth. This booklet provides information that will help you care for yourself. Keep in mind, however, that no booklet can replace the advice and care of your doctor and other healthcare providers. Consult with your healthcare provider any time you have questions or concerns about your health.
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DON’T FORGET!
In about 6 weeks, you’ll need to see your doctor for a postpartum checkup. (If you have any of the problems noted on page 15 of this book — or if you’ve had a cesarean delivery (“C-section”) — you may need to go in earlier.)

Write the date and time of your postpartum checkup here:

Date: ___________________ Time: ___________________
GET EMERGENCY CARE in the following cases:

- Vaginal bleeding that becomes bright red and heavy — soaking through more than one pad per hour
- Large blood clots (the size of a fist or larger)
- Leg, groin, or chest pain
- Shortness of breath

CALL YOUR DOCTOR if you notice any of the following:

- A fever of 100.4°F (38°C) or greater
- Flu-like symptoms (for example: chills, body aches, fatigue, or headache)
- Painful, tender, swollen, or reddened areas on your legs or breasts
- Redness, swelling, separation, odor, or drainage at the site of your incision, episiotomy, or vaginal tearing
- Any increase in pain
- Unusually foul-smelling vaginal discharge
- Difficulty urinating — or burning, painful, or frequent urination

Managing the Postpartum Course

The weeks immediately after childbirth are called the postpartum period, and during this time your body undergoes many changes. It’s important that you understand what is normal so you can recognize any problems that might need your doctor’s attention.

Bleeding/discharge

After the birth, you’ll need to use sanitary pads to absorb the bleeding and discharge of the uterine lining. This bleeding and discharge will probably last for 4 to 6 weeks (individuals vary). Also, if you had a cesarean birth, you may have a lighter flow than if you delivered vaginally.

At first, bleeding is brighter and heavier than it is during regular menstrual periods. You may even feel a gush of blood when you cramp or stand up. This is because blood pools inside your vagina when you’re lying down and is then passed by gravity when you stand up. Occasional passing of small clots is also considered normal.

Within a week, the flow of your vaginal discharge slows down and becomes thin, pink, and watery. After about 2 weeks, the discharge changes to a light-tan color.

As you increase your activity at home, you might notice that your bleeding increases. In this case, you should decrease your activity and notify your doctor.
Caring for vaginal stitches

If you had an episiotomy or vaginal tearing, your doctor repaired the area using stitches that dissolve and don’t have to be removed. If the stitches are uncomfortable, you may want to try these measures:

• Use warm tap water and rinse every time you go to the bathroom. Use the plastic “peri-bottle” you were given in the hospital, and rinse from front to back.

• Place one or two witch-hazel pads (Tucks) next to the stitches. (You can also use numbing sprays, ointments, or foams up to 4 times a day.) Apply a clean sanitary pad afterward.

• Apply ice packs to the area for the first 24 hours after birth.

• After 12 to 24 hours, try sitting in a tub filled with about 6 inches of water. You can do this several times a day. Don’t add soap or bubble bath to the tub until your incisions heal, but it’s okay to use soap and shampoo when you shower.

• Sit on a soft pillow to help cushion the area. A hard surface may cause more swelling and damage.

• Take pain medication as directed by your provider. Take it only if you need it and only for a short time (no more than 4 to 6 days). If breastfeeding, you should use Tylenol or Motrin instead of prescription pain medicine.

Afterpains (cramping)

You may experience afterpains during the first few days following a birth. Afterpains are cramp-like pains that are caused by a contraction of the uterus. This happens as your uterus returns to normal. Usually the pains get less severe after 48 hours. You may wish to try the following measures to relieve cramping:

• Empty your bladder frequently.

• Lie flat on your stomach with a pillow under your lower stomach for 10 to 15 minutes.

• Place an ice bag on your stomach.

• Take pain medication as directed by your provider.

You may notice more cramping when you’re breastfeeding. Breastfeeding hormones stimulate your uterus to contract to its former, pre-pregnancy size. If you need pain medication, take it no more often than prescribed. Take the pain medication 30 to 60 minutes before breastfeeding to get the most benefit from it.
Bladder infection

It is normal to have a stinging sensation when you urinate for a week or so after a vaginal birth. However, burning, painful, or frequent urination — or difficulty urinating — may also be signs of a bladder infection. It's important to call your doctor if you think you have a bladder infection.

Hemorrhoids

Hemorrhoids (swollen blood vessels in the area around your rectum) are a fairly common problem during pregnancy and after birth. If hemorrhoid discomfort persists, tell your doctor. Do not try pelvic floor muscle exercises (Kegels) if you have painful hemorrhoids — consult your doctor first. Try the suggestions given on the previous page under “Caring for vaginal stitches” — they may also help ease painful hemorrhoids. Also, do what you can to prevent constipation.

Constipation

To prevent additional discomfort following a birth, it’s important to avoid constipation. The following suggestions will help your bowel routine return to normal:

- Drink at least 6 to 8 glasses of fluids a day.
- Eat fresh fruits, vegetables, whole grain cereals, and breads.
- As recommended by your doctor, use a stool softener and/or a laxative to prevent and treat constipation.
- If you have hemorrhoids, don’t strain with a bowel movement.

CALL YOUR DOCTOR if:
Constipation is not relieved by a stool softener or a laxative.

PREVENTING INFECTION

Good hand washing is the best way to prevent infection. Wash your hands frequently throughout the day.

Other ways to prevent infection include:

- Shower daily. It’s okay to use soap on your vaginal stitches.
- Change pads every 2 to 3 hours or every time you go to the bathroom.
- After going to the bathroom, gently pat from front to back to avoid contamination.
- Rinse yourself with a full bottle of warm tap water each time you go to the bathroom as long as you are bleeding. (You can also rinse while you’re urinating to decrease stinging.)
- Avoid sexual intercourse, douching, or tampons until after your final follow-up visit with your doctor at 4 to 6 weeks.
Cesarean section and tubal ligation

If you had a C-section or a tubal ligation, your incision may be tender and you may be hesitant to be up and around. You may also wonder about activities you should avoid and how to care for your incision.

Resuming activity

Although activity and walking may cause discomfort at first, the more you are up and moving, the easier movement will become. Take pain medication as necessary to keep active. Being active will help prevent problems such as gas, stiffness, weakness, and pneumonia. Physical activity also helps prevent a blood clot — a serious complication that is fairly common after birth, especially for women who have had a cesarean section or other surgery. Follow all of your caregivers’ advice about physical activity and other measures to prevent a blood clot. As soon as you feel comfortable, you may also start the exercises shown later in this booklet.

There are a few activities you should avoid at first. These include:

• Lifting anything heavier than your baby
• Strenuous pulling or stretching
• Heavy housework such as vacuuming

Caring for your incision

Keep your incision clean and dry. Skin clips or staples are usually removed and replaced by Steri-Strips before you go home. These strips will start to fall off in 7 to 10 days as the surface of your incision heals. You can trim the edges of the strips as they start peeling. If the strips haven’t fallen off on their own within 10 days, you can gently remove them (unless instructed otherwise). Sutures (stitches) don’t need to be removed and will dissolve on their own. The incision will take 6 weeks or more to heal completely. It will leave a pink scar, which will gradually fade to white.

CALL YOUR DOCTOR if you notice any of the following signs of incision infection:

• Redness, swelling, separation, odor, or drainage from your incision
• A fever of 100.4°F (38.0°C) or greater
• Flu-like symptoms (for example: chills, body aches, fatigue, or headache)
• Any increase in pain

IF YOU HAVE GAS

Gas build-up may occur after a cesarean section or a tubal ligation. The following activities may help prevent or get rid of gas:

• Increase walking.
• Drink warm drinks.
• Avoid carbonated drinks and the use of straws.
• Rock in a rocking chair.
• Lay on your left side, with your knees drawn up to your chest.
• Get on your knees and lean forward, placing your weight on your folded arms with your buttocks in the air.
• Press gently on your abdomen, as follows:

  1. Take several deep, cleansing breaths and blow out slowly.
  2. Place your hands below your navel with fingertips touching.
  3. Take a deep breath and hold it for 5 slow counts.
  4. Exhale slowly and completely through your mouth while you press gently in and down on your abdomen.
  5. Move your hands a half inch closer to your incision, and repeat steps 2, 3, and 4.
  6. Repeat these steps hourly until gas pains improve.
Caring for Your Breasts

If you are breastfeeding

Breastfeeding shouldn’t be painful, but it may take some time to adjust to it. See the listed pages in the *Guide to Breastfeeding* to help you with these and other challenges:

- Sore, tender nipples: page 17
- Flat or inverted nipples: page 18
- Engorgement: page 18
- Plugged milk ducts: page 19
- Breast infection (mastitis): page 20
- Yeast infection: page 21

If you are not breastfeeding

Your breasts will begin to feel fuller, and may be uncomfortable, 2 to 3 days after the birth of your baby as you start producing milk. If your breasts become so full that they are hard, lumpy, and painful, you may be experiencing engorgement.

Engorgement usually lasts 24 to 48 hours. Here are some tips to help you through this period:

- As soon as possible after the birth — starting in the hospital, if you can — wear a clean, well-fitting bra (such as a sports bra). Wear the bra both day and night.
- If engorgement occurs, apply cold packs or washed green cabbage leaves to your breasts. Do this three times a day for 15 minutes. (For cold packs, use bags of frozen peas or crushed ice, wrapped in a thin towel.)
- Take pain medication as needed for discomfort.
- If your breasts are painfully full, you may want to squeeze just enough milk to relieve the pressure. (Continue to use ice packs.)
- Avoid any kind of breast stimulation (for example, letting warm water hit your breasts when showering) since it encourages milk production.
- Avoid alcohol for 2 to 3 weeks.

CALL YOUR DOCTOR if:

Engorgement is not relieved after 24 to 48 hours by the measures described on this page.
Staying Healthy

Breast self-exam

Why breast self-exam?
Most breast cancers are discovered by women themselves, yet only a small percentage of women practice regular breast self-exam (BSE). Breast self-exam is a self-care skill that requires only minutes a month and could possibly save your life. Breast cancers that are found early and treated promptly have excellent chances for cure. The fact that you’ve just had a baby doesn’t mean you should skip this important monthly activity!

Method
Using the fat pads of your 3 middle fingers, examine each breast in an up-and-down pattern, pressing your breasts with small circular motions. Starting at the top of your armpit, move your fingers up and down, working toward the outside top edge of your breast and then in toward the nipple. Be sure to examine the entire breast area. Do this twice on each breast, the first time with light pressure, the next with deep pressure. Always do your exam the same way and on the same day each month. Discuss any changes you find with your doctor.

- **First, in the shower.** Gently lather each breast. With one arm raised, examine each breast and underarm area with the opposite hand. Feel for any lumps or thickenings that are different from previous exams.

- **Second, in front of a mirror.** See if there are any changes in your breasts while you are in each of the following positions: arms at your sides; arms over your head; hands clasped under your chin while flexing your chest muscles; and bent forward, with your breasts hanging.

- **Third, lying down.** Place a small pillow or folded towel under your mid-back, on the side you are examining. Rub lotion on your breast and repeat the finger-pad exam explained above. Examine your left breast with your right hand and your right breast with your left hand.

THE BEST TIME TO DO BREAST SELF-EXAM (BSE)

- If you’re menstruating, do BSE a week to 10 days after your period, when your breasts are usually not tender or swollen.

- If you’ve just had a baby, do BSE on the first day of each month.

- If you’re breastfeeding, examine your breasts when all milk has been expressed. This sometimes requires that only one breast be checked at a time because all the milk cannot be expressed completely from both breasts. If you feel a lump, it may be a plugged milk duct. Recheck daily — if a lump persists in the same place for one week, call your healthcare provider. Also, read more about plugged milk ducts in the Guide to Breastfeeding.

MAMMOGRAMS

A mammogram is an x-ray of the breast. It can help detect cancer in your breast tissue. The American Cancer Society recommends that if you’re 40 years old or older, you should get a mammogram every year (or as often as your doctor recommends).
SIX BUILDING BLOCKS OF GOOD NUTRITION

1. Eat plenty of fruits and vegetables. Dark green, orange, and yellow vegetables are especially healthy choices.

2. Make the most of the grains you eat. Make sure they are whole grains. Examples include whole-wheat bread, brown rice, and oatmeal. These have lots of healthy fiber and nutrients.

3. Choose heart-healthy proteins. Examples include beans, eggs, low-fat cheese, nut butters, skinless poultry, and lean red meats. Fish is another good protein source, but to limit your intake of mercury (common in many sea fish), eat no more than 12 ounces a week of halibut, sea bass, swordfish, mackerel, grouper, red snapper, and orange roughy.

4. Select low-fat dairy products. Go for non-fat or low-fat milk, yogurt, and cheese. If you’re breastfeeding, you need at least 4 servings of dairy each day.

5. Choose unsaturated fats and oils — and stay away from trans-fat. Read food labels to see what’s inside.

6. Limit salt and sweets. Most Americans get far too much sodium (salt) in their diet — and eat too many sweets. So keep salty and sweet snacks to a minimum. Save your appetite for foods that have more of the vitamins and minerals you need.

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Immunizations

Healthcare providers at Intermountain hospitals evaluate the immunizations of all women after delivery. If your providers find you’re not fully immunized, they’ll offer you the chance to catch up on immunizations while you’re in the hospital. Take the opportunity! **Immunizations help keep you and your family healthy** — so while you’re at it, make sure that everyone in your household is up to date. For more information visit:

immunize-utah.org

cdc.gov/vaccines

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Nutrition

As you regain your strength after having a baby, it’s important to get plenty of nutrients from the foods you eat. So make smart choices from every food group. Look to the six tips on the left.

**Keep taking your prenatal vitamin, too.**

Your body can use the boost of nutrients, especially if you’re breastfeeding. A prenatal vitamin can also ensure that you’re getting enough folic acid, which is important throughout your childbearing years. Take your vitamin with juice or water, not milk — milk can block absorption of iron, which you need to prevent anemia.

**Do you need more vitamin D?**

Vitamin D is important for new moms and babies. If you’re breastfeeding, you may need even more vitamin D. Check with your provider to see if you need to take vitamin D along with your prenatal vitamin.

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WEIGHT MANAGEMENT IN THE POSTPARTUM PERIOD

Many women have questions about weight and fitness after pregnancy. Below are some guidelines:

- **Don’t focus on losing weight for at least 6 weeks after delivery.** Instead, focus on healing and recovery. Look to the six tips at left, and follow the physical activity guidelines on the following pages.
- **Plan for healthy meals and snacks — and shop accordingly.** Keeping a range of healthy foods and quick snacks on hand will help you make good choices throughout the day.
- **Watch what you drink.** Water is almost always the best choice — calories from other drinks can add up quickly.
- **If losing weight, don’t lose more than 1 or 2 pounds a week.** Losing weight too quickly is unhealthy — particularly right now. It can lower energy, increase mood swings, and cause breastfeeding problems.

If you have long-term concerns about your weight, talk to your provider. Many insurance companies now cover care for weight management.
Physical activity

Activity is good for you after pregnancy. However, it takes about 4 to 6 weeks for your body to heal after having a baby — so you shouldn’t overdo it. Follow these guidelines for balancing rest and activity:

• Allow for rest periods during the day. Get as much sleep as you can. If you can arrange for help with older children or housework, take advantage of it.
• Ease back into physical activity. Some activities you can start right away — see the exercises described at the bottom of this page and the following page. For more vigorous exercise, wait until you check with your doctor. Most women can start vigorous exercise about 4 to 6 weeks after a vaginal delivery (wait 8 to 12 weeks after a C-section delivery). Keep in mind that because of hormone changes, your joints and muscles will be vulnerable to injury for several months — so be careful about activities that can cause strains or sprains.
• Pay attention to your body. If you have bleeding that becomes more red or heavy with activity (or that starts again after having stopped), talk to your doctor.
• Keep in mind that during pregnancy and after delivery, women have a higher-than-normal risk for blood clots. (If you’ve had a C-section or tubal ligation surgery, your risk is even higher right now.) To help prevent blood clots and other serious complications, follow all of your care team’s advice about physical activity and other safety measures.

Suggested daily activities: Start these right away.

Walking
WHY?
To help ease constipation, ease general pain, lower the risk of blood clots — and to just feel good.
HOW?
• Begin with short distances.
• Increase your distance a little each day.

Pelvic floor muscle tightening
(often called Kegel exercises)
WHY?
To increase your ability to control the muscles around your vagina, bowel, and bladder. May also help reduce stitch discomfort by improving muscle tone.
HOW?
• Get in a comfortable position (sitting, standing, or lying down).
• Tighten the muscles around your vaginal, urinary, and rectal openings.
• Hold for a count of 10, retightening as needed, and then relax very slowly.
• Repeat frequently, building up to 100 times per day.

Abdominal tightening
WHY?
To help tone abdominal muscles.
HOW?
• Get in a comfortable position (sitting, lying down on your back).
• Tighten your abdominal muscles by pulling them in and up (or “sucking in”).
• Make a strong “shhh” sound. This will activate your deep lower abdominal muscles.
• Notice how this feels. You should feel your belly button pull inward and upward, your lower back flatten, and a “lightening” in your pelvic floor area as your abdominal muscles lift up the weight of your internal organs.
• Hold for a count of 5 to 10 seconds. Repeat 10 times.
• Do this exercise throughout the day. Use it while doing any activity that stresses your abdominal muscles (lifting your baby, getting out of bed, etc.). Think of it as your body’s natural brace or “corset” to support you during your recovery.
• See more activity suggestions on the next page.
Choosing a birth control method

In the first few weeks after childbirth, it’s best to refrain from sexual intercourse. You can still use touch to share intimacy and affection with your partner, however. Massage is an excellent way to relieve stress, show affection, and meet your needs for closeness and connection.

Consider your birth control now, even before you resume intercourse. If you’re like most women, your life is busy — and contraception is one thing you don’t want to let slide. Why? **Even if you want more children, it’s best to wait at least 18 months before your next pregnancy.** This spacing lowers the chance of a preterm delivery of the next baby and gives your body a chance to recover.

Fertility returns when ovulation begins. If you’re bottle-feeding or supplementing breastfeeding, you might ovulate and have a menstrual period in 6 to 8 weeks. If you’re only breastfeeding, you might ovulate and have a menstrual period in 2 to 6 months.

**Breastfeeding is NOT a reliable form of birth control — and you can be fertile even if your menstrual period hasn’t returned. Use birth control if you’re sexually active and don’t want to become pregnant.**

Suggested daily activities: *Start these right away.*

**Pelvic tilt**

**WHY?**
To help tone abdominal muscles and relieve backache.

**HOW?**
- Start by lying flat on your back with your knees slightly bent, feet on the floor.
- Pull your belly button in toward your spine and tighten your buttocks as if you’re scooping your pelvis, tilting it upward. You should feel the small of your back flatten as you do this.
- While holding this position, exhale with a strong “shhhhh” sound for 5 to 10 seconds.
- Slowly relax your abdomen and buttocks, allowing the hollow of your back to return to its normal position.
- Repeat 10 times, two or more times each day.

**Heel slide**

**WHY?**
To tone abdominal muscles.

**HOW?**
- Start by lying flat on your back with your knees slightly bent, feet on the floor.
- Do the pelvic tilt as described at left, and slowly slide one foot away from your buttocks so that your leg is straight. Your feet should still have contact with the floor.
- Slowly slide your leg back toward your buttocks to the starting bent position.
- Repeat with the other leg. You may have to “reset” your pelvic tilt and abdominal tightness as you transition.
- Repeat 10 times with each leg, two or more times each day.
Choosing a birth control method is a personal choice. You need to consider how it will fit into your lifestyle — and how convenient, safe, and effective it will be. You will also want to consider that some birth control methods can be combined to increase effectiveness and reduce the risk of sexually transmitted diseases. Finally, remember that experts recommend that if you want to become pregnant again, you should wait at least 18 months before trying to conceive — so choose the most effective method that works for your plans, lifestyle, and personal health history.

The chart below summarizes the effectiveness of several methods. Discuss these options with your healthcare provider to help you decide what will work best for you.

<table>
<thead>
<tr>
<th>most effective</th>
<th>to make the method more effective…</th>
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<tbody>
<tr>
<td>less than 1 pregnancy per 100 women in one year</td>
<td>highly effective contraception: the methods in this row prevent pregnancy more than 99% of the time</td>
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<tr>
<td>implants (Implanon, Nexplanon)</td>
<td>• Vasectomy (male sterilization): Use another method for first 3 months.</td>
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<tr>
<td>IUD (Mirena, ParaGard)</td>
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<tr>
<td>female sterilization</td>
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<td>vasectomy</td>
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<th>effective contraception: the methods in this row prevent pregnancy more than 90% of the time</th>
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<tr>
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<td>birth control pills</td>
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<tr>
<td>patch</td>
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<tr>
<td>vaginal ring (NuvaRing)</td>
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<th>less effective contraception: the methods listed below prevent pregnancy 70% and 90% of the time</th>
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<tr>
<td>male condoms</td>
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<tr>
<td>diaphragm</td>
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<tr>
<td>female condoms</td>
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<tr>
<td>spermicides</td>
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<tr>
<td>periodic abstinence (fertility awareness method, rhythm method)</td>
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<table>
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<tr>
<th>least effective</th>
<th>about 30 pregnancies per 100 women in one year</th>
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Comparing effectiveness of contraception methods
CALL YOUR DOCTOR if your symptoms match the pattern described below.

You may have postpartum depression if you have several of the symptoms listed, they are intense, and they occur daily for longer than 2 weeks:

- Feelings of sadness that last most of the day
- Frequent crying
- Lack of appetite
- Trouble sleeping
- Severe tiredness or wanting to sleep all the time
- Feelings of guilt or worthlessness
- Loss of interest in people and activities
- Trouble concentrating
- Negative feelings about the baby
- Thoughts of hurting yourself or the baby
- Intense anger, anxiety, or irritability
- Feeling confused, seeing or hearing things that aren’t there, or having thoughts that don’t make sense

Giving birth can bring on intense and unexpected feelings, both happy and sad. Many women go through “baby blues” — mood swings, irritability, crying spells, or anxiety that fade within a week or two. But for some women, the symptoms are more intense or don’t go away, signaling an illness called postpartum depression.

Postpartum depression is common, but treatable. Each year in the United States, more than 400,000 women are diagnosed with this illness. A loved one is often the first person to recognize postpartum depression and the woman’s need to see a doctor.

If you notice symptoms that fit the pattern described at left, talk to a doctor. There are many treatments for postpartum depression, so don’t try to go it alone. Postpartum depression is an illness caused by chemicals in the brain, not a reflection on your character.

You can get more information online at these websites:

- Utah Maternal Mental Health Collaborative: utahmmhc.com
- Postpartum Support International: postpartum.net
Summary of When to Seek Medical Help

**GET EMERGENCY CARE in the following cases:**

- Vaginal bleeding that becomes bright red and heavy — soaking through more than one pad per hour
- Large blood clots (the size of your fist or larger)
- Leg, groin, or chest pain
- Trouble breathing

**CALL YOUR DOCTOR if you notice any of the following:**

- Fever of 100.4°F (38.0°C) or greater
- Flu-like symptoms (for example: chills, body aches, fatigue, or headache)
- Painful, tender, swollen, or reddened areas on your legs or breasts
- Redness, swelling, separation, odor, or drainage at the site of your incision, episiotomy, or vaginal tearing
- Any increase in pain
- Unusually foul-smelling vaginal discharge
- Difficulty urinating — or burning, painful, or frequent urination
- Constipation not relieved by stool softeners and/or laxatives
- Engorgement (very full breasts) not relieved after 24 to 48 hours (if you’re not breastfeeding)
- Signs of postpartum depression — Any of the following that are severe, daily, or long-lasting (more than 2 weeks):
  - Feelings of sadness or hopelessness
  - Trouble sleeping or concentrating
  - Lack of interest in people and activities
  - Extreme fatigue, anger, or anxiety
  - Thoughts of harming yourself or your baby

**INTIMATE PARTNER VIOLENCE**

*If you, or someone you know, is a victim of violence from an intimate partner — help is available!*

Intimate partner violence (violence or abuse from a current or former intimate partner) can be physical, sexual, or psychological. It is most often, but not always, aimed at women and children. Intimate partner violence is against the law and should be reported. If you or someone you know is in an abusive relationship, call one of the hotline numbers listed on the right. Hotline staff can refer you to free help, including counseling, shelters, or other services.

**Resources:**

National Domestic Violence Hotline: www.ndvh.org

In Utah: 1-800-897-LINK (5465)
In Idaho: 1-800-669-3176
National hotline number: 1-800-799-SAFE (7233) or 1-800-787-3224 (TTY)

Local resources for many issues including intimate partner violence: 2-1-1

*If it’s an emergency, call 911.*