

# What to expect after labor and delivery

Discharge milestones • Postpartum depression and baby blues  
Contraception/birth control • Child car seat safety



# Discharge milestones

Before you and your baby leave our hospital, your health care team will want to make sure that you have met the following milestones:



## Diet

You are tolerating a normal diet.



## Out of bed

You are able to move and function in a normal manner.



## Lab work

All necessary testing has been completed.



## IV fluids/saline lock

All intravenous lines have been removed.



## Skin-to-skin before and after feeds

You are comfortable using skin-to-skin contact with your baby.



## Hand expression

You have learned to hand express milk comfortably and effectively.



## Lactation support

You know how to ask for lactation help while you are in the hospital and you know where to look for breastfeeding support after you are home.



## Help at home

You have received information on where to find help after you are discharged from the hospital.



## Vaccinations

You have received important vaccines that protect you and your baby from serious illnesses, such as the T-dap (whooping cough) vaccine. Other vaccines (e.g., flu) will be offered as necessary.



## Car seat

You have a car seat for your infant, as the law requires.



## Ride home

You have arranged for transportation home.

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### Prescriptions

You have the prescriptions you need to take with you.



### Wet diaper/stool

The number of wet and poopy diapers should be appropriate for the age of your baby in days.



### Bath

You have learned how to bathe your baby and have received instructions on how to give a sponge bath, which is to be done until the cord falls off; a bath in a basin is to be given after the cord falls off.



### Birth certificate

You have completed all the paperwork necessary to process the birth certificate.



### Feed on demand

You are able to recognize your baby's feeding cues.



### Latch assessment

The nurses and lactation consultants have assessed your breastfeeding.



### Hearing screening

Your baby has received a hearing screening.



### Pulse oximetry screen

The oxygen level in your baby's blood has been measured by putting a pad on his or her right hand and foot. This is a screening test for certain heart conditions.



### Hepatitis B vaccine

Your baby has received a hepatitis B vaccine.



### Newborn screen test

A blood sample has been taken from your baby to screen for conditions that can affect your baby's health and survival.



### Discharge bilirubin test

Your baby's bilirubin level has been tested. Elevated bilirubin levels can be dangerous and may require treatment.



### Follow-up appointment

You have been asked to make an appointment with your pediatrician within roughly two days after going home.

# Postpartum emotional challenges

If you have any of the following symptoms, you should call your obstetrician or certified nurse midwife. Trust your instincts. If you have a concern about your well-being or the well-being of your baby, please call your provider.



The birth of your baby is an exciting time that brings with it a multitude of emotions. These emotions, coupled with other factors, can lead to unique challenges.

You will be given a questionnaire called the Edinburgh Postnatal Depression Scale (shown on the following page) to complete before you are discharged from the hospital. The Edinburgh Postnatal Depression Scale is a self-assessment scale for postpartum depression. You will also be given the questionnaire to complete at your six-week follow-up appointment with your obstetric provider. The questionnaire asks about your feelings over the past seven days. It can be filled out at any time. If your score adds up to 13 or higher, contact your mental health, obstetric or primary-care provider.

If you are feeling “down” most of the time or “not your usual self,” professional help is available. If you have thoughts of harming yourself or your baby, contact your provider immediately or go to the emergency room.

## Psychiatric and psychological resources:

**UCLA Maternal Mental Health Partial Hospitalization Program**  
310-825-4138

**Women’s Life Center at the David Geffen School of Medicine at UCLA**  
310-825-9989

**LA County Mental Health Clinic Access Line**  
(Medi-Cal insurance)  
800-854-7771

### **LA County Perinatal Mental Health Task Force**

Provides information for women and their families on postpartum depression and anxiety.

[maternalmentalhealthla.org](http://maternalmentalhealthla.org)

Caring Support: Call 211

Postpartum Support International: Call 800-944-4773

### **National Women’s Health Information Center**

[womenshealth.gov/mental-health/illnesses/postpartum-depression.html](http://womenshealth.gov/mental-health/illnesses/postpartum-depression.html)

### **Medline Plus**

[medlineplus.gov/postpartumdepression.html](http://medlineplus.gov/postpartumdepression.html)

### **Behavioral health resources through private insurance:**

Phone number usually on the back of your insurance card.

# Edinburgh Postnatal Depression Scale (EPDS)

As an expecting or postpartum mom, we would like to know how you are feeling. Please check the answers that most closely reflect how you have felt in the past seven days — not just how you feel today.

## In the past seven days:

### 1. I have been able to laugh and see the funny side of things:

- 0. As much as I always could
- 1. Not quite as much now
- 2. Definitely not quite so much now
- 3. Not at all

### 2. I have looked forward with enjoyment to things:

- 0. As much as I ever did
- 1. Rather less than I used to
- 2. Definitely less than I used to
- 3. Hardly at all

### 3. I have blamed myself unnecessarily when things went wrong:

- 3. Yes, most of the time
- 2. Yes, some of the time
- 1. Not very often
- 0. No, never

### 4. I have felt worried and anxious for no good reason:

- 0. No, hardly at all
- 1. Hardly ever
- 2. Yes, sometimes
- 3. Yes, very often

### 5. I have felt scared or panicky for no good reason:

- 3. Yes, quite a lot
- 2. Yes, sometimes
- 1. No, not much
- 0. No, not at all

### 6. Things have been getting on top of me:

- 3. Yes, most of the time I haven't been able to cope at all
- 2. Yes, sometimes I haven't been coping as well as usual
- 1. No, most of the time I have coped quite well
- 0. No, I have been coping as well as ever

### 7. I have been so unhappy that I have had difficulty sleeping:

- 3. Yes, most of the time
- 2. Yes, sometimes
- 1. Not very often
- 0. No, not at all

### 8. I have felt sad or miserable:

- 3. Yes, quite a lot
- 2. Yes, sometimes
- 1. Not very often
- 0. No, not at all

### 9. I have been so unhappy that I have been crying:

- 3. Yes, quite a lot
- 2. Yes, sometimes
- 1. No, not much
- 0. No, not at all

### 10. The thought of harming myself has occurred to me:

- 3. Yes, quite often
- 2. Sometimes
- 1. Hardly ever
- 0. Never

The number next to your answer is the score for that question. Add your scores for each response.

TOTAL SCORE \_\_\_\_\_

If your score is 13 or greater, or you answered question 10 with any answer other than "Never," contact your health care provider.

# Baby blues versus postpartum depression

A majority of women experience “baby blues.” Several major physiological changes, coupled with psychological and social stressors, contribute to the development of the baby blues. Some women may develop postpartum depression (PPD), major depression associated with hormonal and psychological factors. PPD may also begin to develop during pregnancy, and not just “postpartum.” Fathers and adoptive mothers can also develop PPD. The baby blues and postpartum depression are common and there is no reason to feel shame or guilt for experiencing symptoms. One can experience both the baby blues and PPD.

## Baby blues

## Postpartum depression (PPD)

### Timeframe

- Typically starts three to five days postpartum (after childbirth) and can last up to two to three weeks
  - You might notice symptoms for a few minutes or hours each day with periods of happiness and pleasure in between
- Typically starts one to three months postpartum, but can begin at any time during the first year
  - Usually starts gradually, but can also have a rapid onset
  - Sometimes starts around the time of weaning or the first postpartum menstrual period
  - You will notice symptoms most of the day, more days than not

### Symptoms

- Sadness
- Crying
- Weepiness
- Irritability
- Frustration
- Moodiness
- Worry
- Anxiety
- Difficulty concentrating
- Forgetfulness

*In addition to symptoms associated with baby blues, individuals experiencing PPD will also experience:*

- Feeling overwhelmed and unable to cope
- Sadness that does not go away
- Fear that you cannot take care of your baby
- Feeling inadequate and guilt-ridden
- Difficulty concentrating or making decisions
- Lack of interest in things you used to enjoy
- Changes in appetite with significant weight gain or loss
- Sleep problems: too little or too much
- Inability to sleep even when you are exhausted and your baby is sleeping
- Excessive worry about your baby or no feelings at all
- Thoughts of harming yourself or your baby
- Feelings of hopelessness with no belief life will ever get better
- Irrational thinking; seeing or hearing things that are not there



## Baby blues

### Risk factors

- History of premenstrual syndrome (PMS)

### Causes

- Rapid hormonal changes
- Physical and emotional stress of pregnancy and delivery
- Difficulties with breastfeeding
- Transition from hospital to home
- Physical discomforts
- Emotional letdown after pregnancy and birth
- Anxiety about increased responsibility
- Chronic sleep deprivation and fatigue

### What do I do?

- Get support: Ask for help and talk to someone you trust
- Rest and sleep whenever possible
- Eat a balanced diet: Avoid caffeine, alcohol and foods high in fat or sugar
- Go outside, take a walk and enjoy the sunshine

## Postpartum depression (PPD)

- History of severe PMS, premenstrual dysphoric disorder (PMDD) and/or postpartum depression
- Personal or family history of depression or anxiety
- Stopping psychiatric medications
- Mood changes while taking birth control pills or fertility medications

### *In addition to factors that cause baby blues:*

- Lack of support, social isolation
- Prior perinatal loss
- History of abuse or neglect of the mother
- Disappointment over the common myth of the postpartum period being an exhilarating time for all mothers
- Mother or baby with medical problems
- Discord in the relationship with partner or spouse
- Colicky or fussy baby
- Financial stressors

- PPD is treatable: If not treated, it can result in long-term or chronic depression
- Talk to your doctor if you are experiencing symptoms of depression
- A combination of therapy and antidepressant medications is often the most effective treatment for PPD

# Contraception/birth control after delivering your baby

Pregnancy spacing is a personal decision based on many factors. There is research showing there are risks to the mother and the baby if there is a short (less than 12 to 18 months) or long (more than five years) interval between pregnancies. Some of the risks to the baby are premature birth, birth defects, low birthweight and autism. Risks to the mother include high blood pressure, miscarriage and bleeding.

## Is it safe to use birth control while I am breastfeeding?

Yes. There are many birth control methods that can be safely used while breastfeeding. Talk to your health care provider about your options and preferences.

## What are the different types of birth control?

There are many methods that are highly effective. Talk to your health care provider about the side effects and benefits of these methods before you make a decision. In general, it is not safe to use birth control pills, patches or rings that contain a hormone called estrogen for the first three weeks after childbirth due to a higher-than-normal risk of blood clot formation. You can start all other methods safely immediately after delivery. If possible, choose your next birth control method *before* you give birth. If your choice involves a hospital procedure, it might be possible to make the arrangements before you go home with your baby.

### Implant

A tiny capsule implanted into the skin of your upper arm contains the synthetic hormone called progestin. This hormone prevents your ovaries from releasing eggs for up to three years. Your physician or midwife will use a local anesthetic to insert or remove your implant.

### Intrauterine device (IUD)

There are hormonal and nonhormonal IUDs. Depending on the type of IUD you choose, it must be replaced every three to five years, or every 10 years. Talk to your provider about the risks and benefits associated with IUDs.

### Injection

This progesterone-like drug prevents pregnancy by stopping ovulation. It is effective for about three months, so it can be used for temporary birth control. If you want to continue using it, you need to get additional shots. You can receive the shot before you leave the hospital.







### **Combined pills**

You must wait for three weeks after your baby is born before using what are called “combined” birth control pills. Oral contraceptives usually contain estrogen and progestin hormones. You take these pills daily to prevent ovulation. Oral contraceptives offer several health benefits, including regulating your menstrual cycles and often making them shorter and lighter. This is helpful for women who have iron deficiencies due to heavy bleeding. Combined pills may also help prevent certain ovarian and endometrial cancers. However, these pills are also associated with an increased risk of breast, cervical and liver cancers. Women with certain medical conditions, such as uncontrolled hypertension, diabetes, migraines with aura or a risk of clots, may not be able to take these pills.

### **Mini-pill**

Unlike traditional (combined) birth control pills, the mini-pill includes only one hormone: progestin. You can start taking the mini-pill immediately after delivery. When you take it daily, the mini-pill thickens your cervical mucus and prevents sperm from reaching your eggs. The mini-pill also can lighten your menstrual flow and help protect against pelvic inflammatory disease (PID) and ovarian and endometrial cancer.

### **Patch**

This skin patch releases estrogen and progestin (hormones) into your bloodstream to prevent pregnancy. It’s most effective for women who weigh less than 200 pounds. You may not be able to use the patch if you have medical conditions, such as uncontrolled hypertension, diabetes, migraines with auras or a risk of developing blood clots. Like pills, the patch method requires you to wait for at least three weeks after delivery before using it.

### **Hormonal vaginal contraceptive ring**

The ring, which goes around your cervix, releases estrogen and progestin to prevent pregnancy. Some medical conditions may make it dangerous for you to use the ring. This birth control method requires you to wait for at least three weeks after having your baby before using it.

The following methods are not very effective but do not need any prescription from a provider:

### **Abstinence**

Not engaging in sexual intercourse. Your health care provider may recommend abstaining from sexual intercourse for four to six weeks after childbirth.

### **Spermicides**

You insert these foams or creams into your vagina to kill sperm. Spermicides may also help protect you against sexually transmitted infections (STIs), especially when used with latex condoms.

### **Male condom**

This is a thin tube made of latex or a natural material that your male partner places over his penis. Sperm collects in the end of the condom. Latex condoms can also help protect you from contracting STIs.

### **Female condom**

You insert this latex or natural material liner into your vagina. Like male condoms, female latex condoms can help prevent STIs.

### **Natural family planning**

This strategy is also called the “rhythm method.” It entails timing sexual activity to avoid your “fertile” days. It also includes monitoring your body temperature, watching for changes in your cervical mucus and possibly using ovulation prediction kits. This method carries a high risk of unexpected pregnancy.

### **Withdrawal method**

This approach requires your male partner to withdraw his penis from your vagina before he ejaculates. This method also carries a high pregnancy risk.

### **Permanent methods**

Female sterilization, or bilateral tubal ligation (“tying the tubes”), can be done in the hospital, immediately after delivery, or on an outpatient basis six weeks after your baby is born. Also, no-incision sterilization for women can be done by inserting a tiny, spring-like device into each fallopian tube. The device permanently plugs your tubes after about three months.

Vasectomy is a permanent birth control measure for men. It involves a health care provider cutting or clamping the tubes that carry sperm from the man’s testes (called the vas deferens).



# Child car safety

Many young children are unintentionally hurt every year while riding in cars. A simple way to prevent injuries is to use car seats and seat belts correctly.

If you're a new parent, it's important to learn how to install your baby's car seat. If you're not sure you're doing it correctly, get help. Several resources are listed at the end of this sheet.

## Recommended safety guidelines from the American Academy of Pediatrics

- Premature infants should undergo car seat tests before they leave the hospital to make sure they are safe sitting in a semi-reclined position.
- Babies and toddlers must ride in the back seat. Front airbags could injure or kill them.
- It's OK to place rolled blankets on both sides of an infant so they fit snugly in the car seat and to add a diaper or light blanket under the baby's crotch strap.
- Toddlers (ages 1 to 2) must ride in rear-facing seats, following the manufacturer's height and weight requirements.
- Always adjust the car seat so your child's head does not bend forward.
- Infants and toddlers should ride in rear-facing car seats until age 2 or until they reach 40 inches tall or weigh 40 pounds. Make sure the car seat meets the rear-facing height and weight requirements.
- Do not dress your baby in heavy layers while in the car. Bulky clothes like winter coats and snowsuits could be dangerous in case of a crash.

For more information, visit:

[healthychildren.org/English/safety-prevention/on-the-go/Pages/default.aspx](https://www.healthychildren.org/English/safety-prevention/on-the-go/Pages/default.aspx)

## Car seat mistakes to avoid

- Do not use a pre-owned car seat.
- Do not switch to a forward-facing seat too early.
- All children should ride in the back seat until age 13.
- Make sure the car seat is installed correctly. Follow directions carefully and make sure it fits snugly.



## Need help safely installing your car seat?

Contact the resources listed below for help with proper installation.

- National Highway Traffic Safety Administration Vehicle Safety Hotline: 888-327-4236 or visit [safercar.gov/parents](https://www.safercar.gov/parents)
- National Child Passenger Safety Technicians (CPST): 877-366-8154 or visit [cert.safekids.org](https://cert.safekids.org)
- California Highway Patrol (CHP): [chp.ca.gov/programs-services/programs/child-safety-seats](https://chp.ca.gov/programs-services/programs/child-safety-seats)
- Some local police, CHP and fire departments offer car seat installation help; check with your local agencies.

