



POSTPARTUM GUIDELINES FOR MOM AND BABY

MOM'S POSTPARTUM GUIDELINES

Rest and Activity

Get plenty of rest the first few weeks. The transition to parenthood is much smoother when you allow your body time to heal and yourself time to get to know your new baby. Don't hesitate to ask friends and family to help with household chores and errands. Rest when the baby rests. Remember, fatigue can decrease your milk supply and your ability to cope with these new added responsibilities, as well as put you at increased risk of infection.

Listen to your body and let it be your guide to activity and exercise. You can start Kegel exercises right away to start toning the muscles of your pelvic floor; otherwise walking is a good way to ease back into an exercise regimen after the first several weeks.

Vaginal Discharge

Bleeding after childbirth is normal and can be expected to last several weeks. At first the blood will be bright red, like a period, and will gradually become lighter in color and amount. If you are bleeding heavily, soaking more than a pad an hour, try emptying your bladder, then lying down to nurse the baby. If this doesn't significantly decrease the bleeding, call your midwife. If you pass a blood clot larger than your fist, call your midwife. If you notice an increase in your bleeding, you probably need to decrease your activity level. Also, any vaginal discharge that has a foul odor can indicate infection and you should call your midwife.

Cramps (Afterpains)

Cramping after giving birth is normal and means your uterus is returning to its pre-pregnant size. Cramps are usually felt most strongly when your baby is nursing. Generally, this lasts only a few days and it will be more intense with each successive pregnancy. Try making a tea with equal parts loose chamomile flowers, catnip leaves, cramp bark and red raspberry leaves (or just add catnip and cramp bark to your pregnancy tea). Use a heating pad or hot water bottle for the cramps. Wishgarden Herbs makes a tincture called AfterEase which can be very effective – take according to directions on the bottle. You can also take ibuprofen (Motrin or Advil) 600 mg every 6 hours, but do not continue this more than 2-3 days.

Voiding and Bowel Movements

If you are unable to empty your bladder, try standing in a warm shower or sitting in a warm tub of water. Leave the water running in the tub or spray warm water over your perineum with your peri-bottle. You can also try sprinkling a few drops of peppermint oil into the toilet before attempting to void. If you are still unable to urinate, please call your midwife.

You will probably have your first bowel movement within three days after giving birth. Drink plenty of fluids (8 large glasses each day) and eat a diet high in fiber including raw fruits and vegetables, whole grain breads, cereals and dry beans. If necessary, you can take a stool softener such as Smooth Move Tea or Colace, but avoid strong laxatives. For problem hemorrhoids, try: placing your feet on a book or low stool when having a bowel movement to reduce pressure, icing, witch hazel pads, herbal hemorrhoid sitz baths, Hyland's (or other brand) homeopathic hemorrhoid ointment (avoid Preparation H, as it contains mercury which is absorbed through your mucosal tissue), or a compress of peeled, grated raw potato. You can try replacing a small hemorrhoid inside when in a warm bath or by using a gloved finger lubricated with olive oil or a water-based lubricant.

Perineal Care

In the first one or two days, you may want to apply ice packs (alternate 30 min on, 30 min off), or witch hazel or comfrey tea compresses to relieve swelling and pain of your perineum or hemorrhoids.

Use the peri-bottle filled with warm water to rinse your perineal area during urination if it stings when you urinate (this dilutes the urine) and after urination (to cleanse). Sitting in a warm tub hip-deep or using an over-the-toilet sitz bath for 10-15 minutes several times a day will aid healing of perineal tears, keep your perineum clean and decrease discomfort from hemorrhoids – use comfrey tea and sea salt or a prepared postpartum herbal sitz bath.

Nutrition and Supplements

A sensible, well balanced diet is as important when you are postpartum and nursing as when you are pregnant. It can be hard to remember to eat in the early weeks, so let your helpers be in charge of making sure you are well nourished.

It actually takes more calories to make breastmilk than it does to be pregnant! Eat snacks between meals and always have a glass of water, tea or juice by your side. Continuing with prenatal vitamins or a multivitamin will help you recover faster after the birth. You may need extra iron supplementation if you lost a lot of blood during the birth – check with your midwife.

When you are breastfeeding, continue to avoid alcohol and other drugs, including prescription and over the counter drugs unless ordered by a doctor.

Breast Changes and Breastfeeding

Your breasts may become engorged (swollen) with milk around the third or fourth day after giving birth. This discomfort typically lasts only 12-24 hours, although the fullness can last 7-10 days. It may be accompanied by a low-grade fever (less than 100 degrees). You should avoid bras that are too small and sleeping on your stomach or in such a way that either or both breasts are being pressed into your mattress. Use hot moist compresses on your breasts before feeding the baby and cool compresses (ice packs, cold raw cabbage leaves) between feedings. You may want to nurse the baby more often, as often as every hour, varying nursing positions so that all your milk ducts will be emptied, until the discomfort passes. If your breasts are very swollen, you may need to express some milk to soften them before trying to get the baby latched on to nurse – only express a little so you don't inadvertently increase the milk supply and thereby the engorgement.

To prevent sore or cracked nipples, make sure the baby is properly positioned on the breast and has a good latch. Vary baby's feeding position from time to time to change points of pressure on the nipple. Also, use one hand to support your breast and the other to support baby's head so the nipple will stay far back in the baby's mouth. When you're finished nursing, break the suction by putting your finger in the corner of your baby's mouth and between the gums. After nursing, express a little milk over the nipple and let it air dry. Try to go braless as often as possible and don't wash your breasts with soap when bathing. You may want to use a topical ointment such as Lansinoh (purified lanolin) on your nipples if they are cracking. If you are experiencing bleeding, cracked nipples or pain that makes breastfeeding intolerable, please call your midwife or a lactation consultant right away.

Mastitis, a breast infection, can occur anytime while breastfeeding, but is more likely if you are not getting enough rest. It's characterized by a sore, hard, reddened area on the breast and may be accompanied by fever (temperature above 100 degrees). If you should notice this, drink 32 ounces of water, get in bed and nurse the baby from the affected breast until it is drained, using a warm wet cloth to massage the area. Call your midwife.

See the Newborn Guidelines below and the Breastfeeding Tips handout for further advice and information on breastfeeding.

Resuming Sex

It usually takes four to six weeks for your body to heal after giving birth; therefore it's recommended to wait that long before resuming penetrative intercourse, though some women do not feel ready to resume lovemaking until much later. Let your body be your guide. If it's painful, it's too soon. You may need to use a personal lubricant as the hormones of breastfeeding reduce your natural lubrication. Remember that even breastfeeding women who have not yet had a menstrual period may be experiencing an ovulatory cycle and can conceive. We can discuss family planning issues at your 6-week postpartum visit.

NEWBORN GUIDELINES

Breathing Patterns

A newborn breathes irregularly, 30-60 breaths per minute. Occasional coughing and sneezing are normal in the first day or so as the baby gets rid of excess mucous.

Abnormal breathing that requires you to notify your pediatrician consists of:

- Grunting: Labored breathing with forced exhalation resulting in an audible "grunt" with each breath
- Retractions: Sucking in air so that you can see individual ribs with each breath
- Rapid Breathing: Breathing at a rate of greater than 60 breaths per minute, persisting more than 15 minutes. Remember to count for a full minute, since babies normally breathe irregularly. Make sure the baby is not too warm, since they will breathe rapidly to try to cool the body.

Color

A bluish or pale color of the hands and feet are normal in the first 24 hours because of circulation changes, though this can also indicate that the baby is cold – check his temperature (see below) if you're concerned. There may also be bruising of the baby's face as a result of her birth. If the baby turns blue with feeding (check the color of lips and tongue), you need to call the pediatrician. This can be indicative of infection or a heart problem. A baby can appear "mottled" if cold or stressed. If this continues after the baby has been warmed, it can indicate a sign of infection.

Temperature

Newborns need to adjust to their new environment and often have temperature instability for a few days. It's important for you to keep the baby warm so he doesn't burn excess calories and become more susceptible to infection. Periodically take the baby's temperature under the arm. It should be between 97.7 and 99 degrees. If the baby is unable to maintain a normal temperature after she has been warmed up by being skin-to-skin with mom or wrapped in warm blankets, it can mean the baby is sick and indicates a call to the pediatrician.

Sleeping

Always place the baby on his or her back to sleep, at nighttime and naptime. If you choose to have your baby sleep in bed with you, make sure your baby sleeps on his or her back. Avoid soft surfaces, pillows and loose covers. Make sure your baby can't get trapped between the mattress and the framework of the bed (headboard or footboard), a wall or other furniture. Keep the baby's face and head uncovered during sleep. Don't let the baby get too warm during sleep. Keep the thermostat at a comfortable temperature and don't overdress the baby or use heavy comforters. NEVER have an adult who is using medications or substances that interfere with consciousness sleep in the same bed with baby.

Breastfeeding

Nurse the baby on demand every one and a half to four hours (count from the beginning of one feed to the beginning of the next). Babies can signal hunger by increased activity, rooting or crying. Wake the baby to nurse if it's been four hours since the last feeding. Usually changing the diaper or undressing the baby will be enough to wake him. Frequent nursing in the first few days helps increase your milk volume faster. Allow your baby to nurse for as long as she wants, burping her after each breast. Don't use supplements, including water, unless it is recommended by the pediatrician or lactation specialist. You may want to use a chart or smart phone app to keep track of baby's feedings.

Jaundice

Newborn jaundice (yellow color in baby's skin) is a condition that often appears within a few days of birth and disappears within a few weeks. It's caused from a build up of "old" red blood cells that break down (called bilirubin) and are waiting to be excreted by the newborn's liver, which is not yet fully developed. The more the baby nurses, the quicker she will get rid of the jaundice because the bilirubin is excreted primarily in the stool. Placing the baby unclothed in a sunny window for 5-10 minutes a couple times a day helps break down the bilirubin as well. We will be checking the baby's color at your postpartum visits, but if you have concerns, you should call your midwife or your pediatrician.

Diaper and Cord Care

Babies usually urinate and pass stools at least once during the first 24 hours of life, twice during the second 24 hours and so on until about a week of age. After that, a baby's frequency of urinating and stooling can be anywhere from 6-12 times in 24 hours. If your baby hasn't urinated or stoolled during the first 24 hours, notify your midwife or pediatrician.

It's sometimes difficult to identify a wet diaper because initially, the urine is dilute. Try putting a Kleenex in the diaper to show wetness. If you're using disposables, you may also be able to feel from the outside whether the gel in the diaper has absorbed wetness and become "squishy". Remember to point the penis down when diapering a baby boy!

You'll notice that your baby's stool will start out thick and black (meconium) and gradually change to "yellow seedy" after a few days of breastfeeding. Until the meconium has completely passed, use olive oil on baby's bottom and genitalia when changing diapers to keep it from sticking to delicate skin.

If you see a coral color in the diaper in the first few days (looks almost like makeup), don't be alarmed. It's actually uric acid crystals, but please do let us know. Baby girls may have a mucous discharge from the vagina. It may even be pink in color as a result of mother's hormones. This is perfectly normal.

When diapering the baby, fold the diaper down in front so that the cord can be exposed to the air. If the area around the base of the cord is yellow or oozing pus, you can clean it during diaper changes with a q-tip dipped in alcohol. There are no nerve endings in the cord, so this doesn't hurt the baby, though he may react to the coldness of the alcohol. Until the cord falls off (in 1-2 weeks), give the baby sponge baths to allow thorough drying of the cord.

Pediatrician Visit

It is recommended that you call your pediatrician within 24 hours of birth to notify him or her of the baby's birth and to schedule the baby's first visit. You can take the birth summary sheet your midwife has left for you to give to the doctor. The state of California also requires newborns to have the Newborn Screening Test, which needs to be done after 12 hours of age and by the end of the sixth day of life. Your midwife can perform this test for you at home, or you can get a referral from the pediatrician and take the baby to the hospital laboratory to have the test done. If you would like your baby to have a newborn hearing screening test, you should get a referral from your pediatrician to have the test done at an outpatient facility.

Remember, you know your baby better than anyone else. The physical tie that you've experienced for the past nine months has established a knowledge about your baby that cannot be ignored. If you think there is something "not quite right" about your baby's behavior or general well-being, don't hesitate to call your pediatrician or your midwife.