



UW Medicine

## 顺产后的护理

### 您的护理计划

现在宝宝已经出生了、您的身体正在经历许多的变化。本章为您提供一些分娩后如何保养的建议。

### 一般的情况

分娩后很可能在会在医院待 **24** 小时。如您还有其他健康问题、则可能会待更长的时间。您的护士和医生会与您讨论何时可以回家。

### 您的护理

为了帮助您康复、我们将采取“**集中式**”的护理、也就是当我们给您做检查时、我们同时提供其他方面的护理。这可以帮助您在两次诊查之间获得更好的休息。

一般的护理包括：

- 询问您**疼痛**的程度、采取一些让您舒适的措施（例如改变位置和使用冰敷）来帮助您减缓疼痛。并为您提供可能需要的任何药物。请参阅第 **3** 章的“疼痛类型”。
- 检测您的体征（血压、体温、心率和呼吸）。首先我们会每隔 **30** 分钟量一次、随后 **2** 小时内每小时一次、然后的 **24** 小时内每 **4** 小时检查一次。之后；我们将就每 **8** 小时检查一次直到您回家。如您有特殊疾病、我们可能会更频繁地检查您的体征。
- 如您有发烧、高血压或额外出血等问题、我们就**更频繁地**来为您做检查。
- 监测并管理您的**静脉（IV）导管（输液管）**。一旦不再需要静脉输液或药物、您的护士就会移除静脉输液的导管。一般是分娩后数小时就可取下。



在分娩后恢复的过程中、请花一些时间阅读此手册

- 用手按腹部检查**子宫**。您的子宫是属肌肉组织。当它收缩时、会感觉到很结实。并且它已经开始恢复到您怀孕前的大小。
- 检查**阴道出血的情况**。血液来自胎盘附着于子宫的地方。通常开始时出血的流量较多且呈鲜红色。几天后减少、然后变为粉红色或棕色。您可能会在头几天看到一些小的血块。
- 检查所有缝针、并检查**会阴区**是否有肿胀、瘀伤或有血管肿大。
- 检查双腿是否**肿胀**。分娩后发生一些肿胀是很常见的。
- 确保**排尿**没有困难。
- 检查您的乳房和乳头是否酸痛。
- 询问您对分娩的**想法和感受**

## 每小时的查房

为了您的安全和舒适、您的护士或患者护理技术人员会在白天每小时、晚上每 2 小时对来查看一次。这称为“查房”。他们会给您带水、检查并确保需要的用品您都有了、并根据需要帮助您上洗手间。

如您有疑问或查房之间需要帮助、可以使用呼叫灯。如您想长时间休息而不受打扰、请与您的护士安排。

## 下床

- 分娩后、您有跌倒的风险。为了安全起见、**我们会协助您起床、直到我们确定您可以安全地自己站起来**。在护士说可以安全地站起来而不需帮助之前、请不要独自下床。
- 可以安全行动时、我们鼓励您起身走动。多走动有助于恢复。也可帮助防止形成血块、便秘及其他问题。
- 躺在床上时、请经常更换位置。如臀部肿胀、请试着侧躺。
- 如可以坐着不觉疼痛、我们鼓励您每天在椅子上或沙发上坐一段时间。
- 每天至少在走廊里走 **3 次**。您可以将宝宝放在婴儿推床推着走、或请家人留在房间里看宝宝。

## 疼痛的种类

顺产后有 3 种常见的疼痛：子宫痉挛、阴道或会阴、及痔疮的疼痛。

### 子宫痉挛或触痛

产后这种疼痛可能持续 5 至 7 天。是因子宫恢复到怀孕前的大小时导致的。

在分娩后的前五天内、及您亲哺时、可能会经常痉挛。如您生育很多、可能会更加疼痛。当膀胱涨满了时疼痛也会增加、因此经常排尿也会有些缓解，

*减少子宫的疼痛:*

- 在小腹部热敷
- 服用布洛芬 (ibuprofen)

### 阴道不适或疼痛

这种类型的疼痛可能会持续几天到 2 周。基于您撕裂或肿胀的情况而异。大多数女性发现同时使用舒适措施和药物有助于缓解阴道疼痛。

*舒适措施:*

- 分娩后 24 至 72 小时冷敷
- 使用金缕梅垫 (hazel pads)
- 用喷水瓶清洁阴道周围的区域 (我们会给您提供一个可以带回家的瓶子)

*药物:*

- 地布卡因 (Dibucaine) 软膏是一种麻药。它通常用于痔疮。也可以短期使用、以缓解阴道的疼痛。
  - 如您知道自己对利多卡因 (lidocaine) 或诺华卡因 (novocaine) 等麻药过敏、请勿使用地布卡因 (Dibucaine)。
  - 切勿将地布卡因 (Dibucaine) 直接搽在伤口。
- 医生让许多患者服用布洛芬 (ibuprofen - Advil, Motrin) 或对乙酰氨基酚 (Tylenol) 或两者同时服用。布洛芬可减轻炎症引起的疼痛、而对乙酰氨基酚可减轻一般的疼痛。
  - 如您的医生开了上述两种药、您可以同时或分开服用。

- 使用这两种药物时、**切勿**再服用任何其他含有对乙酰氨基酚或布洛芬的药物。
- 在分娩后的头 **24** 小时内、我们通常给患者最高的剂量。之后、您可与护士一起确定最适合您需要的剂量。有关这些药物的常规剂量的详细信息、请参阅本手册“您的药物剂量”一章。
- 如肿胀较严重、或医生需要用缝数针来修复撕裂、则疼痛可能会加重。如布洛芬 (**ibuprofen**) 及对乙酰氨基酚 (**Tylenol**) 不能控制疼痛、您的医生可能会开一些阿片 (**opioid**) 类药物、如羟考酮 (**oxycodone**) 或氢吗啡酮 (**hydromorphone**)。
  - **如滥用阿片 (opioid) 类药物、可能会上瘾。** 首先使用舒适措施和其他止痛药。仅在疼痛使日常活动变得困难时才使用阿片类药物。
  - 在母乳喂养期间、短期内使用阿片 (**opioid**) 类药物认为是安全的。
  - 请参阅本手册中的“阿片 (**opioid**) 类药物的使用”部分。
- 请记住使用本手册前面的“药品跟踪”表。

### 痔疮及便秘

痔疮是直肠内或周围的静脉发炎。它们可能在怀孕后期或您分娩时发生。怀孕期间形成的痔疮大多数在分娩后都会消失。

- 便秘会导致痔疮恶化或减慢您的康复速度。
- 在住院期间、我们可能会给您使用金缕梅垫 (**hazel pads**) 或“**Tucks**”来帮助缩小痔疮的肿胀。回家后、您无需处方即可在大多数药店购买这些药品。

#### *如何预防便秘:*

- 当有便意的时、不要拖延。去洗手间坐好让臀部放松。
- 每天喝 **6-8** 杯的水。
- 吃高纤维食物如：小扁豆、黑豆或斑豆、西兰花、豌豆、浆果、牛油果、无盐花生、李子、杏子和麦麸等。
- 在住院期间我们提供泻药。



多吃水果和蔬菜、多喝水以帮助缓解痔疮或便秘。

- 按医生的建议服用软便药。
- 请参阅本手册“便秘”一章。

### 腿肿

产后的头 7 至 10 天、腿部肿胀是很常见。如双腿肿胀：

- 坐时把双腿抬高有助于消肿。
- **不要**穿太紧的鞋子或衣服。
- 腿肿得更严重、或腿部疼痛、或小腿发红请告诉护士。

### 乳房的改变

- 宝宝刚出生后、乳房就会产生第一乳称为“初乳”（colostrum）。您不一定会注意到这种早期的奶滴。
- 前 2 到 4 天、您的乳房通常会变得很柔软。之后、当奶量增加时它们可能变得肿胀和有触痛感。
- 如您的乳房变得非常胀且不舒服、即所谓的**涨奶**。正常情况会持续 2 至 3 天。为了缓解涨奶您可以：
  - 经常哺乳或泵奶（如您宝宝目前还不能哺乳）。
  - 用温水浸湿的毛巾敷乳房以减轻疼痛。

要了解更多信息、请阅读本手册的“母乳喂养”一章。

### 产后抑郁和情绪失常

产后情感和情绪的变化是很常见的。这些情绪是由激素水平的变化引起的。如您有些担心这一方面的恢复、请与您的护士和医生交谈。对于您和您的伴侣来说、阅读本手册中“产后忧郁症和其它”一章都是很有益的。

现在、请回到本手册的目录并勾选此题材的框框、以便让护士知道您已经阅读了本章。

## 您有疑问吗？

我们很重视您的提问、如对分娩后的疼痛有疑问、请在上班时间与您的医护提供者联系。

## After Your Vaginal Birth

### *Your plan of care*

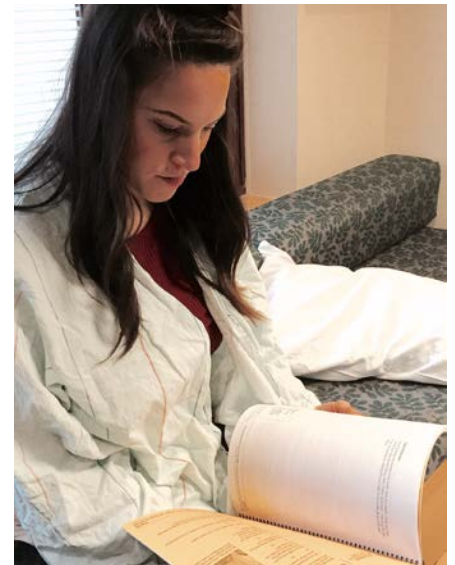
*Now that you are no longer pregnant, your body is going through many changes. This chapter explains how we plan to help you as you recover from giving birth.*

### What to Expect

You will most likely be in the hospital for about 24 hours after giving birth. If you have other health issues, you may need to stay longer. Your nurses and doctors will talk with you about when you can go home.

### Your Plan of Care

To help your recovery, we will “**cluster**” your care. This means that when we check on you, we will provide other aspects of your care at the same time. This helps you get better rest in between our care visits.



*Take time to review this workbook while you are recovering from giving birth.*

As part of your plan of care, we will:

- Ask about your **pain**, help you with comfort measures such as position changes and cool packs, and give you any medicines you may need. Please see “Types of Pain” on page 3.
- Check your **vital signs** (blood pressure, temperature, heart rate, and breathing). We will check these every 30 minutes at first, then every hour for 2 hours, then every 4 hours for 24 hours. After that, we will check your vital signs every 8 hours until you go home. If you have special medical conditions, we may check your vital signs more often.
- Check on you **more often if you have problems** such as fever, high blood pressure, or extra bleeding.

- Monitor and manage your **intravenous (IV) catheter (tube)** if you have one. As soon as you no longer need IV fluid or medicines, your nurse will remove the IV. Most times, this is done within several hours after the birth.
- Check your **uterus** by feeling your belly. Your uterus is a muscle. It will feel firm to the touch as it contracts. It is starting to return to the size it was before you were pregnant.
- Check for **vaginal bleeding**. Blood comes from the place where the placenta attached to your uterus. At first, the flow is usually heavier and bright red. It lessens over a couple of days and then changes to a pinkish or brown color. You may see small blood clots for the first few days.
- Check any stitches and check your **perineal area** for swelling, bruises, or hemorrhoids.
- Check your legs for **swelling**. Some swelling is common after giving birth.
- Make sure you are **urinating** without trouble.
- Check your breasts and nipples for soreness.
- Ask you about your **thoughts and feelings** about giving birth.

## Hourly Rounding

For your safety and comfort, your nurse or patient care technician will check on you every hour during the day and every 2 hours at night. This is called “rounding.” They will bring you water, check to make sure you have supplies you need, and help you to the bathroom as needed.

You can use your call light if you have questions or need anything between rounds. If you want a longer period of rest without being awakened, please make a plan with your nurse.

## Getting Out of Bed

- After giving birth, you are at risk for falling. For your safety, **we will help you get out of bed until we are sure it is safe for you to stand up by yourself**. Do not get out of bed on your own until your nurse says it is safe for you to stand up without help.



- When it is safe, we will encourage you to get up and walk. Moving around helps you heal. It can also help prevent blood clots, constipation, and other problems.
- While you are in bed, change positions often. If you have a swollen bottom, try lying on your side.
- If you can sit without pain, sit in a chair or on the day bed for part of the day.
- Walk in the halls at least 3 times a day. You can push your baby in the bassinet or a family member can stay in the room with your baby.

## **Types of Pain**

There are 3 common types of pain after vaginal birth: uterine cramping, vaginal or perineal pain, and hemorrhoid pain.

### **Uterine Cramping or Tenderness**

This type of pain can last for 5 to 7 days after you give birth. It occurs as your uterus returns to the size it was before you became pregnant.

You may have more cramping during the first 5 days after birth, when you breastfeed. It may be more painful if you have had many births. Cramping will also increase when your bladder is full, so it will help to empty your bladder often

*To manage uterine pain:*

- Place a warming pad on your lower belly
- Take ibuprofen

### **Vaginal Discomfort or Pain**

This type of pain may last a few days to 2 weeks. This depends on how much tearing or swelling you have. Most women find that using both comfort measures and medicine helps ease vaginal pain.

*Comfort measures:*

- Cold packs for the first 24 to 72 hours
- Witch hazel pads
- A squirt bottle to clean the area around your vagina (we will give you a bottle you can take home with you)

*Medicines:*

- Dibucaine ointment is a numbing medicine. It is usually used for hemorrhoids. It can also be used short-term to help with vaginal pain.
  - Do **not** use dibucaine if you know you are allergic to numbing medicines like lidocaine or novocaine.
  - Do **not** apply dibucaine right on the stitches.
- Many patients are instructed to take ibuprofen (Advil, Motrin) or acetaminophen (Tylenol), or both. Ibuprofen reduces pain caused by inflammation and acetaminophen eases pain in general.
  - If your doctor has prescribed both medicines, you may take them at the same time or separately.
  - While using these 2 medicines, make sure that you do **not** take any other medicines that contain acetaminophen or ibuprofen.
  - For the first 24 hours after the birth, we usually give patients the highest dose. After that, you will work with your nurse to decide the best dose for your needs. For more details on usual doses of these medicines, see the chapter “Your Medicine Doses.”
- You may have more pain if you had a lot of swelling or if your doctor needed to use several stitches to repair a tear. If ibuprofen and acetaminophen do not control your pain, your doctor may prescribe a few doses of an *opioid* medicine such as oxycodone or hydromorphone.
  - **If you misuse opioids, you can become addicted.** Use comfort measures and other pain medicines first. Only use the opioid when your pain makes it hard to do your daily activities.
  - It is considered safe to use opioids for a short time while you are breastfeeding.
  - Please read the section “Opioid Use” in this workbook.
- Remember to use the “Tracking Medicines” tables in the front of this workbook.



*Eat lots of fruits and vegetables and drink plenty of water to help ease hemorrhoids or constipation.*

## **Hemorrhoids and Constipation**

*Hemorrhoids* are inflamed veins in or around the rectum. They can happen late in pregnancy or while you are giving birth. Most hemorrhoids that form in pregnancy go away after the birth.

- Constipation can make hemorrhoids worse or slow your recovery.
- We may use witch hazel pads or “Tucks” to help shrink swollen hemorrhoids while you are in the hospital. You can buy these at most drugstores without a prescription once you go home.

*To prevent constipation:*

- When you feel the urge to have a bowel movement, don’t wait. Go sit on the toilet and allow your bottom to relax.
- Drink 6 to 8 glasses of water a day.
- Eat high-fiber foods like lentils, black or pinto beans, broccoli, peas, berries, avocados, unsalted peanuts, prunes, apricots, and bran cereals.
- We will offer you a laxative medicine during your hospital stay.
- Take the stool softener medicine that your doctor suggests.
- Read the chapter “Constipation” in this workbook.

## **Leg Swelling**

Leg swelling is common in the first 7 to 10 days after giving birth. If you have swelling in your legs:

- Sit with your legs propped up to help the swelling go down.
- Do **not** wear tight-fitting shoes or clothing.
- Tell your nurse if your leg swelling gets worse, or if you have leg pain or redness in the lower part of your leg.

## **Breast Changes**

- Right after birth, your breasts make a “first milk” called *colostrum*. You may or may not notice drops of this early milk.
- Your breasts are often soft for the first 2 to 4 days. After that, they may become swollen and tender while your milk is increasing.
- If your breasts become very full and uncomfortable, they are *engorged*. This normal condition usually lasts 2 to 3 days. To help ease engorgement:

- Feed or pump often (if your baby cannot nurse yet)
- Apply washcloths soaked in warm water to your breasts to help ease the pain
- To learn more, please read the chapter “Breastfeeding” in this workbook.

## **Postpartum Depression and Mood Disorders**

Changes in your emotions and moods are common after giving birth. These moods are caused by changes in hormones levels. If you are at all concerned about this part of your recovery, please talk with your nurse and doctor. It is a good idea for both you and your partner to read the chapter “Baby Blues and More” in this workbook.

**Now, please go back to the Table of Contents of this workbook and check the box so your nurses will know you have read this chapter.**

### **Questions?**

Your questions are important. If you have questions about post-partum pain, call your healthcare provider during office hours.