



UW Medicine

在家的自我护理

自我护理及跟进

分娩后最初的几周、您的身会体经历许多变化。请务必照顾好自己、并遵守医护提供者的指南。

跟进

回家后、您可能会接到我们一位护士打来的电话。我们将询问您和您的孩子的状况、并回答您的任何问题。

如我们打电话时您不在家、我们会留言。请给我们回电！我们想跟进您的情况并回答您的问题。我们也想知道您是否有任何建议、可以改善我们提供的护理。



分娩后、请记住要好好照顾自己！
这包括继续吃各种有益健康的食物。

您的复诊

您需要在分娩后 **6** 周后去看医生、做复诊。医护提供者也可能会要求您早些看门诊。如您正在看华大医学系统 **UW Medicine** 内的医生、我们可以帮助您安排这门诊。

请勿错过这次重要的门诊！ 我们要确定您已经从怀孕和分娩中完全康复。如您有任何问题、例如高血压、先兆子痫或妊娠糖尿病、请咨询您的医护提供者如何在将来减少这些问题的风险。

身体的变化

子宫痉挛

宝宝出生后的几天内、您可能会有腹部（子宫）痉挛。这些“后痛”是由于子宫在缩小到怀孕前的大小引起的。它们在最初的 **2、3** 天内最强、然后就逐渐减缓。如需要详情、请参阅本手册“顺产后的护理”一章。

乳房肿胀和乳液渗漏

- 刚出生后、乳房会产生一种特殊的乳液，称为**初乳**。乳液量通常在**2到4**天内增长、然后变为成熟的乳液。
- 乳液“长奶”（充满乳房）时、乳房可能会肿胀和压痛。这称为**乳胀**。

如您继续感到乳房疼痛、肿胀或坚硬、或您对母乳喂养还有其他的顾虑、请致电您的医疗提供者或哺乳服务（请参阅本手册中的“有用的电话号码”一章）。

- 您的乳房可能会漏出乳液。将柔软的手帕或哺乳垫放在胸罩内。这有助于吸收乳液、并防止乳液泄漏到衣服上。请勿使用带有塑料衬里的护理垫。

阴道出血与您的经期

分娩后、阴道会流血。这些血液来自子宫内膜、胎盘附着的部位。

刚开始的几天、流量通常很多、呈鲜红色。然后变为粉红色、然后变为棕色。如**分泌物有难闻的气味、请立即致电您的医护提供者**。

出血量会随着时间逐渐减少。如您的血液量增加或再次变为鲜红、就需要多休息。宝宝出生后、阴道出血可能会持续长达**6**周。最好使用内裤衬里和卫生棉垫子。请勿使用卫生棉条、女性喷雾剂或冲洗液。

如您是以母乳喂养宝宝而不给任何配方奶、可能几个月都不会重新开始月经期。如您使用配方奶喂养、那您的周期可能在**6到8**周内开始。

怀孕的风险

我们强烈建议您在宝宝出生后使用节育措施。请阅读此手册中的“计划家庭”一章。

如在分娩**8**周后没有出血、并且在开始的**6**个月内仅以母乳喂养（不给宝宝配奶）、则怀孕的风险低于**2%**（即**100**名女性中有不到**2**名怀孕）。

腿肿

分娩后双腿肿胀是很普遍的。它应该在**7到10**天内消失。下面的措施有助于消肿：

- 坐着时将双腿抬高、以帮助消肿。
- 请勿穿紧身的鞋子或衣服。可以穿支撑袜。

如腿部肿胀恶化、或腿下部疼痛或发红、请致电给您的医疗提供者。

阴道撕裂或会阴切开术

可能会有阴道撕裂或做了会阴切开术（医护人员在分娩前、将阴道开口处剪开）。所缝的线在几周后就会自己溶解。

该部位务必保持清洁。每次去洗手间时、请用温水冲洗干净。使用您在医院拿到的喷水瓶冲洗、直到阴道不再流血或有分泌物。

如需要、请参阅本手册的“顺产分娩后”一章中有关控制疼痛的资讯。

剖腹产后

这些症状通常在手术后持续 **1 至 2 周**：

- 伤口疼痛不适
- 移动时有牵扯感
- 伤口有灼热感
- 伤口上方有麻木感-可能需要一年的时间该部位的触觉才能完全恢复。

如果需要、请参阅读本手册中的“剖腹产后”一章有关控制疼痛的资讯。

痔疮

怀孕后期可能会出现痔疮（直肠静脉发炎）。它们在分娩过程中可能会发作。

如您有痔疮、请告诉您的医生或护士。有药物和治疗方法可以帮助的。

怀孕期间形成的痔疮大多数在分娩后都会消失。请参阅本手册中的“阴道分娩后”一章。

感到疲倦

大多数母亲在分娩后的日子里都会感到疲倦。分娩本身就是一个艰苦的过程、并且消耗了大量的精力。另外、宝宝在头几天和回家后每隔几个小时就需喂一次奶。

尽量多休息、小睡一下。趁宝宝睡觉时自己也睡。

排尿及排便的控制

怀孕期间及分娩后、支撑膀胱、阴道和直肠的肌肉可能会变弱。咳嗽或打喷嚏时可能会漏尿。可以采取以下措施来帮助这问题：

- **提肛的运动**有助于痊愈和增强骨盆底肌肉。可在排尿时来学做这些运动。开始先排出尿液、然后收紧肌肉来停止排尿。尽可能地憋着、最长可憋 **30 秒**。然后放松将尿排尽。

一旦知道了如何做这些锻炼、就可以每天在**不排尿时**做几次。提肛时保持 **10 秒钟**、放松 **10 秒钟**。然后重复 **10 次**。每天至少做 **3 次**。

- **瑜伽、普拉提、及其他**可增强腹部和骨盆核心肌肉的运动可帮助您恢复尿液和肠道的控制。

如试做了这些类形的运动后、仍无法控制尿液或粪便、或者感觉自己无法完全尿尽、请咨询医生。尽早获得帮助可以防止肌肉变得虚弱。

情绪变化

“产后抑郁症”是婴儿出生后、可能会发生的情绪变化。请阅读本手册“产后忧郁症”一章。

活动与锻炼

在接下来的几周里、需要多加照顾自己及照顾婴儿。在需要时请他人帮助、并且在他人提出要来帮忙时、乐于接受帮助！

请等到产后 **6 周**的复诊后、再开始作慢跑、有氧运动或其他较剧烈的锻炼。慢慢地恢复自己的活动有助于康复并避免太累。

以下是一些可遵循的活动准则：

分娩后 **6 至 8 周**

- **步行**。从慢速步行开始。先在家中走动 **5 分钟**开始。当您开始痊愈时、再慢慢增加步行的时间。如您有疼痛、出血、酸痛或体力很弱、请以自己的体力作为引导来决定是否需要停止或放慢速度。
- **呼吸**。练习腹肌呼吸。休息时、试着慢呼吸 **10 次**。吸气时扩张腹部、吐气时轻轻吸紧腹部。这种呼吸有助于减轻压力并帮助腹部肌肉变得更强壮。



请等到产后 6 周的复诊后、再开始作慢跑、有氧运动或其他较剧烈的锻炼

• 保护腹部肌肉

- 以滚动的方式上床和下床。尤其是剖腹产的情况下。
- 坐得直。即便是很累、坐下也不要佝偻。在哺乳或怀抱宝宝时、请使用下背部和肩膀的支撑垫。
- 需要做些费力或会导致疼痛的事情时、记得要多吐气。这可温和地激活核心肌肉并保护背部。
- 避免提拿超过 **10 磅** 的重量（一加仑牛奶约 **9 磅**）。所以需要他人帮助携带汽车座椅或儿童。

8 周后

许多妇女在怀孕后需要理疗使身体恢复正常。如果在分娩 **8 周** 后有以下症状、请与您的医生讨论物理治疗：

- 疼痛
- 小便失禁（无法控制小便）
- 疤痕有“卡住”的感觉
- 腹部肌有太松弛不受控制的的感觉

要了解以物理疗法帮助增强骨盆底肌肉的有关信息请上网：

- www.womenshealthpta.org/pt-locator
- <https://hermanwallace.com/practitioner-directory>

此外请与您的理疗师谈谈剖腹产的疤痕愈合按摩的事宜。疤痕愈合大约需要 **6 个** 星期。

恢复锻炼或运动

在返回做较剧烈的活动之前：

- 咨询理疗师。评估您的核心和骨盆底肌肉是否足够强壮、以免运动时受伤。
- 首先以强化和稳定核心肌肉的锻炼开始、然后再恢复到高内力的活动。注意您每一个阶段的身体反应。请记住、产后恢复可能需要一年或更长时间、特别是在母乳喂养的情况下。
- 除非确定您已完全康复、否则请避免仰卧起坐、双腿抬高和举重。大多数妇女在怀孕期间会有一些**腹部分离**（直肠肌分离）。这是当腹部凸出时、左右腹部肌肉之间的空间扩大。过早地做这些锻炼会使此问题变得更严重。

- 要获得更多的个人指导、请与具有“产后运动认证”的个人教练一起锻炼。西雅图地区的培训师、请上网查询：
www.bodiesforbirth.com.

营养

均衡、健康的饮食有助于恢复健康、建立并维持良好的乳液供应。要按时准备三餐和照顾宝宝是很难。可以准备一些健康的零食。

不要在分娩后的头 6 周开始节食减肥。与您的医护提供者谈谈您的营养需求。

铁的补剂

有些妇女患了贫血或低血球计数、可能需要服用铁补充剂。医疗提供者可能会开铁剂的处方及抗坏血酸（维生素 C）。维生素 C 可帮助身体吸收铁质。

分娩后的疫苗

分娩后、即使正在母乳喂养、接种疫苗也是安全的。几种疫苗可以帮助新生儿免于百日咳和其他严重疾病。医疗提供者会与您交谈并回答有关可以在医院接受的任何疫苗的问题。

恢复性生活

人们在生完孩子后准备恢复性交的时间各有不同。有些人在分娩后尽快做好准备、而另一些人则愿意等待。他们甚至可能有些恐惧感。

夫妻放松和享受性爱的能力可能受到以下因素的影响：

- 觉得很累
- 育儿的要求
- 疼痛
- 其他

与伴侣谈谈您的担忧和欲望、以及是否准备好做爱。向您的医疗提供者询问您可能有的任何问题。

分娩后至少要等 4 至 6 周才能开始有性生活。其后、在以下情况下性交应该是安全的：

- 伤口已愈合



在恢复性行为之前，先与伴侣商谈如何计划家庭。

- 阴道已停止出血
- 已经做好了节育计划
- 觉得可以了

起初您可能会感到疼痛。您可能还会因激素变化而导致阴道干燥。可以使用水溶性润滑剂会有帮助。

性交时一定要使用节育措施、因为可能会怀孕。请参阅本手册中的“家庭计划”一章。

家庭计划

为了帮助您做出有关计划家庭的最佳决定、请阅读本手册中的“计划家庭”一章。向您的健保公司咨询您的计划生育健保涵盖范围。

现在、请回到本手册首页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。如您对自己护理有疑问、请在上班时联系您的医护提供者。

如您有重大的顾虑、请致电产房。

如您有医务上的紧急事故请拨打 911。

Taking Care of Yourself at Home

Self-care and follow-up

Your body goes through many changes in the first weeks after giving birth. Be sure to take care of yourself and follow your provider's guidelines.

Follow-up

After you get home, you may receive a call from one of our nurses. We will ask how you and your baby are doing and answer any questions you have.

If you are not home when we call, we will leave a message. Please call us back! We want to follow up with you and to answer your questions. We also want to know if there are any ways you feel we can improve the care we provide.

Your Follow-up Visit

You will need to see your healthcare provider for a follow-up visit about 6 weeks after giving birth. Your provider may ask you to come in sooner. We can help you set up this visit if you are seeing a UW Medicine provider.

Do not miss this important visit! We want to make sure you have fully recovered from pregnancy and birth. If you had any problems such as hypertension, pre-eclampsia, or gestational diabetes, ask your provider how to reduce your risk of these problems in the future.

Physical Changes

Uterine Cramps

You may have abdominal (uterine) cramps in the days after your baby's birth. These "after pains" are caused by your uterus shrinking



After you give birth, remember to take good care of yourself! This includes continuing to eat a good variety of wholesome foods.

back to the size it was before pregnancy. They are strongest for the first 2 or 3 days and then become less uncomfortable. Please read the chapter “After Your Vaginal Birth” in this workbook for more information.

Breast Swelling and Leaking

- Right after birth, your breasts make a special milk called *colostrum*. Milk volume usually grows within 2 to 4 days and then changes to mature milk.

- You may have breast swelling and tenderness when your milk “comes in” (fills your breasts). This is called *engorgement*.

If your breasts continue to be painful, swollen, or hard, or if you have other concerns about breastfeeding, call your healthcare provider or Lactation Services (see the “Helpful Phone Numbers” chapter in this workbook).

- Your breasts may leak milk. Put a soft handkerchief or a nursing pad inside your bra. This will help soak up the milk and keep it from leaking onto your clothes. Do **not** use a nursing pad with plastic lining.

Vaginal Bleeding and Your Period

After childbirth, you will have some bleeding from your vagina. This blood is from the lining of your uterus where the placenta was attached.

The flow is usually heavy and bright red for the first few days. Then it changes to a pinkish color, then to brown. **If the flow ever has a bad smell, call your healthcare provider right away.**

The amount of bleeding decreases as the days and weeks pass. If you have an increase in the amount of blood or it is red again, you need to rest more. The flow of blood from your vagina may continue as long as 6 weeks after your baby’s birth. Panty liners and pads are best to use. Do not use tampons, feminine sprays, or douches.

If you are breastfeeding your baby and **not** giving any bottles, your period (menstruation) may not begin again for several months. If you are bottle feeding, your period could begin in 6 to 8 weeks.

Risk of Getting Pregnant

We strongly advise that you use birth control after your baby is born. Read the chapter “Planning Your Family” in this workbook.

If you have no bleeding after the first 8 weeks, **and** you are **only** breastfeeding (not giving formula) for the first 6 months, your risk of getting pregnant is less than 2% (fewer than 2 out of 100 women get pregnant under these conditions).

Leg Swelling

Swelling in your legs is common after giving birth. It should go away in 7 to 10 days. To help with swelling:

- Sit with your legs propped up to help the swelling go down.
- Do not wear tight-fitting shoes or clothing. Support stockings are OK to wear.

Call your healthcare provider if your leg swelling gets worse, or if you have leg pain or redness in the lower part of your leg.

Vaginal Tears or Episiotomy

You may have stitches from a vaginal tear or an *episiotomy* (a cut your care provider made at the opening of your vagina just before the birth). Your stitches will dissolve in a couple of weeks.

Be sure to keep the area clean. Rinse well with warm water each time you go to the bathroom. Use the squirt bottle you received in the hospital until you do not have any vaginal bleeding or discharge.

If needed, read about managing pain in the chapter “After Your Vaginal Birth” of this workbook.

After Cesarean Section

These symptoms often last for **1 to 2 weeks** after your surgery:

- Soreness and discomfort at the incision
- A tugging and pulling feeling when you move
- A burning feeling at your incision
- Numbness above your incision – it can take up to 1 year for feeling to fully return to this area

If needed, read about managing pain in the chapter “After Your Cesarean Birth” in this workbook.

Hemorrhoids

You may develop *hemorrhoids* (inflamed veins in your rectum) late in pregnancy. They may get irritated during delivery.

If you have hemorrhoids, tell your doctor or nurse. There are medicines and treatments that can help.

Most hemorrhoids that form in pregnancy go away after the birth. See the chapter “After Your Vaginal Birth” in this workbook.

Feeling Tired

Most mothers feel tired in the days after giving birth. The birth itself is hard work and uses a lot of your energy. Plus, your baby will feed every few hours in the first days and weeks at home.

Try to get as much rest as you can. Take naps. Try to sleep when your baby is sleeping.

Urine and Bowel Control

After pregnancy and giving birth, the muscles that support your bladder, vagina, and rectum can be weak. You might have urine leaks when you cough or sneeze. Here are some things you can do to help:

- **Kegel exercises** help heal and strengthen pelvic floor muscles. Learn to do these when you are urinating. Begin to pass your urine, then stop the flow by tightening your muscles. Hold as long as you can, up to 30 seconds. Then let go and finish urinating.

Once you know how to do these exercises, do them several times a day when you are **not** urinating. Tighten the muscles, hold for 10 seconds, relax for 10 seconds, then repeat 10 times. Do this at least 3 times a day.
- **Yoga, Pilates, and other exercises** that strengthen your core abdominal and pelvic muscles can help you regain urine and bowel control.

If you try these forms of exercise and still have trouble controlling urine or bowel movements, or if you don't feel like you can empty your bladder all the way, talk with your doctor. Getting help early can keep muscles from getting even weaker.

Emotional Changes

The “baby blues” are emotional changes you may have after your baby's birth. Please read the chapter “Baby Blues and More” in this workbook.



Wait until you have had your 6-week checkup to go jogging, do aerobics, or do any other very active exercise.

Activity and Exercise

For the next few weeks, you will need to take extra care of yourself as well as care for your baby. Ask for help when you need it, and be sure to accept help when it is offered!

Wait until your 6-week checkup before you begin or go back to jogging, aerobics, or other active exercise. A slow return to your activities will help you recover and keep you from getting too tired.

Here are some activity guidelines to follow:

For 6 to 8 Weeks After Giving Birth

- **Walk.** Start with short walks at a slow pace. Try starting with 5-minute walks around the house. As you begin to heal, slowly increase the amount of time you spend walking. Let your body be your guide and stop or slow down if you have pain, bleeding, soreness, or very low energy.
- **Breathe.** Practice breathing using your abdominal muscles. When you are resting, try taking 10 slow breaths. Expand your belly as you inhale, and gently pull in your belly as you exhale. This kind of breathing will help reduce stress and help your abdominal muscles get stronger.
- **Protect your abdominal muscles.**
 - Log-roll in and out of bed, especially if you had a Cesarean.
 - Sit up straight. Try not to slouch when seated, even if you are tired. Use a support for your lower back and your shoulders while you are feeding or rocking your baby.
 - Breathe out when you have to do something that takes effort or causes pain. This will gently activate your core muscles and protect your back.
 - Avoid lifting anything that weighs more than 10 pounds (a gallon of milk weighs almost 9 pounds). This means you will need help carrying your car seat or a toddler.

After 8 Weeks

Many women need help to get their bodies back to normal after being pregnant. Talk with your doctor about physical therapy if you have these symptoms 8 weeks after giving birth:

- Pain
- *Incontinence* (cannot control when you pee)

- A scar that feels “stuck”
- The feeling that your abdominal muscles have forgotten how to work

To learn more about physical therapy to help strengthen your pelvic floor muscles, visit:

- www.womenshealthpta.org/pt-locator
- <https://hermanwallace.com/practitioner-directory>

Also talk with your physical therapist about massaging your Cesarean scar after it is healed. It takes about 6 weeks for the scar to heal.

Returning to Exercise or Sports

Before you return to more vigorous activity:

- See a physical therapist. Find out if your core and pelvic floor muscles are strong enough to keep you free of injury.
- Start with strengthening and core stability work before returning to high-impact activity. Pay attention to your body every step of the way. Remember that postpartum recovery can take a year or more, especially if you are breastfeeding.
- Avoid doing sit-ups, double leg lifts, and heavy weight-lifting until you are sure you are fully healed. Most women have some *abdominal separation* (diastasis recti) during pregnancy. This is when your belly sticks out because the space between your left and right belly muscles has widened. Doing these exercises too soon can make this problem worse.
- For more personal guidance, work with a personal trainer who has certification in postpartum exercise. For trainers in the Seattle area, visit www.bodiesforbirth.com.

Nutrition

A well-balanced, healthy diet will help you heal and build and maintain a good milk supply. It can be hard to juggle preparing regular meals and taking care of a newborn. It can help to have a supply of healthy snacks on hand.

Do **not** try to diet to lose weight for the first 6 weeks after you give birth. Talk with your provider about your nutritional needs.

Iron Supplements

Some women may need to take iron supplements if they have anemia or a low blood count. Your healthcare provider may prescribe them for you along with ascorbic acid (vitamin C). Vitamin C helps your body absorb the iron.

Immunizations After Pregnancy

After giving birth, it is safe for you to receive vaccines, even if you are breastfeeding. Several vaccines can help protect your new baby from getting whooping cough and other serious illnesses. Your healthcare providers will talk with you and answer your questions about any vaccines that you can receive at the hospital.

Resuming Sexual Activity

People differ in when they are ready to resume intercourse after having a baby. Some are ready as soon as possible after the birth, and others prefer to wait. They may even feel afraid.

A couple's ability to relax and enjoy sex can be affected by:

- Being very tired
- The demands of parenting
- Being in pain
- Other issues

Talk with your partner about your concerns and desires, and whether you feel ready to have sex. Ask your healthcare provider any questions you may have.

Wait at least 4 to 6 weeks after giving birth to have intercourse. After that, it should be safe to have intercourse when:

- Your stitches are healed
- Your vaginal discharge stops
- Your birth control plan is in place
- You feel ready

You may feel sore at first. You may also have vaginal dryness caused by hormone changes. A water-soluble lubricant can help.

Be sure to use birth control when you have intercourse, since you could get pregnant. See the chapter “Planning Your Family” in this workbook.



Talk with your partner about planning your family before you resume sexual activity.

Family Planning

To help make your best decision about planning your family, read the chapter “Planning Your Family” in this workbook. Check with your health insurance provider about your family planning coverage.

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 taking care of yourself, call your healthcare provider during office hours.

If you have an urgent concern, call your Labor & Delivery unit.

If you have a medical emergency call 911.