

Providing individualized, compassionate, unrushed Care.

## **Postpartum**

**Flow & Afterpain:** Normal flow (lochia) in the first days postpartum should be red, like a heavy period and have a similar smell. It is normal in the first few days to pass golf ball sized clots, especially when you get up after lying down. If you feel you are bleeding too much, first empty your bladder and massage your uterus, this usually slows bleeding down. **Page your midwife if you soak through 2 pads in one hour or 1 pad in 20 minutes.** Most women who have given birth previously will experience "after pains" (contractions) especially when the baby nurses. These usually resolve themselves by 2-3 days postpartum. Heat sometimes will provide relief or you can try Advil or Motrin.

**Infection Prevention:** Wash your hands whenever you change your pad and before nursing your baby. Report any rise in your temperature (after drinking lots of fluids) above 100.4 and pulse of 100 when resting. Sometimes this occurs when your milk comes in, but it usually resolves within 12 hours.

**Your Perineum:** Will be tender following the birth. If you have had stitches or a small tear, take 2 sitz baths a day. Soak in a clean tub filled with several inches of warm water. You may add comfrey, sitz baths herbs, sea salt, and/or garlic gloves to the bath as this will promote healing. After your sitz bath, expose your perineum to warm air (from a hair dryer). Witch hazel or Tucks pads are another good remedy for stitches and for hemorrhoids.

**Urinating:** Will likely cause stinging. Try pouring warm water over your pubis with a peri-bottle. If at any time you are unable to empty your bladder, call your midwife.

**Bowel Movements:** Often do not resume until 2-3 days after birth. It helps to keep bowels moving and stools soft if you eat lots of high roughage foods such as raw fruits, vegetables and whole grains. Drink 8-10 glasses of water each day. You may also try an over-the-counter stool softener.

**Nipples:** Should be air dried after nursing. Your body makes natural cleansing agents to keep the nipples free of harmful germs. Avoid soap on your nipples, it will dry them and increase the risk of cracking. St. John's Wort oil or Lansinoh work well to sooth sore nipples. Feel free to call with breastfeeding questions.

**Rest and Fluids:** Are essential to your recovery from the incredible work of giving birth. Sit back, eat, drink, rest, get help with other kids and chores. The more rest you can get in the beginning, the better you will feel in the long run.

**Baby Blues:** Is a common occurrence during the postpartum period. After the incredibly intense experience of giving birth, then the sudden decrease of pregnancy hormones, it is common to have feelings that you may not understand. Here are a few signs of Baby Blues:

Anxiety and worry

Confusion and nervousness

Feeling like you are not being yourself

Lack of confidence

Sadness

Overwhelmed

Crying more than usual

Excitability

Over sensitivity

Feelings hurt easily

Irritability in general

Lack of feeling for the baby

If you are experiencing these signs, you are not alone. 80% of postpartum women get the Baby Blues. It is important not to ignore this and to get the appropriate support for yourself.

Danger Signs to Report: Severe headache; fainting; severe pain in abdomen, legs or chest; spots in your vision;



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#### Your Newborn

### **Vitals**

# Breathing

Newborns have irregular breathing patterns. They may breathe rapidly for several seconds or not breathe for several seconds. A normal respiration rate is 40-60 respirations per minute but should be counted for a full minute. Infants are born with short and small nasal passages. Their noses are small so that they can breastfeed. These small noises can cause noisy breathing that may seem like your baby is congested. Try to avoid using a bulb or suction device as this can lead to swelling and increased difficulty breathing. If your baby has a crusty nose, a saline drop can be used to clear the passageway.

### **Heart Rate**

Normal heart rate for a newborn is anywhere from 110-160 beats per minute. Your newborn's heart rate will be assessed for murmurs and defects by the midwife and by your pediatrician.

## **Temperature**

Newborn temperature should be roughly 98.6, or very similar to your temperature. It is difficult for newborns to regulate their own temperature for the first few days of life, therefore, it is important to assess temperature by touch and appearance as well as do as much skin to skin as possible.

**Diapering** Frequent changes of your baby's diaper and letting your baby's diaper area be exposed to air will help prevent diaper rashes. Wiping with a disposable wipe or using very mild soap and water on a washcloth should be accomplished during every diaper change.

*Little girls* need to be cleaned from front to back to prevent fecal bacteria from entering the vagina and leading to infection. It is not necessary to wipe inside of the vagina, just areas and skin folds that are visible.

*If your little boy is circumcised,* be very gentle with his wound, it will hurt for several days until it is completely healed. Urine will sting.

If your little boy is not circumcised, it is important to just clean areas that are visible. It is not necessary to retract the foreskin. Retraction of foreskin can be very painful and lead to infection. Make sure to advise other care providers who may not be familiar with intact baby boy penile care. At some point in early childhood, the foreskin will begin to retract on its own, this will be a good time to teach your little boy how to clean himself.

#### **Cord Care**

It is important to keep your baby's cord dry. It is no longer recommended to treat cords with any sort of ointment, alcohol, hydrogen peroxide, etc. as this just prolongs the drying process and prevents the stump from falling off. Infection of the cord and surrounding area is rare. Signs of infection include pus, increased warmth, and increased redness of the abdomen around the umbilicus.

## **Breastfeeding**

Breastfeeding does not come easy for many, if not most, women. Remember that it is important to establish breastfeeding before introducing a bottle or a pacifier, it will help to eliminate additional stresses. When you are struggling with breastfeeding, seek support from your midwife or a lactation consultant before turning to a bottle. The more you breastfeed, the more your milk will increase and the more your baby will get the hang of things. For the first couple of weeks, it is important to feed your baby every four hours and every time baby asks for it. After the first couple of weeks, just feeding on demand will be important.



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# Sleeping

Newborns spend only 15% of their daytime hours in an alert state, the rest of the time is spent sleeping and crying. Since 1992, pediatricians have been recommending that babies be put to sleep on their backs, this has undoubtedly reduced the number of deaths from SIDS. Other things that are important to reduce risk of SIDS are not sleeping on soft beds, removing smothering blankets and stuffed animals, and if anyone smokes in the household – quit. Other important recommendations for sleeping are making sure that crib slats are narrow, there is no gap between the mattress and the crib (or cosleeper mattress), and consider wrapping your mattress to create less toxin exposure for the newborn caused by flame retardant.

#### **Pediatric Care**

Your midwife has been trained to provide pediatric care for the first six weeks of life. If anything deviates from normal, she will advise you to seek care from a pediatrician. It is best to establish care with the pediatrician by 2-3 weeks of age.

# Weight Gain

Your baby's weight gain will be monitored closely by your midwife and by your pediatrician. If is normal for your newborn to lose weight in the beginning due to the loss of fluids without adequate replacement, until your milk supply comes in. It is preferable to see a return to birth weight by two weeks of age.

Baby's Age	Average Weight Gain
0-4 Months	5.5 - 8.5oz/week
4-6 Months	3.25 - 4.5oz/week
6-12 Months	1.75 - 2.75/week

### **Bathing**

Recent research supports avoiding baths for the first few days of life. Babies are born sterile and the smell of amniotic fluid that remains on their skin helps them to establish bonding with you, breastmilk also smells like amniotic fluid. The white, sticky vernix on the skin acts as an antibiotic, which can get washed away with bathing. Bathing can also quickly chill a newborn, adding stress to their already vulnerable little bodies.

When it does come time to bathe your baby, you may choose to do it with plain water or with soap. When you use soap, use a pH neutral soap, don't use an antibacterial soap and preferably one that contains as few ingredients as possible.

# Concerns

If you have concerns about your baby, it is important to ask questions from your midwife or your pediatrician. Many times, there is no cause for concern but addressing a problem before it becomes devastating is imperative. Crying is inevitable and unavoidable but prolonged and frequent crying has physiological sequel that include increased heart rate and blood pressure, oxygen depletion, and increased cortisol levels. You cannot spoil a newborn by holding them too much. Studies have proven that the more an infant feels loved and supported, the more independent they will grow to become.