

Directions to Labor and Delivery

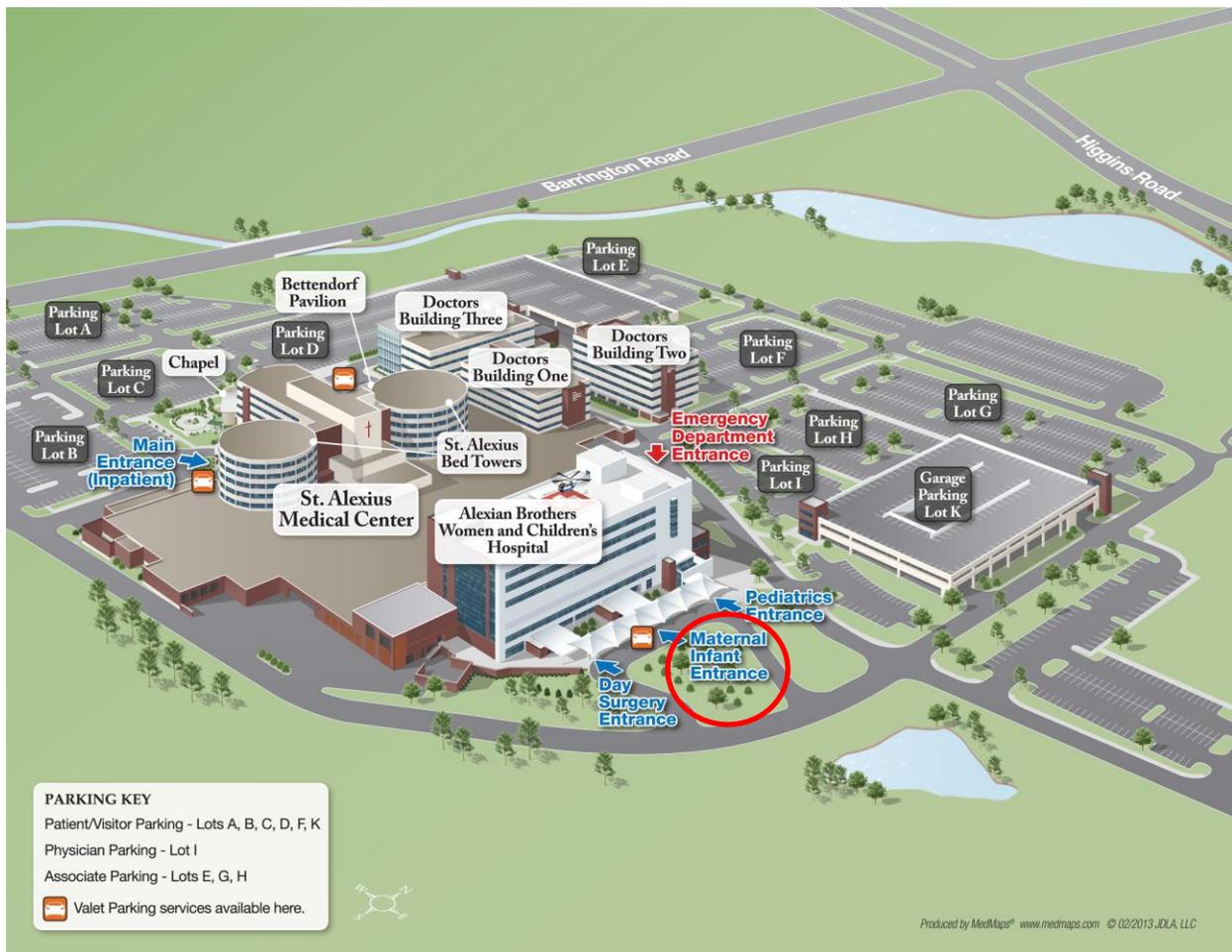
St. Alexius Women and Children's Hospital

1555 Barrington Road
Hoffman Estates, IL 60169

During regular hours: from Barrington Road entrance, drive all the way to the back of the campus, following signs for the Women and Children's Hospital. Park in either the parking garage or the ER parking lot. Enter through the Maternal Infant Entrance (middle entrance) and take elevator to the 6th floor.

Night hours (after 9pm)

Park in the ER parking lot and enter through the emergency room. Ask to be taken to Labor and Delivery.



POSTPARTUM CARE

In general, most women will have at least two postpartum visits. If vaginal birth, usually 2 weeks and 6 weeks after delivery. If Cesarean birth, usually 5-7 days and 5-6 weeks after delivery. If there are complications, more frequent visits may be required.

WHAT IS ASSESSED AT YOUR POST-PARTUM VISITS:

- Mood and emotional well being
- Infant care and feeding
- Breast care
- Sexuality contraception and birth spacing
- Sleep and fatigue
- Physical recovery from birth
- Chronic disease management
- Health maintenance



WHAT TO EXPECT AFTER A DELIVERY?:

Vaginal Delivery: The vaginal discharge that occurs after delivery is called **lochia**. Nursing mothers may notice an increase in lochia while breastfeeding. It will be bright red or brownish for the first few days, and then may change to pink or yellowish white. Lochia may last for up to six weeks. Perineal discomfort may be relieved by applying ice packs or soaking in warm sitz baths up to three times per day. This discomfort will gradually ease after the first week. It is important to keep your perineum as clean and dry as possible. Always wipe from front to back and change sanitary pads frequently. It is ok to shower. Some women require stitches to repair a tear or episiotomy; these stitches will dissolve over approximately 4-5 weeks.

Cesarean Delivery: You may take showers as normal. Please avoid soaking your incision in water. It is important that you keep the incision clean (with soap and water) and dry to prevent an infection. Do not use any lotions or oils on the incision until it has been completely healed. Please call the office if you notice a fever, drainage or redness around the incision. You may have steri-strips (small band-aid like strips) over your incision. It is fine to shower with these on, if they have not fallen off within seven to ten days. Wearing an abdominal binder when moving around is ok (do not place it directly on the incision).



Afterbirth pains: Cramping is very common after delivery. This is the uterus contracting in order to return to its normal size. You may notice increased cramping while breastfeeding or during activity. Women who are having their second or third child may experience more painful and frequent cramping. You may use Motrin or a prescribed narcotic if needed.

Constipation: It is very common to experience constipation during the postpartum period. You should drink at least six to eight glasses of water per day. Increasing the fiber in your diet can also help. You may use a stool softener such as Colace if needed.

Hemorrhoids: Many women experience hemorrhoids during or following a pregnancy. To lessen the discomfort you may use Tucks, Anusol, or Preparation-H. It is also important to avoid constipation by eating plenty of fiber and drinking water.

Swelling: Swelling in your legs is common after delivery. It may worsen before it improves. It typically subsides within one to two weeks after delivery. You can lessen this by elevating your feet and reducing salt in your diet.

Activity

You should rest when you can: Sleep when the baby is sleeping. Many women are anxious to resume their pre-pregnancy activities. You should slowly return to these activities over a course of four to six weeks. You should avoid strenuous sports or workouts until after your six week visit. Climbing stairs or walking through the neighborhood will not cause a problem. If you had a cesarean delivery, you should not lift anything heavier than the baby until your six week check. After a cesarean delivery, you also should not drive until two weeks after the surgery, or no longer require narcotics to allow ample healing time.

If you are not feeling well or have any of the following symptoms, please call us:

- Fever greater than 101° F
- Heavy vaginal bleeding (soaking more than two sanitary pads in a 1-2 hours)
- Pain, redness, tenderness, and/or swelling of an isolated leg
- Severe abdominal or back pain
- Pain in either breast with an area of redness
- Drainage or redness surrounding a cesarean section incision
- Concerns about postpartum depression or feelings of self harm or harm to newborn

Breast Care

- **Nursing Mothers:** The first few days after delivery, your breasts make only a small amount of colostrum. This is all that your baby needs. Between 3 to 5 days after delivery, your milk supply will come in. You may experience engorgement, a low grade fever or discomfort at this time. To alleviate this, you should continue to breastfeed. You may take a warm shower or use hot compresses. You may also need to manually express some of your milk to make it easier for the baby to latch on. Engorgement usually lasts 48 hours. You may use Tylenol or Motrin as needed.
- Wash your breasts with warm water and wear a supportive bra. After nursing, allowing your nipples to air-dry may help with discomfort. You should either use Lansinoh or pure Lanolin on your nipples after each feeding to help prevent cracked nipples. Drink plenty of fluids while nursing. A good rule is one glass of water each time you nurse your baby.
- **Bottle Feeding Mothers:** Wearing a supportive bra day and night after delivery will help prevent discomfort from engorgement. If breast fullness or engorgement does occur, apply ice packs to the breasts as needed. Do not pump or manually express any milk and avoid nipple stimulation. You may use Tylenol or Motrin as needed for discomfort.



[Adapted]



Sexuality

- **Intercourse:** When to resume intercourse after delivery depends on many factors. Most women require six weeks for complete healing of stitches. The postpartum bleeding may last up to six weeks for some women. Many new parents are exhausted due to the time required to take care of their newborn and may not be psychologically ready until six weeks or beyond. When you are ready to resume intercourse, many women experience a decrease in vaginal lubrication especially if breastfeeding. You may find it helpful to use a lubricant, such as KY Jelly during this time. Please remember that it is possible to become pregnant before your six week check-up. If you have intercourse before your six week visit, use a condom.

Contraception: Contraception options will be discussed at your six week postpartum visit. Options include combination oral contraceptive pills, progesterone oral contraceptive pills, IUD (intrauterine device), Depo-Provera or barrier methods such as condoms or a diaphragm. If you are nursing, you should consider a progesterone only method (“mini pill”, IUD or Depo-Provera) or a barrier method to avoid decreased milk supply.

Five things to know about breastfeeding before you give birth:

1. **The Magic Hour.** The first hour or so after birth – also called the magic hour – is a time to snuggle with your unclothed baby resting against your bare chest. (This is called “skin-to-skin” time.) Some babies are hungry and will start breastfeeding right away, and others will need more time. Skin-to-skin and early breastfeeding initiation is encouraged after both vaginal deliveries and C-sections, and for babies in the NICU, too. Visitors, phone calls, and social media posts can wait – make that first hour or two a sacred time to bond with your baby.

“All mothers should be supported to initiate breastfeeding as soon as possible after birth, within the first hour after delivery.” – World Health Organization

2. **Latching.** Latching your baby onto your breast may seem like it would be easy – and for some babies, it is! However, most mothers find latching to be challenging at first. Your baby should latch onto your breast (and not your nipple) with their mouth wide open. This takes practice and will become easier with time. If your latch is very painful or shallow, or if your nipples are cracked or bleeding, seek immediate help from a lactation consultant.
3. **Colostrum.** Colostrum, the earliest breastmilk, is thick and often referred to as “liquid gold.” Colostrum coats your baby’s intestines to keep germs out, acts as a laxative to clear their bodies of meconium, and prevents low blood sugar. There will only be drops of colostrum at first – that’s ok, because your baby’s stomach is only the size of a pea at birth. It is normal for your milk to take several days to come in and for your newborn to lose up to 10% of his or her body weight. There is no need to give your baby formula or milk in a bottle at this time, unless the pediatrician instructs you to do so. Put the baby to breast as often as possible.

“Colostrum, the yellowish, sticky breast milk produced at the end of pregnancy, is recommended by WHO as the perfect food for the newborn, and feeding should be initiated within the first hour after birth.” – World Health Organization

4. **Breastfeeding is a supply and demand process.** The emptier your breasts are, the more your brain will signal your breasts to make more milk. The best way to make more milk is to feed your baby frequently and empty the breasts fully. A newborn baby will feed at least 8-12 times in 24 hours. Feed your newborn whenever he/she seems hungry, and throughout the night at first. This will help establish a good milk supply. Do not attempt to put your newborn on a feeding schedule.

“Frequent feeding helps increase your milk supply and gives your baby practice at sucking and swallowing.” - CDC.gov

Five things to know about breastfeeding before you give birth:

5. **If you want to nurse your baby, minimize the use of breast pumps and bottles for the first month.** It may be tempting to have someone give your newborn a bottle during the night, (after all, you're exhausted) but this can decrease your milk supply and create stress and extra work for you down the road. Your body needs to know how often your newborn gets hungry in order to make enough milk, and it only knows this by having your newborn feed directly at the breast. Also, many babies will become frustrated at the breast if bottles are introduced too soon. Plan to introduce bottles 2 weeks before you return to work, and for the first 4 weeks or so, focus on nursing as much as possible. Of course, this does not apply to you if you plan to exclusively pump and not nurse at all, in which case you'll want to start removing milk from day 1 manually, using hand expression, and start using a breast pump every 2-3 hours once your milk comes in.

Most importantly, congratulate yourself for deciding to breastfeed and for giving your baby the healthiest start possible.

If you need further breastfeeding support, please call 847-808-8884 to schedule a consult with Kristin Bean, physician assistant and International Board Certified Lactation Counselor (IBCLC) for Women's Health First.

Recommended resources:

<http://med.stanford.edu/newborns/professional-education/breastfeeding.html>

(here you can find some truly exceptional videos of hand expression, proper latching, and more)

www.llli.org (La Leche League International) Consider following LLL on Facebook!

www.milkology.org

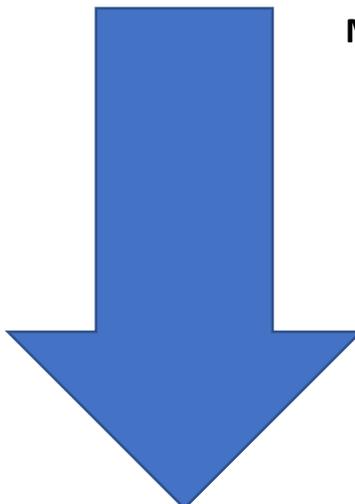
Did you know?

The American Academy of Pediatrics and the World Health Organization recommend exclusively breastfeeding your baby for the first 6 months of life and continuing breastfeeding for at least two years.

Why Breastfeed Your Baby?

Baby has decreased risk of:

- Infection
- Diabetes
- Obesity
- SIDS
- childhood cancer
- asthma and allergies
- stomach upset/colic
- ear infections



Mother has decreased risk of:

- breast cancer
- ovarian cancer
- obesity
- type 2 diabetes
- osteoporosis

What can I do during my pregnancy to prepare for breastfeeding?

- Talk to friends and family regarding their breastfeeding experiences
- Visit <http://wicbreastfeeding.fns.usda.gov/> and <https://www.llli.org/>
- Follow breastfeeding support groups on social media
- Read books or listen to podcasts about breastfeeding
- Take an online course in breastfeeding preparation
- Discuss any concerns with a lactation consultant

Did you know?

The American Academy of Pediatrics and the World Health Organization recommend exclusively breastfeeding your baby **for the first 6 months** of life and continuing breastfeeding for **at least two years**.

Kristin Bean, PA-C, IBCLC is available for consults during and after pregnancy. Call Women's Health First at **847-808-8884** to schedule your lactation consult.





Postpartum Depression Resources

Emergency Resources (thoughts of harming yourself/baby/anyone else, visual/auditory hallucinations)

- 911
- Alexian Brothers Behavioral Health Hospital, (800) 432-5005

Hotlines

- NorthShore 24 hr MOMS hotline – free, confidential 24/7 hotline staffed by licensed counselors
1-866-364-MOMS
- Society for the Preservation of Human Dignity (PHD) - Inverness, IL
www.sphd.org
sliding-scale fee schedule available based on income, service in English and Spanish
1-847-359-4967 x31
- The Fussy Baby Network
Offers advice regarding baby's crying, sleeping, or feeding
English and Spanish, 9-5 M-F
1-888-431-BABY

Therapy and Support

- *****Alexian Brothers Pregnancy & Postpartum Mood and Anxiety Disorders Program*****
Offers various support groups, including a group for fathers, and evaluations/consultations
Lita Simanis, LCSW
(847) 755-3220
www.alexianbrothershealth.org/services/womens-center/services/postpartum-depression/information
- Postpartum Wellness Center
2500 W. Higgins Road, Ste 570
Hoffman Estates, IL 60169
www.postpartumwellnesscenter.com
(224) 698-9792
- New Transitions Counseling Center
415 South Creekside Drive, Ste 107
Palatine, IL 60074
www.new-transitions.com
(847) 873-1463
- Find many more support groups and resources (in English and Spanish) at
www.postpartum.net/locations/illinois/ or www.ppdil.org

Perinatal Psychiatry

- Alexian Brothers Behavioral Health Hospital - Outpatient Group Psychiatry Practice
1786 Moon Lake Blvd Ste 104 Hoffman Estates, IL 60169
Dr. Xiaohong Yu, M.D., Dr. Delia Aldridge, M.D.
847-755-8090

What to Pack in your Hospital Bag

For Baby:

- Car seat- preinstalled in your car
- 2 bodysuits/onesies
- Pairs of socks/booties
- 1 soft cap
- 1 warm receiving blanket
- Seasonal clothing if needed (snowsuit/hat)
- 1-2 burp clothes
- 1 pacifier
- Nursing pillow

Paperwork:

- Hospital paperwork
- Insurance Card
- Photo ID
- Birth plan (if you have one)

Travel Sized Personal Items

- Tooth paste
- Tooth brush
- Nipple cream
- shampoo/conditioner
- Moisturizer
- Lip balm
- Face wash
- Deodorant
- Contact lenses and solution, eyeglasses (if needed)
- comb/brush
- Body wash

Clothing

- 2 nursing bras
- Breast pads
- Bathrobe
- headband/ponytail holders
- 1 light, loose maternity outfit for going home
- Slippers
- 2-3 pairs of underwear
- Pajamas

Electronics

- Phone/phone charger- preload contacts/music playlist
- Earbuds
- Laptop and charger/plug
- Photo/video cameras

Entertainment

- Light reading materials- magazines
- Playing cards
- journal/pens
- Massager (for relaxation)

Snacks

- Dried fruit
- Nuts
- Granola bars

Bring an extra bag for items you will bring home!