



Caring for Yourself After the Birth of a Baby

Living and learning together



Intermountain
Health

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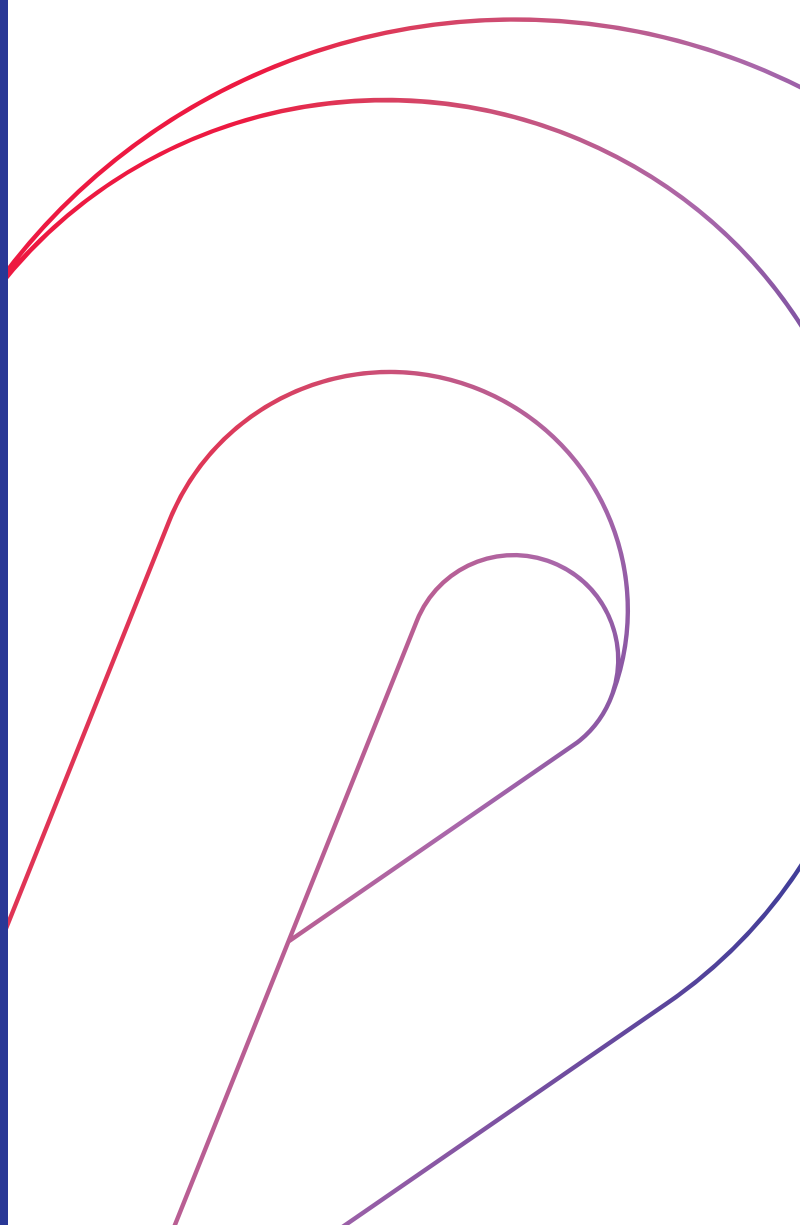
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Be sure to check out the videos on your **Be Ready** card for tips on caring for yourself, caring for your baby, and breastfeeding—before and after your baby comes.

You can watch the Caring for Yourself videos by scanning the QR code below with your smartphone—or clicking on or typing this link into your computer:

<https://bit.ly/3bdEPWj>





When you are pregnant, you are often so focused on the changes in your body and the upcoming birth that you do not anticipate the enormous physical and emotional changes your body goes through after delivery. 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. Talk with your healthcare provider any time you have questions or concerns about your health.

Do not forget!

In about 6 weeks, you will need to see your healthcare provider for a postpartum checkup. (If you have any of the problems noted on **page 19** of this book—or if you have 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: _____





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.

Get emergency care in the following cases:

- Pain in chest
- Difficulty breathing or shortness of breath
- Seizures
- Thoughts of hurting yourself or your baby

Managing the Postpartum Course

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

Bleeding and discharge

After giving birth, you will 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 — it is different for everyone. Also, if you had a C-section, 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 are 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.

Call your doctor (or get emergency care if your doctor cannot be reached):

- Vaginal bleeding that becomes bright red and heavy (soaking through more than one pad per hour)
- Large red blood clots (the size of your fist or larger)
- Redness, swelling, separation, odor, or drainage at the site of your incision, episiotomy, or vaginal tearing
- Fever of 100.4°F (38.0°C) or greater
- Painful, tender, swollen, or reddened areas on your legs or breasts
- Headache that does not get better after taking pain medications, or a severe headache with vision changes

May require further evaluation and discussion with your doctor:

- Flu-like symptoms (for example, chills, body aches, fatigue, or headache)
- Any increase in pain
- Unusual, foul-smelling vaginal discharge
- Difficulty urinating — or burning, painful, or frequent urination
- Constipation that is not relieved by stool softeners or laxatives
- Engorgement (very full breasts) that does not go away after 24 to 48 hours
- Signs of postpartum depression: severe, daily, long-lasting (more than 2 weeks) feelings of sadness or hopelessness; trouble sleeping or concentrating; little or no interest or pleasure in people and activities; extreme fatigue, anger, or anxiety; thoughts of harming yourself or your baby

Caring for vaginal stitches

If you had an episiotomy or vaginal tearing, your doctor or midwife repaired the area using stitches that dissolve and do not have to be removed. If the stitches are uncomfortable, you may want to try these care 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.
- Wrap an ice pack in a towel and place it on the area for 15 to 20 minutes at a time for the first 24 hours after your 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. Do not add soap or bubble bath to the tub until your incisions heal, but it is 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.
- If these previous methods do not provide effective relief, you may take the prescription 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 acetaminophen (Tylenol) or ibuprofen (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.
- Over-the-counter medications like ibuprofen are effective for afterpains. Your provider may have also given you a prescription for your afterpains.
- You may notice more cramping when you are 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.

These care measures can be helpful even if you just feel sore from a vaginal delivery.



Use warm tap water and rinse every time you go to the bathroom. Use the peri-bottle you were given in the hospital.

Pregnancy requires you to take care of yourself — and so does the time after you have your baby. Enlist the support of your family and friends to help you manage the many changes you are experiencing.



Leftover Medications: How to dispose of them safely

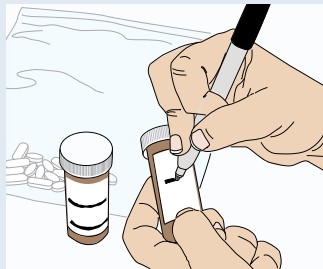
When you take prescription medication as your doctor directs, this often means taking it until all the pills are gone. However, if your doctor changes your dose or decides on a different medication you may have some pills left over. You may also have a medicine cabinet full of expired prescription and over-the-counter medications.

To dispose of them safely, medications should not be poured down the sink, flushed down the toilet, or thrown directly in the trash in their original packaging. This is why:

- Unused or expired prescription and over-the-counter medication can be dangerous, especially to children and pets. Unused pain medication can be a target for theft of the medication and personal information left on the bottle.
- Small amounts of medication can enter the water system when medication is poured down the sink or flushed down the toilet, even after the wastewater is treated.



There are 3 ways to dispose of your leftover medications:



- 1 Drop them off at a drug collection site. Unused pills can be dangerous to leave around. You can find drop-off locations at the following websites:
 - Use Only As Directed (useonlyasdirected.org)
 - U.S. Drug Enforcement Agency (<https://apps2.deadiversion.usdoj.gov/pubdispsearch/spring/main?execution=e1s1>).

It is best not to flush medications down the toilet as they can contaminate the water supply.



- 2 Check to see if your police department has a drug collection program.
- 3 If you are not able to take the medication to a drop-off location, follow the next step for home disposal:

Pour medications from their bottles into a sealable bag or disposable container with a lid. Remove or mark out any personal information on the bottles. Then throw the original bottles away.

Mix the medication with something unappetizing, such as kitty litter, coffee grounds, or dirt. This will help keep children or pets from eating the mixture.

Seal the plastic bag or container and put it in the trash.



Bladder infection

It is normal to have a stinging sensation when you urinate (pee) 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 is important to call your healthcare provider if you think you have a bladder infection.

Hemorrhoids

Hemorrhoids (swollen blood vessels around your anus) are a fairly common problem during pregnancy and after birth. If hemorrhoid pain does not go away, tell your doctor. Do not try pelvic floor muscle exercises (Kegels) if you have painful hemorrhoids. Talk with your doctor first. Try the suggestions under episiotomy care — they may also help ease painful hemorrhoids.

Constipation

To prevent additional discomfort after giving birth, it is important to avoid constipation. The following suggestions will help your bowel (pooping) 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, a laxative, or both to prevent and treat constipation.
- If you have hemorrhoids, do not strain when pooping.



Call your doctor if:

Constipation is not relieved by a stool softener or a laxative.

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.

Cesarean section and tubal ligation

If you had a C-section or a tubal ligation, your incision may be tender and you may not feel like being up and about. 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. Being active will help prevent problems such as gas, stiffness, weakness, and pneumonia. **Physical activity can also help prevent a blood clot — a serious complication that is fairly common after birth, especially for women who have had a C-section or other surgery.** Follow your care team's 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 sterile strips before you go home. These strips will start to fall off in 7 to 10 days as your incision heals. You can trim the edges of the strips as they start peeling. If the strips have not fallen off on their own within 10 days, you can gently remove them (unless instructed otherwise). Sutures (stitches) and absorbable staples do not need to be removed and will dissolve on their own. If your surgeon has used a skin glue, you may notice a film on your skin. This will wear off over time. 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 have 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

Caring for Your Breasts

If you are breastfeeding

Breastfeeding should not be painful, but it may take some time to adjust to it. See the listed pages in [A Guide to Breastfeeding](#) to help you with these and other challenges:

- Sore, tender nipples
- Flat or inverted nipples:
- Engorgement
- Breast infection (mastitis)
- Yeast infection

If you are not breastfeeding

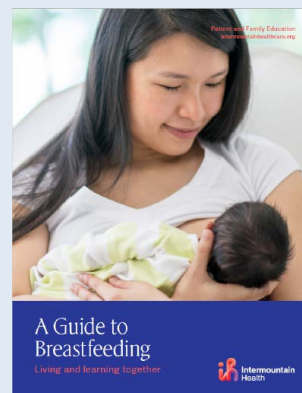
Your breasts will begin to feel fuller and may be uncomfortable 2 to 3 days after the birth of your baby as you start producing milk. If your breasts become so full that they are hard, lumpy, and painful, you may be experiencing engorgement.

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 (like a sports bra). Wear it both day and night.
- If you have engorgement, put cold packs or washed green cabbage leaves on your breasts. Do this 3 times a day for 15 minutes at a time. (Cold packs may be purchased, or you may use bags of frozen peas or crushed ice, wrapped in a thin towel.)
- Take over-the-counter pain medication as needed for pain.
- 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, keep warm water from hitting your breasts for a long time when showering) since it encourages milk production.

If you have questions about how to stop your milk from coming in, ask your nurse or doctor for additional information.

Read [A Guide to Breastfeeding](#) for more information on how to avoid or manage the challenges that can come with breastfeeding.



Call your doctor if:
Engorgement is not relieved after 24 to 48 hours by doing these care measures.

The best time to do breast self-exam (BSE)

- If you have your period, do a BSE between 1 week to 10 days after your period, when your breasts are usually not tender or swollen.
- If you have just had a baby, do BSE on the first day of each month.
- If you are 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 swelling around a milk duct. Recheck daily. If a lump stays in the same place for 1 week, call your doctor. Also read more about postpartum engorgement in [A 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 are 40 years old or older, you should get a mammogram every year, or as often as your doctor recommends.

Staying Healthy

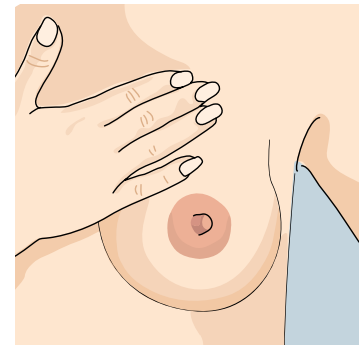
Breast self-exam

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 right away have excellent chances for cure. The fact that you have just had a baby does not 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.



- 1 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.
- 2 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.
- 3 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.

Immunizations

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

Nutrition

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

Keep taking your prenatal vitamin, too. Your body can use the boost of nutrients,, especially if you are breastfeeding. A prenatal vitamin can also ensure that you are 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 women after delivery. Check with your healthcare provider to see if you need to take vitamin D along with your prenatal vitamin.



Scan the codes below with your smartphone or type the link into your computer.

<https://immunize.utah.gov/>



[cdc.gov/vaccines/
pregnancy/vacc-during-
after.html](https://cdc.gov/vaccines/pregnancy/vacc-during-after.html)





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 are 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.

Weight management in the postpartum period

Many women have questions about weight and fitness after pregnancy. Here are some tips that can help:

- Do not focus on losing weight for at least 6 weeks after delivery. Instead, focus on healing and recovery. Look to the 6 tips above, and follow the physical activity guidelines on page 14.
- 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, do not 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 should not do too much. 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 below and on the next 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 had a C-section or tubal ligation surgery, your risk is even higher.) To help prevent blood clots and other serious complications, follow your care team's advice about physical activity and other safety measures.



Suggested daily activities: Start these right away



Walking eases constipation and general pain, lowers the risk of blood clots—and just helps you feel good.

- Begin with short distances.
- Increase your distance a little each day.



Pelvic floor muscle tightening (often called Kegel exercises) help you control the muscles around your vagina, bowel, and bladder. This can also help reduce discomfort from your stitches by improving muscle tone.

- 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 helps to tone abdominal muscles.

- 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 “shhhh” 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 during the day. Use it while doing any activity that stresses your abdominal muscles (for example, lifting your baby or getting out of bed). Think of it as your body’s natural brace or “corset” to support you during your recovery.



Pelvic tilt exercises helps to tone abdominal muscles and relieve backache.

- 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 are 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 “shhhh” 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 exercises help to tone abdominal muscles.

- 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

In the first few weeks after childbirth, it is best to skip sexual intercourse. There are many other ways to share intimacy and affection with your partner. Massage is an excellent way to relieve stress, show affection, and meet your needs for closeness and connection.

This is the time to start thinking about your birth control options, before you start to have sex again. If you are like most women, your life is busy, and this is one thing you do not want to let slide. Why? Even if you want more children, you should wait at least 18 months before your next pregnancy. Waiting lowers the chance of a preterm delivery with your next pregnancy and gives your body a chance to recover.

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

Breastfeeding is NOT a reliable form of birth control. You can be fertile even if your menstrual period has not returned. Use birth control if you are sexually active and do not want to become pregnant.

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. Some birth control methods can be combined to increase effectiveness and reduce the risk of sexually transmitted diseases.

Finally, remember that experts recommend that you should wait at least 18 months before trying to get pregnant again. It is important to choose the most effective method that works for your plans, lifestyle, and personal history.



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

Comparing effectiveness of contraception methods

Most effective

less than 1 pregnancy per 100 women in one year

Highly effective contraception:

Prevents pregnancy more than 99% of the time



Implants
(Implanon, Nexplanon)



IUD
(Mirena, Paragard)



Female sterilization



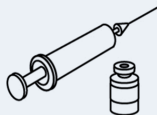
Vasectomy

To make the method more effective

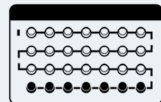
Vasectomy (male sterilization): Use another method for the first 3 months.

Effective contraception:

Prevents pregnancy more than 90% of the time



Injectables
(Depo-Provera)



Birth control pills



Patch

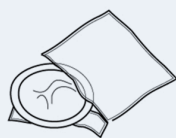


Vaginal ring
(NuvaRing)

- **Injectables:** Get repeat injections on time.
- **Birth control pills:** Take a pill every day.
- **Patch, ring:** Keep in place, change on time.

Less effective contraception:

Prevents pregnancy 70% to 90% of the time



Male condoms



Diaphragm



Female condoms



Spermicides



Periodic abstinence
(fertility awareness method, rhythm method)

- **Condoms, diaphragm:** Use correctly every time.
- **Periodic abstinence methods:** Use condoms on fertile days (or do not have sex then). Newer methods such as Standard Days Method or Two Day Method) may be easier to use.
- **Spermicide:** Use correctly every time you have sex. Combine it with another method (like condoms) to increase effectiveness.

Least effective

about 30 pregnancies per 100 women in one year

Maternal Emotional Wellness

Many women experience the “baby blues.” Baby blues may look or feel like mood swings, irritability, crying spells, and moderate feelings of anxiety that fade within a week or two after having a baby. However, if these feelings do not go away, you may be experiencing postpartum depression or postpartum anxiety.

It is common to have emotional problems during and after pregnancy, but they can be treated. About 1 in 7 women may need help from a doctor within a year of giving birth. If you have had a miscarriage or stillbirth, trouble getting pregnant, or you adopted a baby, you may also be at risk. Not breastfeeding can make things worse.

It is important to ask for help if you need it. Those closest to you may see that something is wrong before you do. Listen to them with an open mind. There are many ways to treat postpartum depression and anxiety.

It is not just moms who have these problems; at least 1 out of 10 dads can have these feelings too. Your emotional health is just as important as your physical health after giving birth. If you do not feel like yourself, please ask for help.



One way to help manage your emotional wellness is to think of the acronym SUNSHINE. See helpful tips for self care on the next page.

Taking care of yourself through **SUNSHINE**

For many moms, taking care of “self” often falls at the bottom of your list. The acronym SUNSHINE gives you 8 helpful tips and reminds you that your physical and emotional health during pregnancy and after childbirth are a priority too.

S - Sleep

Aim for a 4 to 6-hour stretch of sleep at least 3 nights a week. Because breastfeeding babies may need to be fed more than every 4 hours, consider having a family member or friend give the first feeding of the night.

U - Understanding

Seek counseling with a trained maternal mental health professional to prevent and treat depression and anxiety if you are at higher risk. Please call your doctor for help. Or you can find a list of qualified providers by calling **Help Me Grow** at 801-691-5322 or helpmegrowutah.org.

N - Nutrition

Continue taking a prenatal vitamin. Avoid caffeine and sweets when possible and include protein and unsaturated fats at every snack and meal. Ask your provider about your vitamin D levels; if they are low, they might affect your mood.

S - Support

Share your feelings with a trusted friend or family member, or find a support group online or in-person. Ask for help with baby care. Getting an hour each day to yourself is essential.

H - Hydration and Humor

Drink 2 large pitchers of water daily. Dehydration can trigger symptoms of anxiety and fuzzy thinking. Make time for silliness and joy each day. A funny movie, time with friends, or tickling your children can all improve your mood. If laughing seems impossible, it is time to seek more support.

I - Information

Read about emotional wellness at www.postpartum.net and take the Edinburgh Postnatal Depression Scale each month for at least a year to track your emotional health. Call **Help Me Grow** (801-691-5322) or your provider if your score is 10 or higher, or if you marked anything other than “never” on question 10 about self-harm.

N - Nurture

Nurturing your spirit may come through nature, spiritual practices, music and art, meditation, creative hobbies, dates with friends or your partner, and more. Schedule time in your calendar weekly for doing things you enjoy outside of motherhood.

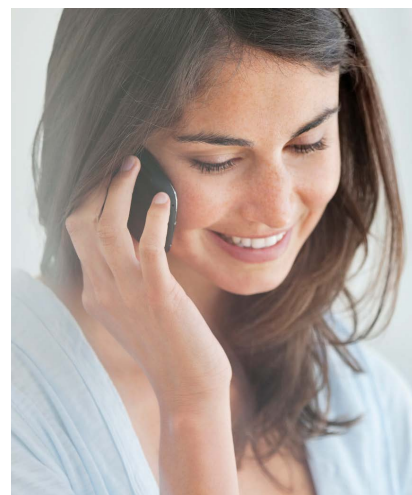
E - Exercise

Walking even 10 to 20 minutes a day can help your body, mind, and spirit. You can even try yoga or stretching.

When to call your doctor:

Call your doctor if your symptoms match the following pattern:

- Edinburgh Postnatal Depression Scale (EPDS) score of 10 or greater
- Anxiety or racing thoughts
- Excessive irritability, anger or rage
- Unexpected difficulty sleeping or getting back to sleep
- Persistent tearfulness, sadness, or feeling worthless
- Intense shame about what you are experiencing
- Loss of interest in people or activities
- Significant loss of appetite



Get emergency care in the following cases:

- Scary thoughts you are afraid to share
- Feeling confused, seeing or hearing things that aren't there, or having thoughts that do not make sense
- Thoughts of harming your baby or yourself or feeling your family may be better off without you

Where you can get help: Community resources

Intermountain Connect Care Behavioral Health | Call Toll Free: 833-442-2670

- Visit with a mental health professional using your smartphone, tablet, or computer.
- Appointments available 7 a.m. to 7 p.m. every day including weekends.

Postpartum Support International – Utah Maternal Health Collaborative

- Postpartum Support International provides education and resources to women with any postpartum depression symptoms.
- The Utah Maternal Health Collaborative offers free phone and email support provided by mothers who have experienced emotional health complications as well as helpful local resources and referrals.

psiutah.org | Huntsman Mental Health Institute (HMHI) 800-273-8255

United Way, Help Me Grow | Go to helpmegrowutah.org or call 801-691-5322

Volunteers will link you to community mental health services.

National Suicide Prevention Hotline | Call 988

National Peer Mom Volunteers | Call 1-800-PPD-MOMS (773-6667)

Crisis postpartum depression hotline for mothers feeling stressed and burdened after a pregnancy or loss of a child. Operated by peer volunteers.

National Maternal Mental Health Hotline (Free; available 24 hours a day, 7 days a week)

1-800-TLC-MAMA (1-833-852-6262)

Available in Spanish and with interpretive services for 60+ languages

Summary of When to Seek Medical Help

Get emergency care *in the following cases:*

- Pain in your chest
- Trouble breathing or shortness of breath
- Seizures
- Thoughts of hurting yourself or your baby

Call your doctor (or get emergency care if your doctor cannot be reached) if you notice any of the following:

- 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)
- Redness, swelling, separation, odor, or drainage at the site of your incision, episiotomy, or vaginal tearing
- Fever of 100.4°F (38.0°C) or greater
- Painful, tender, swollen, or reddened areas on your legs or breasts
- Headache that does not get better after taking pain medications, or severe headaches with vision changes

May require further evaluation and discussion with your doctor:

- Flu-like symptoms (for example: chills, body aches, fatigue, or headache)
- Any increase in pain
- Unusual, 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) that is not relieved after 24 to 48 hours



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 (beatings), sexual (rape), or psychological (harmful or hateful words). 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 below. Hotline staff can refer you to free help, including counseling, shelters, or other services.

Resources

National Domestic Violence Hotline:
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 is an emergency, call 911.

A big part of taking care of baby is learning how to care for yourself after baby comes. These videos will help you know what to do and when to call your doctor.



<https://bit.ly/3bdEPWj>



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To find this booklet and other patient education, go to:
intermountainhealth.org



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