

## Postpartum Instructions for Families

Pregnancy and birth is hard work, and your body needs tender care and rest during the postpartum period. Furthermore, taking advantage of your “baby moon” will promote bonding and breastfeeding success with your newborn. Please read through these instructions thoroughly prior to delivery, and encourage each of your support people to read through them as well.

**Mother:** \_\_\_\_\_ **Blood Type:** \_\_\_\_\_ **GBS Status:** \_\_\_\_\_

**REST:** While some women recover more quickly following an out of hospital birth, that doesn't mean you should jump back into life before your body is ready. Your body spent many months growing this baby, it needs adequate recovery time to heal from the inside out! Your only goals for the first two weeks are to eat, sleep and feed your baby! No chores, and very limited activity. We encourage you to stay in your PJs for at least a week to remind visitors that you are still in recovery mode as well. Sleep whenever you can, and take advantage of offers for help from your support people and community.

**NOURISHMENT:** In addition to recovering from birth, your body is also now responsible for making breast milk for your baby. **Continue taking your prenatal supplements** and eat a high quality diet (3,000 calories per day is recommended) with an emphasis on calcium rich and high protein foods. **Adequate hydration also directly correlates to milk supply, so aim for 100 ounces of water a day.** (For electrolytes you may also like LaborAid, Liquid IV or Coconut Water)

**PERINEAL CARE:** Your perineum may be bruised, swollen and/or sore. Most minor tissue issues will heal in 3 to 5 days, while other tears (whether sutured or left to heal on their own) can take 7-14+ days to heal. If you had a tear at delivery, try to keep your legs together to facilitate healing. Allowing air to reach the perineal area for part of each day may help as well. Cloth pads may be used to help avoid chafing and rashes. While healing, avoid using toilet paper. **Use your peri-bottle to rinse during every void and after bowel movements.** Ice packs applied to the perineum will help reduce swelling and bruising, and usually feels soothing. Oral arnica tablets (30c) and herbal sitz baths are also helpful for healing. **(See Postpartum Remedies & Reminders handout)**

**BREASTS:** Do not use alcohol, soap or other drying agents on your nipples. Applying nipple cream or rubbing a small amount of milk on each nipple after feeding can be helpful. To prevent soreness, make sure the baby is properly positioned “tummy to tummy” and has a good latch with as much of the areola in his/her mouth as possible. **Our website has additional links and resources for feeding baby and breastfeeding troubleshooting.**

**ELIMINATION:** Your bladder may be numb following birth and you may not notice you need to urinate. **It is important for your bladder to be empty so that your uterus can contract properly.** Attempt to urinate every few hours, even if you don't feel the need. Normal sensation usually returns by 24 hours. Eat high fiber foods and hydrate adequately to keep your stools soft. Colace, a stool softener, may be used if needed.

**UTERUS AND BLEEDING:** **Your uterus should feel firm like a cantaloupe, and your bleeding should be like a heavy menstrual flow.** If your uterus feels soft or boggy, **massage it firmly until it contracts.** Nursing will also cause your uterus to contract. Blood may pool and clot internally during periods of rest and it is normal to pass clots when standing or sitting on the toilet. Note the time and size of clots passed (i.e. quarter size, golf ball). **If you pass more than one clot larger than a boiled egg, call your midwife. If you soak a pad within 20 minutes and massage does not slow your bleeding, call your midwife or seek emergency care.**

**TEMPERATURE AND PULSE:** An elevated temperature or pulse can indicate dehydration or infections. If you feel that your heart is racing or you have a fever, take your temperature with an oral thermometer. (Being sure that it has been at least 15 minutes since eating or drinking) Report any temperature over 100.4 or pulse over 100 beats per minute.

If you have pain or swelling in an extremity, especially the calf, call your midwife as this may indicate a serious emergency.

**In case of a life threatening emergency, call 911. Questions or concerns? Contact your primary midwife.**

Baby: \_\_\_\_\_ DOB: \_\_\_\_\_ Time: \_\_\_\_\_ Wt: \_\_\_\_\_ Length: \_\_\_\_\_

**SLEEP:** Your baby will need a lot of sleep. Provide a restful atmosphere to minimize stimulation or interruptions. Your baby should not sleep more than 2-3 hours without eating. NOTE: The AAP currently advises that infants be placed on their back to sleep to reduce the risk of SIDS. However, during the first few days your baby may have mucus or spit up. To prevent choking, we suggest placing the baby slightly on their side (prop with a thin, rolled baby blanket along baby's back) to sleep. The baby should be in the same room and in close proximity to you while sleeping.

**EATING: A breastfed newborn should nurse at least every 2-3 hours for at least 10 minutes.** Your breasts produce colostrum during the first few days and is the perfect food and hydration for your baby. It provides everything he or she needs until your milk comes in, including important antibodies to help prevent infections. Your baby does not normally need anything else, including water. Wake the baby if he/she sleeps longer than 2-3 hours so that he/she may nurse. **Our website has additional links and resources for feeding baby and breastfeeding troubleshooting.**

**ELIMINATION:** Your baby should have his/her first bowel movement in the first 24 hours. Baby's **stools will be sticky and dark** for the first few days. This is called meconium and is normal. He/she will have several bowel movements each day. Your baby should **urinate once within the first 24 hours**, twice in the second day, three times during day three and 6 to 8 times every 24 hours after your milk fully comes in. Urination can be difficult to determine with disposable diapers. Place a folded tissue inside the diaper so you will know if he has urinated. If your baby has not urinated within 24 hours, notify your midwife.

**SKIN CARE:** Newborns cannot regulate their body temperature during the first 24 or so hours. We recommend lots of skin to skin contact and **herbal baths with mama**. Unscented baby wipes or a wet cloth is recommended to clean the diaper area. If your baby's skin is peeling or dry, olive oil is the best moisturizer. Although we recommend herbal baths, **avoid baby powder, scented lotions, soaps and mineral oils until the umbilical cord has fallen off.** After the first week, limit soapy baths to once a week for newborns.

**CORD CARE:** Keep the diaper folded under the cord. It is **not necessary** to put alcohol or anything else on the stump as this will preserve it and it will take up to two weeks to heal, dry, and fall off. Left alone your baby's dried cord will fall off in approximately 3 – 5 days. It may be smelly the day before it falls off.

**SUNNING THE BABY (Jaundice):** Notify your midwife if you think your baby's skin or eyes look yellow in the **first 24 hours**. After the first 24 hours, mild jaundice can be normal. To help prevent jaundice, **begin sunning the baby** daily. Remove clothing and place baby in direct sunlight for 3-5 minutes on each side, four or more times a day. Protect the baby's eyes, and be watchful that the baby is not in a draft. If cloudy or too cold you can place the baby (or nurse the baby) in front of a sunlit window for 20 minutes or more, four or more times daily.

**TEMPERATURE:** Your baby will not be able to regulate his/her temperature the first 24 hours. **Normal under-arm temperature in the newborn is 97° – 99°.** You must leave the thermometer under the baby's under-arm until it quits rising with a digital thermometer. Record your baby's temperature every 4 hours. If above or below normal, adjust clothing and retake in 15 minutes. If still abnormal, or if there is a 2° deviation (up OR down) from previous temps call your midwife immediately.

**BREATHING:** It is normal for your baby's breathing to be irregular, but it should not appear labored. Signs of difficulty include: nasal flaring, chest retractions, grunting on expiration, 'see-saw' breathing, or breathing very fast. **Normal respiratory rate is 30 – 60 breaths per minute.** You can count the baby's breaths for 1 minute every 4 hours while he/she is quiet, or anytime you have a concern. Notify your midwife of anything that appears unusual.

**Contact your midwife if any of the following is noted:**

- The baby becomes listless or lethargic, or difficult to wake
- The baby becomes jittery or develops a high-pitched, shrill cry
- The baby refuses to eat for more than two feedings
- Development of eye drainage
- The baby's skin looks blue or dusky in color (cyanosis)
- A continual rise or fall in the baby's temperature

**In case of a life threatening emergency, call 911. Questions or concerns? Contact your primary midwife.**