

Welcome! While you are here, we want to support you, share information that will be helpful during your stay and help you prepare to take your baby home.

Please look over the list below. Once you can answer a question, check the box. You'll know that you and baby are one step closer to going home.

My Medicines

- I know **why** I'm taking each of my medicines or why my baby needs medicine.
- I understand the "side effects" of each of my medicines. If the side effects bother me, I should call my doctor.
- I know **how** to take each of my medicines or how to give them to my baby.
- All of the prescriptions for our medicines are filled OR have been ordered and I have a plan to pick them up from the pharmacy.

My baby

- My baby's tests are complete: hearing screen, metabolic screen (PKU), pulse oximetry, and bilirubin.
- I have received and signed a copy of my baby's birth certificate form.
- I have a car seat and base for my baby. I can talk to my nurse about how to have it inspected.

Leaving for home

- I have a ride to leave the hospital.
- I will have all my valuable items and belongings with me when I leave.
- HELP AT HOME:** I have a plan for someone to help care for my baby and me at home.
- I know what symptoms to look out for once I am home.
- I am confident I can control and manage most of my health problems. (If you can't say yes, please let us know what would it take to increase your confidence.)

Our follow-up visit(s):

- My follow-up visit is with _____
- My follow-up visit will be on this day _____ at this time _____
- My baby's follow-up visit is with _____
- My baby's follow-up visit will be on this day _____ at this time _____
- I have a ride to my follow-up visit.

Now we are ready to go.

Infant Safety and Security Precautions

Safety is a top priority at our hospital. The following tips will make the birth of your baby a safe and secure time for your family. These will be reviewed upon arrival to the unit.

While at our hospital:

1. Labor and Delivery, Post-Partum, and Pediatric areas are secured by an alarm system. A cloth band with sensor is placed on the baby's ankle. Any baby near the edge of the secured zone will cause the alarm to sound. Nursery areas are locked and monitored by video cameras.
2. Numbered ID bracelets are placed on the baby at the time of delivery. They match the bracelets on the mother or legal guardian and their partner. Bracelets remain on the baby's wrist and ankle at all times. Bracelets are checked each time the baby enters the room.
3. All staff members and doctors MUST wear photo ID badges visible above the waist AT ALL TIMES. Please contact the nurse's station immediately if you do not know the persons entering your room and there is no visible ID.
4. NEVER release your baby to anyone without the proper identification. Only persons with an ID badge that has a pink background are permitted to transport babies outside of your room.
5. Do not leave your baby unattended at any time.
6. All infants must be transported on their back in a baby bassinet.
7. The safest place for an infant to sleep is in the bassinet. Infants should be placed on their back in the bassinet to sleep. If you are sleepy, ask for support placing your infant in the bassinet to prevent dropping your infant.
8. State law requires all infants be secured in a car seat based on their age and weight. A safety seat technician may be available on-site or at your local Police or Fire station. Please check with your nurse for specific information.
9. To protect the privacy of our patients, you or your visitors may be asked to turn off your cell phone, camera, and/or other electronic devices.
10. ALL new mothers are at risk for falling. Please call for help before getting out of bed until we let you know you are safe to get out of bed on your own. Please do not allow your family members or visitors to assist you out of bed.

While at Home:

1. Do not use outdoor decorations such as balloons, banners, and bows.
2. Consider all risks of sending your baby's birth information and pictures by e-mail.
3. Always keep a current (every three months) photo of your baby or child.
4. Keep your home secured.
5. Keep your eyes on your child and fasten them securely in strollers while in all public places.
6. You or a household member should know all visitors well.

WE CARE Our Rapid Response Team

Our hospital is committed to partnering with our patients and families to make sure we give our patients the very best care at all times. One way you can help us is to use our Rapid Response Team if you have a serious concern about a patient who seems to be getting worse. The Rapid Response Team brings critical care expertise to the patient's bedside or wherever it is needed.

Anyone who sees that a patient's condition is becoming worse can start the process to bring these experts to the bedside.

- 1. Talk to your Nurse.** Explain what you are seeing that is a critical change. If the nurse cannot address your concern, move to step 2.
- 2. Talk to the Charge Nurse or Manager.** Explain what you are seeing. If you are still concerned or the situation makes you uncomfortable or you see a safety issue then:
- 3. Call the Rapid Response Team.**
 - Dial *55 for Rex Hospital, Inc. or dial *44 for Rex Holly Springs Hospital from any hospital telephone.
 - Please state that you need the *Rapid Response Team*.
 - The person who answers the phone will ask you four questions:
 - What is your name, the patient's room number, the patient's name, and your concern for the patient?

Our Rapid Response Team will be alerted.

They will arrive in the room to assess the situation and deliver care as needed.



In offering our families the ability to initiate the Rapid Response Team, you become an important partner in care. If you have any questions, please talk to one of our healthcare providers.

Breastfeeding Tips

Congratulations on the birth of your baby! You may have many questions about breastfeeding your baby and we are here to help! The following are a few tips to get you started on your journey.

Feeding my baby the first 24 hours:

After birth, your baby will normally have a period of wakefulness and be alert and eager to breastfeed for the first couple of feedings. After that, they may go through a period of sleepiness. This is normal. If your baby has not started showing hunger cues within 3 hours from the last time you fed them, then try to wake your baby for a feeding.

How to wake up your baby:

- Undress your baby down to nothing but a diaper
- Change baby's diaper
- Gently caress baby's arms, legs, belly, and head while they are in the bassinet
- Position your baby for a feeding and hand express a drop of colostrum onto your baby's lips

If the ideas above are not successful in waking your baby, then place your baby skin to skin on your chest for 15–20 minutes. This can help wake your baby. This also stimulates the hormones that assist with lactation. This makes it a benefit for you and your baby.

If after trying all of the above your baby is still not interested in waking for a feeding, then try again in another 2–3 hours or when your baby shows hunger cues. If you are worried about your baby being sleepy or not waking for a feeding then request to speak with your nurse.

How often should I feed my baby?

The goal for your baby is 8–12 good feedings every 24 hours. If your baby is showing hunger cues, then feed your baby. If your baby has not started showing hunger cues by 2–3 hours from the beginning of the previous feeding, then wake your baby for a feeding.

Hunger cues:

- Waking and becoming more alert
- Licking their lips
- Sticking their tongue out
- Moving their hands to their mouth or sucking on their hands
- Rooting (turning their head and opening their mouth)
- Crying is a late hunger cue so try to begin a feeding earlier

How long should a feeding take?

Feedings usually last 15–45 minutes. Nurse your baby on one side for 15–30 minutes, burp your baby, and then offer the second breast if your baby is still showing signs of hunger. Switch the breast you start with at each feeding. If your baby is sleepy at the breast, you can massage your baby's hands or feet or use a cool washcloth on their face to gently wake your baby.

How do I know my baby had a good feeding?

While breastfeeding, you should feel tugging on your nipple but it should not be painful. If you are having pain with latching, ask your nurse for help.

At the beginning of the feeding your baby should have “bursts” of sucking – this means 10 or more sucks with some swallows before pausing. Brief pauses are normal. If your baby starts to fall asleep before the feeding is complete then gently wake your baby to continue the feeding. As the feeding continues, your baby should become increasingly more relaxed and should be content by the end of the feeding. At this time, your baby’s stomach size is very small so your baby does not need a lot of milk at each feeding.

Diaper Goals

Day 1	at least 1 wet and 1 poopy diaper	Day 3	at least 3 wet and 3 poopy diapers
Day 2	at least 2 wet and 2 poopy diapers	Day 4 and beyond	at least 6 wet and 3+ poopy diapers

With a good feeding from your baby, you may feel hungry, thirsty, drowsy, and feel some uterine cramping. You should eat when hungry, drink when thirsty, and nap between feedings when possible. Ask your nurse for medicine if needed for the cramping.

Cluster Feeding

At times your baby may cluster feed (feed more often and/or for longer periods). This can happen anytime, day or night. This is normal and does not mean your baby is not “getting enough”. This cluster feeding while in the hospital will help your milk change to mature milk on time and in good amount. Your milk should change to a much higher volume between postpartum days 3–5. If this has not happened by day 8, see your doctor and/or lactation consultant.

Engorgement

“Engorgement” happens when your early milk (colostrum) begins to change to mature milk and increases in volume and your breasts become swollen. With the sudden increase in milk production, the body sends extra blood and body fluids to the breast tissue, causing swelling. This will get better in a few days. In the meantime, here are some tips to help prevent and manage engorgement.

- Feed your baby often. You cannot overfeed a breastfed baby.
- Feed on the first breast until it softens and then offer the second breast. If your baby is satisfied and does not want the second breast then you can hand express or use a breast pump to remove enough milk to relieve the pressure from that breast.
- Apply ice packs for 15–20 minutes every 2 hours.
- If your doctor has prescribed Ibuprofen, take it as directed to help reduce tissue swelling.

Call your doctor immediately if any of the following happens.

- You are unable to manage your engorgement
- You develop signs of a breast infection: Fever, chills, body aches, headache, nausea, fatigue, breast redness

Pain Management

What are my rights for pain relief?

At our hospital, we want to keep you comfortable during your hospital stay.

You have these rights:

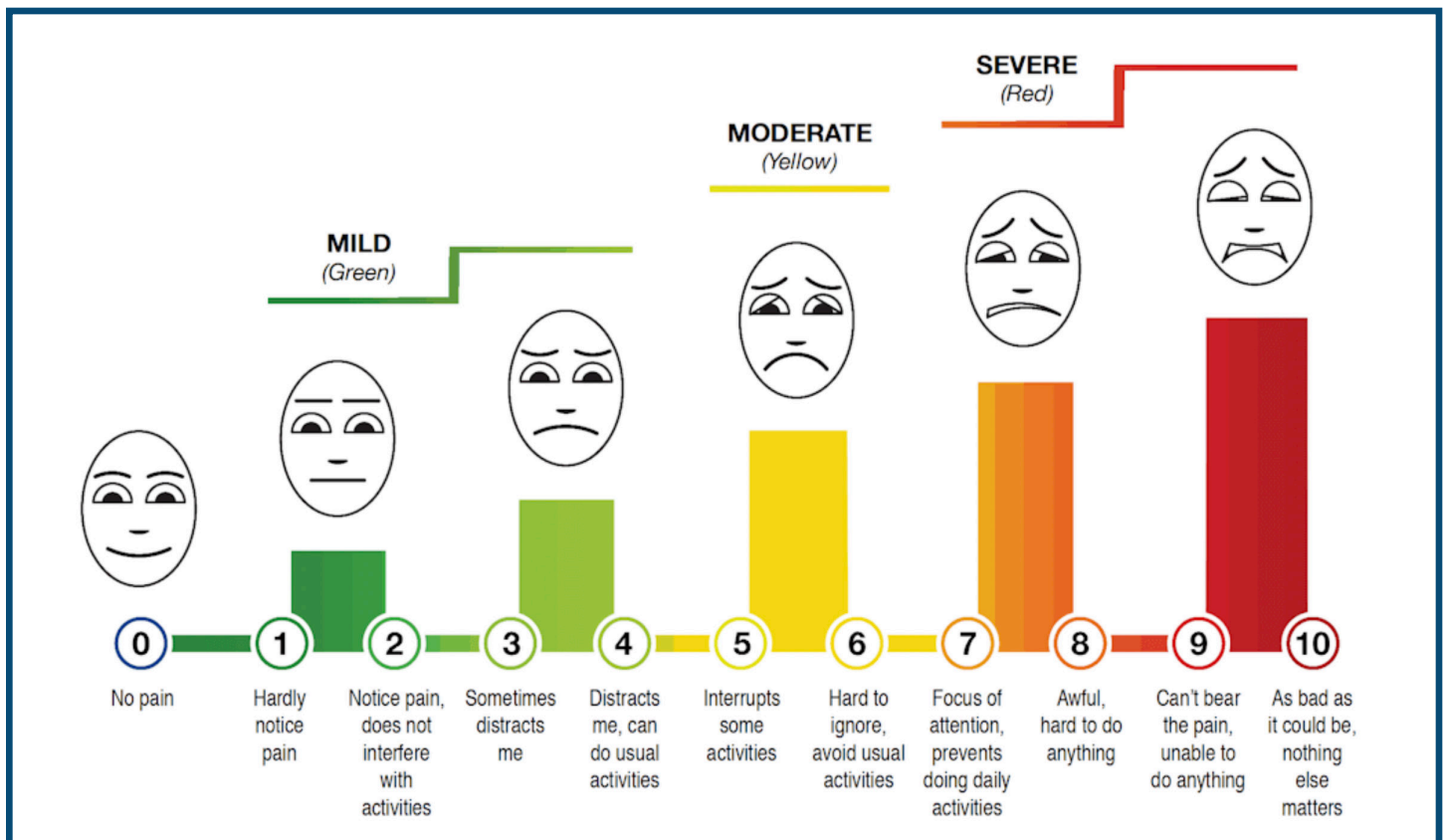
- Our doctors and nurses should work with you to manage and prevent unnecessary pain.
- Our doctors and nurses should respond quickly if your pain becomes worse.
- You should be able to help decide how to best control your pain.

You are responsible to help us:

- Don't ignore what your body is telling you.
- Tell us if you feel too sleepy, get constipated, feel sick to your stomach, or start to itch. These may be "side effects" from your pain medicine. Sometimes we can change to a different pain medicine and you will feel better.

How do I tell you about my pain?

While you are here, your nurses will ask you to score your pain. We use a special tool to help you choose a number on a scale from 0 to 10. A zero (0) means "I have no pain." A ten (10) means "my pain is as bad as it could be."



There are limits to how much pain can be removed with pain treatment and medicine. Some medicines have side effects. Your doctor or nurse will discuss these with you. You should continue to treat and manage your pain once you leave the hospital. Contact your doctor right away if you cannot control your pain or you are having problems following your plan.

Things to discuss with your doctor about your pain and treatment:

- **Tell the doctor about past experience.** How did you react to each type of pain control? Tell your doctor what worked and what did not work.
- **Talk about chronic pain.** If you have an ongoing pain condition, you will need to manage both your new pain and your chronic pain. Your body may be less sensitive to pain medicine.
- **Make a list of your medicines.** Write down all your medicines on one list. Include things prescribed by a doctor, things you buy at the store over the counter, and any herbs, supplements, or vitamins you take. Your doctor needs to know about all of these things to make sure they do not have a bad interaction with your pain medicine.
- **Be honest about alcohol and drug use.** Tell your doctor if you have a history of addiction, drug use, or alcohol abuse. You will need a plan for pain control that will not harm you.
 - If you are currently using drugs or alcohol – even drugs prescribed for you – tell your doctor. If you stop taking these things during your visit, you may go into withdrawal. If you are pregnant, your baby can also go into withdrawal. This can be harmful, and we need to help you during your stay.
- **Ask Questions.** If you are having surgery, ask “how much pain will I likely feel after my surgery?” Ask “how long will the pain last?” Ask “what kind of pain medicine can I take before and after surgery?” Ask “What are the side effects for these medicines? What can I do to reduce these side effects?”
- **Share your concerns about pain medication.** Tell your doctor if you are afraid of side effects or an overdose from using pain medicine. He or she can give you options and explain how to safely manage your pain.

How to control my pain?

We can control your pain with treatment, medicine, or by using both.

- Change my position
- Take pain medicine by mouth
- Use hot and cold compresses
- Have an IV bag with pain medicine
- Relaxation, meditation, prayer
- PCEA – patient-controlled epidural analgesic
- Stretch, walk, exercise
- PCA – patient-controlled analgesic
- Pay attention to sleep
- Epidural analgesia
- Palming
- Nerve stimulation

The truth about pain treatment!

- Your doctor can help you manage the common side effects from pain medicine. These include a sick stomach, feeling too sleepy, and itching.
- You can manage constipation: try drinking lots of water, eating healthy foods, and using a stool softener if necessary. (This will loosen your stool and helps you to have a bowel movement.)



Preventing Falls in the Hospital

Your risk for falling increases when in the hospital.

Risks include:

- Medications
- Furniture in room
- Medical equipment
- IV fluids

We are here to HELP



- Keep your call button in reach.
- Stay in bed or seated in the chair until help arrives.
- Calling won't bother us; we are ALWAYS here to help!

Teach Back

- When do you need to call for help?
- Show me how to use the call button.
- Name two things done to prevent falls at Rex Hospital Inc.

Safety First

Our goal is to keep you SAFE. We use:



Fall risk armbands



Bed and chair alarms



Falls signs



Non-skid/slip socks

Stop Germs! Wash Your Hands.

When?

- After using the bathroom
- Before, during, and after preparing food
- Before eating food
- Before and after caring for someone at home who is sick with vomiting or diarrhea
- After changing diapers or cleaning up a child who has used the toilet
- After blowing your nose, coughing, or sneezing
- After touching an animal, animal feed, or animal waste
- After handling pet food or pet treats
- After touching garbage



How?



Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.



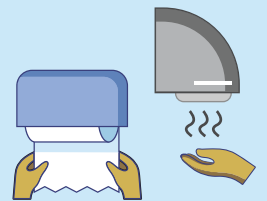
Lather your hands by rubbing them together with the soap. Be sure to lather the backs of your hands, between your fingers, and under your nails.



Scrub your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.



Rinse hands well under clean, running water.



Dry hands using a clean towel or air dry them.

Keeping hands clean is one of the most important things we can do to stop the spread of germs and stay healthy.

LIFE IS BETTER WITH

CLEAN HANDS



www.cdc.gov/handwashing



This material was developed by CDC. The Life is Better with Clean Hands Campaign is made possible by a partnership between the CDC Foundation, GOJO, and Staples. HHS/CDC does not endorse commercial products, services, or companies.

CS310027-A

North Carolina's Newborn Screening Program



Most newborns are born healthy. However, there are some health problems that may not be found on a routine exam by your baby's doctor. Newborn screening tests are done to see if your baby might have a problem. We do not know for sure until more tests are done.

During your hospital stay, your newborn will receive three screening tests to check for serious health problems that may not be known at birth. The earlier a problem is found the better chance your baby will have for a healthier start in life.



Blood Spot (Metabolic) Screening

Checks for over 35 possible serious health problems.

A few drops of blood are taken from your baby's heel and sent to North Carolina's State Laboratory of Public Health.



Heart Screening

Checks for serious life-threatening heart problems known as critical congenital heart defects (CCHD).

A small sticker will be placed on your baby's right hand and on your baby's foot to measure the amount of oxygen in your baby's blood.



Hearing Screening

Checks for hearing loss.

A special machine looks at your baby's response to sound. The screening needs to happen when the baby is sleeping or very quiet.

Your baby's results.

The blood spot (metabolic) screening takes a few days. Ask your baby's doctor for the results.

Your baby's hearing and heart screening results will be available before your baby leaves the hospital. Ask for your baby's results before you are discharged.

If your doctor asks you to come back for more testing, it is important to do so right away. **Follow up quickly.**

For More Information:

Contact the Children and Youth with Special Health Care Needs Help Line

Call: 1-800-737-3028

Email: CYSHCN.Helpline@dhhs.nc.gov

Your Baby's First Tests

babysfirsttest.org/newborn-screening/before-birth



NC Screened Conditions and Disorders

slph.ncpublichealth.com/newborn



NC Newborn Screening Services

ncdhhs.gov/dph/wch/families/newbornmetabolic.htm



NC Newborn Hearing Screening Program

ncnewbornhearing.org

Uniform Color Guide

You may notice our staff wearing different color clothing. We do this to help you understand each person's role. Using the key below, you can tell how a person wearing that color can help you. If you have questions, please ask us!

 Meals	 Pharmacy	 Nurse	 Nursing Support	 Surgery Procedures
 Imaging	 Transport	 Nutrition	 Respiratory Therapy	 Housekeeping
 Rehab Therapy	 Lab	 Chaplain	 Volunteer	 Cancer Care

Postpartum Discharge Instructions

Postpartum Care

- **Bleeding after delivery** – May last 4–6 weeks. Call your doctor for excessive bleeding (soaking 1 pad/hour or if you are passing large bright red blood clots).
- **Cramping** – Most noticeable during the first 3–4 days after delivery and is usually worse for women who have had previous deliveries.
- **Care of stitches** – Change sanitary pads frequently, clean with warm water 2–3 times daily and after voiding or bowel movement using your spray bottle. Stitches will gradually dissolve over time. You may use a sitz bath as instructed by your doctor.
- **Care of hemorrhoids** – You may use cold compresses or topical creams as directed by your doctor.
- **Bladder/bowel habits** – It is important to try and empty your bladder at least every 3–4 hours initially following delivery. Your first bowel movement usually occurs within 2–3 days following delivery. You may take medications as directed by your doctor that will soften your bowel movements and prevent constipation.
- **Diet/Menu planning** – Follow the National Food Guide Pyramid for a well-rounded diet. You will need to increase your caloric intake by 500 calories/day if breastfeeding. Continue your prenatal vitamins as directed by your doctor.
- **Breast care if breastfeeding** – You may use ice packs for 20 minutes prior to feedings to help with engorgement. Frequent breastfeeding will help with engorgement. You may use gel pads as needed for sore or tender nipples.
- **Breast care if bottle feeding** – You should wear a snug bra. Engorgement may occur between 3–4 days after delivery. You may use ice packs as needed to help with engorgement. You may have some nipple discharge for 2 weeks. Avoid any nipple stimulation during this time.
- **Exercise/Activity/Rest** – It is important to get as much rest as possible during the first 2 weeks after delivery. You may gradually increase your activity as you are feeling better. No driving for 1–2 weeks or as directed by your doctor. No heavy squatting or straining. Minimize use of stairs until you are feeling better. Don't lift anything heavier than your baby for 2 weeks. No sexual intercourse, tampons or douching for 6 weeks.
- **Postpartum blues** – While baby blues are common during the first few days after delivery, it is important that you discuss with your doctor any persistent symptoms you may have. Some of the symptoms may include: irritability, impatience, loss of appetite, inability to sleep, little concern about your appearance, or fear of touching your baby. Postpartum depression may start right after delivery or take several weeks or months to develop.
- **Family planning** – You will need to discuss options with your doctor at your follow-up OB appointment. Some options may include: birth control pills, IUD, vaginal ring or condoms.
- **Self breast exams** – It is important you continue to perform self breast exams after you have had a baby. It is important that you choose the same time of month to do your breast exam

It is important you follow up with your OB in 6 weeks. Call your OB immediately if your vaginal bleeding increases and you start soaking a pad a hour; if you begin to pass bright red blood clots; if you have a foul odor to your discharge; if you have pain or burning with urination; if you have tender or reddened spots on your breasts; or if you have a fever greater than 101.0°F. Call your OB for any medical concerns related to your pregnancy.

Newborn Care

- **Normal newborn characteristics** – Newborn blemishes are not uncommon and are harmless. Your newborn's skin may be dry and peeling, especially on the hands and feet, and it is best to avoid lotions and oils in the first few days to allow the skin to slough these layers.
- **Use of bulb syringe** – Keep near your baby at all times; use as needed to suction out your baby's mouth and nose.
- **Safety** – A few safety tips: keep your baby safe from falls, always secure your baby securely in his/her car seat, and never leave your baby unattended near water.
- **Comfort measures** – Newborns like to be swaddled during the first couple of weeks as they begin to adjust to their new environment. Swaddle them with their hands near their face as this is how they were "swaddled" in your stomach. You may use mittens to keep them from scratching their face.
- **Bowel and bladder functions** – Newborn stools are often black and tarry at first and will transition to a yellow, seedy appearance within the first 3-4 days after birth. The number of stools can vary from 6-8 each day to one every other day. Your baby should have at least 5-6 wet diapers per day by day 5 after birth.
- **Bathing/Dressing** – Give your baby sponge baths until the umbilical cord falls off. You only need to bathe a newborn every 2-3 days. Avoid lotions and powders for the first 2 weeks since newborn skin is sensitive. Dress your baby warmly after a bath to keep him/her from getting too cold.
- **Infant hearing** – Your baby's hearing was tested while in the hospital. While your baby may have passed his/her hearing, it is important you notify your pediatrician if your baby is not meeting his or her developmental milestones.
- **Cord care** – Your baby's umbilical cord will fall off by itself anywhere from 1-2 weeks. Do not cut or pull it off. Clean with soap and water if the area gets dirty and allow to air dry. Immediately report any redness or drainage to your pediatrician.
- **Nail care** – Do not cut your baby's fingernails until your baby is 2 weeks old. After 2 weeks, you may cut them with baby scissors or baby clippers as needed while your baby is sleeping.
- **Circumcision care** – Depending on the method used for your baby's circumcision, your nurse will discuss with you how to best care for it. Call your pediatrician immediately if you notice unusual swelling, oozing, or bleeding around the site.
- **If breastfeeding** – You should breastfeed your baby 8-12 times/day. Feedings are timed from the start of one feeding to the start of the next.
- **If bottle feeding** – You should bottle feed your baby at least 6-8 times/day. Initially your baby may want to feed every 2-4 hours. Follow directions on the container. NEVER dilute formula or place the formula in the microwave to heat.
- **Growth spurts** – Often occur at 7-10 days, 3-6 weeks, and 3-5 months of age.
- **SIDS** – The cause of SIDS is not known, though studies have shown that placing babies on their back to sleep reduces the risk of SIDS. Other tips include: placing baby on a firm mattress in safety approved crib, avoid smoking around your baby, do not let your baby become overheated during sleep, and avoid loose bedding or any toys in the baby's sleep area.
- **Taking your baby's temperature** – Can be taken under the arm or rectally. Ask your pediatrician which method they prefer.

It is important you keep all your baby's doctors' appointments to ensure your baby is healthy. Call your baby's doctor if your baby is unable to be easily woken up, refuses to eat for more than 6 hours, has no wet diapers, is vomiting or has diarrhea, or has a temperature greater than 100.4°F rectally. Call your doctor with any concerns about your baby.

We Care: A word about leaving the hospital

There are many steps that need to happen before you can leave the hospital. Sometimes, this means it may take several hours from the time you and your baby's doctors tell you that you are "discharged" to the time you actually leave.

We are working hard to tell you about all parts of your care AND to let you leave as soon as it is safe.

On the day you leave, we do these things to get you ready:

- Your doctor must write an "order" saying you are ready to leave.
- Your baby's doctor must write an "order" saying your baby is ready to leave. All tests must be finished before this order can be written.
- Your caregivers will write "discharge instructions." These instructions include important information about what you should do once you leave the hospital.
- You may need prescriptions for your medicines.
- Your caregivers may talk to you about your medicines.

Leaving the hospital

- **HELP AT HOME:** It is important that you have a plan to get help when you are home.
- We want to make sure you have a safe way to leave the hospital.
- We may need to set up follow-up visits with your doctors.

If you have any questions or concerns about leaving our hospital, please let us know.

Our goal is to always provide excellent care and keep you safe.



Download our **UNC Health Rex Pregnancy & Baby App**. It is a great source of information for when you are home. Available in the App Store or Google Play Store on your mobile phone.



Questions I should ask about my care...

Asking questions helps me manage my health and know how to take my medications. I can ask my doctor, nurse or physician assistant these questions and fill in the answers.

What is my main concern today?

What do I need to do to get better?

What is my follow-up plan?

SAVE YOUR LIFE:

Get Care for These POST-BIRTH Warning Signs

Most women who give birth recover without problems. **But any woman can have complications after the birth of a baby.** Learning to recognize these POST-BIRTH warning signs and knowing what to do can save your life.

POST-BIRTH WARNING SIGNS

Call 911
if you have:

- P**ain in chest
- O**bstructed breathing or shortness of breath
- S**eizures
- T**houghts of hurting yourself or your baby

Call your healthcare provider
if you have:

(If you can't reach your healthcare provider, call 911 or go to an emergency room)

- B**leeding, soaking through one pad/hour, or blood clots, the size of an egg or bigger
- I**ncision that is not healing
- R**ed or swollen leg, that is painful or warm to touch
- T**emperature of 100.4°F or higher
- H**eadache that does not get better, even after taking medicine, or bad headache with vision changes

Trust your instincts.
ALWAYS get medical care if you are not feeling well or have questions or concerns.

Tell 911 or your healthcare provider:

“I had a baby on _____ and
(Date)
I am having _____.”
(Specific warning signs)

These post-birth warning signs can become life-threatening if you don't receive medical care right away because:

- Pain in chest, obstructed breathing or shortness of breath** (trouble catching your breath) may mean you have a blood clot in your lung or a heart problem
- Seizures** may mean you have a condition called eclampsia
- Thoughts or feelings of wanting to hurt yourself or your baby** may mean you have postpartum depression
- Bleeding (heavy)**, soaking more than one pad in an hour or passing an egg-sized clot or bigger may mean you have an obstetric hemorrhage
- Incision that is not healing, increased redness or any pus** from episiotomy or C-section site may mean you have an infection
- Redness, swelling, warmth, or pain** in the calf area of your leg may mean you have a blood clot
- Temperature of 100.4°F or higher, bad smelling vaginal blood or discharge** may mean you have an infection
- Headache (very painful), vision changes, or pain in the upper right area of your belly** may mean you have high blood pressure or post birth preeclampsia

GET HELP

My Healthcare Provider/Clinic: _____ Phone Number: _____
Hospital Closest To Me: _____