

Infant Danger Signs and When To Call

- Respiratory Distress: symptoms may include one or more of the following:
Fast respiratory rate (>70 breaths per minute) wheezing, grunting, using accessory muscles (dramatic sucking in of rib cage), nasal flaring, pauses in breathing longer than 20 seconds, or if skin or lips appear dusky or blue
- Temperature above 99.3° F (37.4° C) or below 97.5 ° F (36.5° C) from the under arm
- Signs of infections: foul smelling odor or pus-like discharge from cord
- Yellowing of the skin or whites of the eyes (jaundice)
- Signs of bleeding including bruises, or blood in stool
- Sunken or bulging fontanels (the soft spots on baby's head)
- Projectile vomiting or vomiting large amounts, also if vomit is green or contains blood
- Lethargy (decreased alertness or difficulty rousing)
- Inconsolable crying
- Feeding poorly

Postpartum Care – Mom

Danger Signs and When to Call

- Heavy vaginal bleeding, enough to completely saturate a pad in one hour
- Passing many clots or passing clots larger than an egg (some clots are normal if you have been sitting or lying down for long periods of time)
- Frequency, urgency or burning upon urination or inability to urinate
- Pain in your vaginal or rectal area that is increasing instead of decreasing. It is normal to have soreness or discomfort in the days following birth.
- Temperature of 100.4F or above with or without chills
- Foul-smelling or irritating vaginal discharge
- Hot, firm, swollen and/or red area in the breast
- If one leg is much more swollen than the other; you have pain in your leg when walking or there is a reddened or hot area, especially in the back of your leg.
- Sudden extreme weakness or loss of consciousness
- Crying and periods of sadness beyond two weeks
- Social withdrawal or persistent baby blues/depression
- Headache that doesn't go away with Tylenol or Ibuprofen
- Visual changes like blurriness, flashes or floaters
- Pain at the top of your belly
- Elevated blood pressure

Newborn Baby Care:

Safety

- Have visitors wash their hands before handling your newborn. It is okay to ask people who are sick to come see baby after they are feeling better.
- Know how to correctly use and put baby in their car seat, stroller, and carrier.
- Never shake your baby!

Newborn Bathing

- Only do sponge baths while the umbilical cord **stump** is still attached. After the stump falls off, tub baths may be done.
- You not need to give baby a full bath everyday. Clean baby's head and diaper areas as needed and allow them to dry completely before putting on a new diaper or clothes.
- When bathing baby, you can use warm water or a mild soap, but avoid antimicrobials. You can test water temperature on the inside of your wrist to make sure it is not too hot. Make sure to prepare everything you need before starting the bath (soap, towels, and clean clothes) and never leave baby unattended.
- During the bath, wash baby's face first and genitals last. There may be a white, cheese-like substance on baby's skin during the first few days, especially in folds like armpits or genitals. This is called vernix and there is no need to remove this.

Care of Umbilical Cord

- Keep clean and dry. Make sure to keep it outside the diaper. Do not use any antiseptic (including alcohol). The cord will dry up and usually fall off within 1-2 weeks after birth.

Care of Baby's Genitals and Changing Diapers

- Change baby's diaper whenever they are dirty
 - Have all your supplies ready before you begin
 - Clean baby with wipes or a warm washcloth
 - Allow skin to dry thoroughly before putting a clean diaper on
- Girls: Make sure to wipe baby front to back. She may have some vaginal bleeding during the first week due to hormone changes after birth, this is normal.
- Boys (uncircumcised): Keep area clean with warm water daily. Do not retract foreskin, your pediatrician will tell you when this is OK to do.
- Boys (circumcised): Follow your healthcare provider's instructions. Important to keep area clean, gently clean with warm water during diaper changes, can use mild soap if desire. The tip of the penis may be quite red for the first few days, and there can be some swelling just under the head. A clot may form at the incision site and there may be pink or yellow, clear drainage. Baby may cry with the first few pees, you may give baby Tylenol for pain relief (be sure Tylenol is specified for infants and follow directions on packaging). These things are all normal. Contact your pediatrician if redness continues longer than a week, there is cloudy or bad smelling discharge, baby has a fever, there is active bleeding from the penis, or baby doesn't pee within 12-24 hours after circumcision.

Clothing

- Dress your baby as you would dress plus one more layer.
- Signs that baby may be overheating include red skin color, irritability, and body warmth. Be careful when cooling baby because babies can cool rapidly.

Pacifiers

- If breastfeeding, pacifiers are not recommended until breastfeeding has been established.
- When using pacifiers be extra attentive to feeding cues, clean regularly, and check for signs of dirt or mold.
- Never place a pacifier or any kind of string or necklace around baby's neck.

Feeding Your Baby

Breastfeeding

Why is it important to breastfeed soon after birth and frequently?

- There are benefits for Mom:
 - o decreased maternal blood loss by aiding in delivery of the placenta
 - o early bonding for mom and baby
 - o decreased breast engorgement in the days after the baby is born
- There are benefits for your baby:
 - o longer breastfeeding duration
 - o increase likelihood that your baby will be breastfed exclusively for 6 months
 - o the baby remembers how to suck and latch on by taking advantage of the strong suck reflex present at birth
 - o the baby receives antibodies from mother's milk
 - o decreased risk of jaundice by stimulating the baby's digestive track and encouraging the passage of the first bowel movement (meconium)
 - o increased milk production to ensure your milk supply is adequate for baby's needs in later weeks
 - o decreased amount of time it takes for your mature milk to come in after birth
 - o early and frequent breast feedings decrease the baby's weight loss after birth

What are some different positions to breastfeed my baby?

- *Try a few positions and choose what is most comfortable for you and your baby! For all positions your baby's head should be supported and mouth level with the nipple and areola.*
- **Laid back hold**
 - o Lay on your back with your head supported by a pillow or reclining chair. Use a pillow under your arm that is supporting the baby. Position your baby in an upright tummy-to-tummy position.
 - o This hold allows the baby to self-latch to the breast and can be especially useful with feeding late preterm infants.
- **Cradle hold**
 - o Sit in an upright position with your baby cradled in your arms on her side in a tummy-to-tummy position. Place a pillow under body and your arms for extra support and comfort.
- **Cross cradle hold**
 - o Support your baby with your hand and arm opposite of the breast she is feeding with and support your breast with the other hand.
- **Football hold**
 - o Hold your baby's head in your hand and support her body with your arm along side of your body. This hold can be useful for women with large breasts or sore stomachs from cesarean birth.
- **Side-lying position**
 - o Lay on your side with your head supported and comfortable with pillows. Lay your baby on her side at breast level. You may have extra comfort with a pillow behind your

back and between your knees. This position is excellent when you are tired and for night feedings.

How do I know if my baby is ready to eat?

- baby is increasingly active, moving their arms or legs
- baby is moving their hands to their mouth and/or sucking their hand and fingers
- baby is rooting, moving their head into or towards you with mouth open wide (rooting is a reflex that when something touches the baby's cheek when they are hungry, they will instinctively turn their face and mouth towards it)
- baby is fussing and/or making squeaking sounds
- baby is restless and crying
- A late sign is continuously crying. Your baby will often turn red and have a high pitch cry.

How do I get started breastfeeding my baby?

- Once you have determined your baby is hungry, choose a position that is comfortable for you and your baby.
- Hold your baby with his head supported, nose even with your nipple. When your baby's mouth is open wide, bring him into your breast to allow him to latch on. Your baby's mouth should be open wide, with lips turned outward. The baby's chin and nose should be touching the breast. Cheeks should be full and rounded. A proper latch should not be painful.
- Once your baby is latched on and actively sucking you will want to feed him on the first breast until baby pops off or looks satiated. Burp your baby if it seems to help with their digestion and then offer the second breast. Some babies will want to nurse from both breasts each feed and some prefer to alternate each time. Some babies nurse for shorter lengths of time (5-10 minutes) and more frequently, others nurse for longer periods of time (20-40 minutes). Your baby will establish what is normal for them and as long as they appear satiated (often described as milk drunk - eyes closing, relaxed jaw) and are regaining their birth weight by days 7-10 and wetting and soiling diapers you can feel confident they are eating the right amount for them.
To remove your baby from your breast, place your pinky in the baby's mouth to release the latch, and gently pull him back.
- After your milk comes in, you should hear your baby swallowing frequently, usually with every 1-3 sucks.
- Alternate which breast you offer your baby first with each feeding. If they start on the left and finishes on the right breast, they should start on the right breast with the following feeding.

Can I prevent sore nipples?

- If it is painful while your baby is nursing, remove your baby from the breast, and re-latch your baby ensuring a wide and deep latch to the breast tissue. This can be done by bringing your baby to the breast when their mouth is open its widest.
- Breastfeed often.

- A misshapen nipple (often will look like a lipstick tube) after a feed is a sign that the latch is not deep enough. Keep working on getting a deeper latch. Your nipple should be far back in the baby's mouth and not just inside their lips.
- If your nipples do become sore you should initiate breastfeeding on the least sore side.
- After breastfeeding you can express some breast milk on to the nipple area and allow to air dry.
- A nipple shield can be a helpful tool to get you through a painful few days if you do get sore, however they should not be used for long as they prevent adequate transfer of milk to the baby.

Should I provide any special care to my nipples?

- No special care is required to breastfeed. You may find that you are more comfortable with a well fitted bra. As mentioned above, expressing some breast milk onto the nipple after feeding and letting your nipples air dry will keep them healthy.
- Nipple cream is not needed by all women, but if you do use a nipple cream, choose one that contains lanolin which is a natural wool based product and does not need to be washed off before baby latches. Wash your hands well before dipping into the tube to prevent bacteria from growing in the cream.

What is breast fullness and breast engorgement?

- Breast fullness is a normal feeling that many mothers experience when their milk comes in 2-4 days after birth. Your breasts may feel warm and heavy. You are still able to compress your breast tissue and your baby is still able to latch on and feed comfortably.
- Breast engorgement can occur the same time as breast fullness. Breasts are also warm and heavy. They may feel firm and you may not be able to compress the breast. Your baby may have difficulty latching on or staying latched on to feed. Feeding may be uncomfortable for you.

How do I prevent breast engorgement?

- Breast engorgement can be prevented by feeding your baby within the first hour of birth and often at least 8-12 times per day. Your baby should feed on both breasts for as long as they desire and come off satiated.
- Breast implants may put you at an increased risk of breast engorgement.

What can I do to relieve breast engorgement?

- Feed your baby often at least 8-12 times in a 24-hour period or every 2-3 hours for at least 10-20 minutes with each feeding. If your baby is not feeding this often you may need to hand express or pump some of your breast milk for relief. You may also try cold washcloths as a comfort measure immediately after feeding.
- Take a warm shower, lay in the bath or fill a basin with warm water to dip your breasts into. The warmth will promote milk flow and you can massage and then hand express while in the water. You can try to save this expressed milk or just allow it to flow into the water.

How often should I feed my baby?

- Your baby should be breastfeeding 8-12 times in a 24-hour period or every 2-3 hours around the clock for at least 10-20 minutes with each feeding. It is recommended that you breastfeed from both breasts with each feeding. You can do this by removing your baby from the first breast after when the baby is satisfied, burp him, and then nurse from the second breast as long as he desires or for at least 10 minutes.

Do I need to feed my baby at night?

- Yes! Around the clock breastfeeding is important to maintain your milk supply and to ensure your baby is getting enough nutrition. Your baby should not go more than 4 hours without breastfeeding due to their small stomach sizes. If your breasts become too full from long periods in between feedings, your body will make milk slower and eventually decrease milk supply.
- If your baby has not woken up to feed in 4 hours and you have concerns about maintaining your supply or baby's intake, you can try to wake your baby up by removing their clothes, changing their diaper, and then bringing them skin to skin for the feeding.
- Around the clock breastfeeding will help to delay your menstruation, especially in the first 6 months. If you decrease the amount you are breastfeeding in the first few weeks and months your fertility may return more quickly.

How do I ensure a good milk supply?

- Hold your baby skin to skin frequently beginning at birth, breastfeed early and often on demand, at least 8-12 times per day.
- Keep your baby close to you at all times, so that you can pick up on your baby's early feeding cues.
- Make sure your baby is properly latched with each feeding and avoid providing supplemental feedings of water, teas, formula, etc.
- Proper nutrition and continuing to drink at least 2-3 liters and fluids per day.

How will I know my baby is getting enough milk?

- The general rule is that if your baby is peeing and pooping and gaining weight, they are getting enough milk.
- Your baby should appear satisfied after feedings and have alert periods throughout the day. They will start to gain weight after their initial loss.
- The day of their birth is considered day zero:
- They should have 1 wet and 1 soiled diaper on day 1
- They should have 2 wet and 2 soiled diapers on day 2
- They should have 3 wet and 3 soiled diapers on day 3
- On days 3-4, your milk should come in so your newborn will drink more and therefore, the amount of wet and soiled diapers will increase from there.
- By the time your baby is 7 days old, he should be peeing 6 or more soaking wet diapers per day and having 3 or more, loose yellow bowel movements per day.

Do I need to eat or do anything special to be able to breastfeed?

- The most important thing is to listen to your body. Your body will tell you when you are thirsty, hungry, and tired. Listen to your body's cues and eat when hungry, drink when thirsty, and rest when tired.
- You should eat a healthy diet with a wide variety of foods including:
 - 2 one cup servings of fruit per day
 - 6.5 ounces of protein per day
 - 3 one cup servings of vegetables per day
 - 8 one slice or half cup servings of grains per day
 - Fish twice per week
 - 3 one cup dairy servings per day
 - 2-3 Liters of water per day
 -

Formula and Supplementation

If you are breastfeeding, avoid supplementing because it can interfere with the establishment of breastfeeding. See upcoming sections for more information on breastfeeding.

- Your healthcare provider will help you to determine if you need to give your baby any formula in addition to breastfeeding. Some medical reasons for supplementing include if your baby has lost too much weight, is dehydrated, or is jaundiced beyond what is normal.

If you are formula feeding or need to supplement for medical reasons do not use anything other than formula. Also make sure to follow the formula's instructions on how to prepare and store properly.

- Water, sugar water, diluted formula, cereal, and other substitutions do not give baby the nutrients that he or she needs and can lead to problems.

How much and how often to formula feed baby:

- Babies know how much they need to eat, so it is important to watch for baby's hunger cues and signs that he or she is finished.
 - Hunger cues include rooting, sucking on the hand, and smacking of the lips.
 - Signs that baby is done include releasing the nipple, turning away, and falling asleep.
 - More information can be found about feeding cues in the breastfeeding section.
- For the first few days after birth baby's tummy is small, so he or she will eat less and more often. Often only 1-2 oz every 2-3 hours.
- After these first few days, baby will start eating more, about 2-3 oz every 3-4 hours.
- By the second month, baby will eat about 4 oz every 4 hours. This amount will increase as baby continues to grow over the coming months, with a maximum of about 36 oz a day.

Bottle feeding:

- Feed baby in a semi-upright position, with his or her head cradled in the crook of your arm. The bottle should be held so that formula completely covers the nipple; this prevents baby from swallowing air instead of formula. Avoid prolonged bottle feeding which can lead to dental cavities and ear infections.

- It is important to burp baby during and after feeding. Good timing to stop and try to burp baby is about every 2-3 oz.

Spitting up:

- This is a common occurrence in babies and is usually no cause for concern as it puts baby in any danger, even if it occurs while baby is sleeping. Amount of spit up is varied from baby to baby, and it is often phased out by the time they are sitting up on their own.
- How to identify true vomiting from normal spit up:
 - Most babies don't seem to notice spit up, whereas vomiting is forceful and usually causes baby distress and discomfort. Vomiting generally happens soon after a feeding and produces much more volume than spit up. Contact your pediatrician if your baby vomits regularly (one or more times a day) or if the vomit has blood or is a bright green color.
- Tips to help reduce spit up:
 - Feed baby in calm, quiet environment
 - Burp baby frequently during feedings
 - Avoid feeding with baby lying down
 - Hold baby upright for 15-30 minutes after feeding
 - Be gently with baby after feeding; try not to jostle baby and avoid vigorous play

How much time should my baby spend sleeping?

Sleep is necessary for your baby's growth and brain development. In the first few days, it is normal for your baby to sleep 16-18 hours out of the day. This does not necessarily mean your baby should be sleeping through the night though! Normal newborns will take short naps throughout the day and night. By 3 or 4 weeks of age you may notice your baby's naps become longer, and he or she is awake for longer stretches.

When will my baby sleep through the night?

Every baby is different, so it is difficult to say! By 1 month of age, you may notice your little one is taking less frequent, but longer naps during the day. You may also notice that he or she is sleeping for longer stretches at night.

My baby is less than 1 month old and is already sleeping through the night. Should I wake her up to feed her?

Normal, healthy babies wake up at night to feed. A small percentage of babies this young will sleep through the night. This can be concerning, but you do **not** need to wake the baby to feed if your baby meets the following criteria:

- Growing and gaining weight, especially if they are already 10lbs or more
- Feeding well (8-12 times per day)
- Making at least 4 wet diapers per day
- Making at least 3 poopy diapers per day

If you are not able to check off all 4 of the boxes above, talk to your baby's healthcare provider about waking to feed.

What is lochia?

Lochia is the normal, vaginal bleeding that occurs after your baby is born. It can last up to 6-8 weeks. There are three different phases of lochia. The bright red, heavy bleeding for the first few days is called lochia rubra. From about 4-10 days after birth, your bleeding, called lochia serosa, should be lighter and become less. The last stage, lochia alba, is light, white or yellow discharge that can last about 4-8 weeks postpartum. Each day, your bleeding should become less and lighter in color. At about 10 days after your baby is born, you may experience a bright red bleed that last for a few hours. This is normal; it is from the "scab" where the placenta was attached to your uterus.

If your bleeding becomes heavier and brighter red instead of lighter, take time to rest because you may be doing too much physically. If it doesn't get better, notify your healthcare provider.

Why do I have abdominal pain after my baby is born?

Afterbirth pains are caused by the uterus as it contracts to stop the bleeding and to return to its non-pregnant size again. If you have had several babies, the uterus is more relaxed and doesn't stay as tightly contracted as the first time you had a baby so you will have more pain this time. The hormones released during breastfeeding cause the uterus to contract which may also cause you to have more afterbirth pains while breastfeeding.

What can I do to help the pains?

1. Keep your bladder emptied, especially before breastfeeding. An empty bladder allows the uterus to stay contracted.
2. Lie on your stomach with a pillow or rolled up blanket under your abdomen. This will help your uterus to stay contracted and provide relief.
3. A hot water bottle or a heating pad to the abdomen may also provide some relief.
4. Ibuprofen or other OTC pain relief medications may also help.

If your pains continue for more than 2-3 days or you can't find relief, tell your health care provider as there could be another reason for your pain.

Will my perineum hurt?

- Ice packs (make your own homemade ones by dousing menstrual pads with witch hazel, refold and place in the fridge or freezer in a Ziploc bag) can be used to reduce swelling, especially in the first 24 hours.
- Dermoplast spray and witch hazel can be used to numb or relieve pain in perineum (both can be found at any pharmacy).
- Kegel exercises will increase blood flow to the area and can provide comfort with movement after soreness goes away.
- If pain or irritation is increasing instead of getting better contact your provider.
- It is not uncommon for some women to take months before the perineum feels comfortable again. You may sit on a pillow, but avoid using a "doughnut" as it positions the tissue unnaturally.

Why do I need to pee so often and sweat so much after having a baby?

- A pregnant woman retains more fluid to build her blood volume but after the baby is born, the body begins to get rid of it. The way it does that is through producing more urine (diuresis) and sweat (diaphoresis) than usual. It often starts in the first few days after delivery and should be back to normal in about 3 weeks. Your body gets rid of about 3 liters of extra fluid every day in the first days after delivery. This explains why you can pee about half a liter every time you urinate. You may lose up to 5 lbs of fluid during this time.
- Some ways to stay more comfortable are:
 - Keep your bladder empty. It helps your uterus to contract and decreases your afterbirth pains.
 - Keep fluids close by and drink when you are thirsty.
 - Taking frequent showers, wearing cotton or natural fibers, and multiple layers of clothing will help with the discomfort from your increased sweating.

When will my bowel function return to 'normal'?

- Concern about the ability to have a bowel movement is common after having a baby. Often mothers fear tearing their stitches or experiencing pain. Bowel function should return to normal three to four days after delivery. A well-balanced diet high in fiber and fluid can help avoid constipation. Walking promotes bowel movements, passing gas, and increased general circulation. Raising your feet onto a stool during a bowel movement can help decrease straining. For constipation take an over-the-counter stool softener (Colace, Metamucil) or add prunes, prune juice, or bran to your diet. If you have not had a bowel movement in several days, call your midwife.

What should I do about my hemorrhoids?

- Some new mothers will have a new onset of hemorrhoids (swelling of blood vessels around the rectum) with pregnancy or after a vaginal birth. If the hemorrhoids were not present before pregnancy, they will often disappear within a few weeks following childbirth.
- Comfort measures are aimed at reducing the size and itching of the hemorrhoids. Medications for relief include:
 - Tucks (witch hazel wipes)
 - Preparation H ointment
 - Numbing sprays like Dermoplast
- Warm sitz baths (Plastic sitz baths can be purchased at the pharmacy and filled with warm water, Epsom salt and/or herbs) or a warm bath in general can provide some relief.
- Maintain adequate fluid intake, eat a healthy diet that includes fruits and vegetables and use a stool softener to decrease constipation to ensure greater comfort and bowel movements.

What should I do if I am feeling down?

Postpartum Blues and Postpartum Depression

Many people experience ups and downs in their emotions after having a baby, this is quite normal. If this is your first baby, you are learning and taking on a new role, you are recovering from the birth, you are on a different sleep schedule and you may feel very different in your own body. If these continues or worsens after two weeks postpartum, or you experience loss of interest in usually pleasurable activities, feelings of worthlessness/guilt or shame or thoughts of hurting yourself or others, call your healthcare provider to be evaluated right away. Please do not feel you have to wait until your 6 week postpartum visit to let us know of these feelings, we can give you referrals to get help from many available resources right away!

What if I don't want to get pregnant right away?

Contraception

Many people don't want to think about contraception immediately after giving birth but it is important for you to know your options. Visit the website www.bedsider.com to read about all your options in one place. Remember, not all forms of birth control are recommended when you are breastfeeding.

Lactation Amenorrhea: Women who exclusively breastfeed typically have a delay in resumption of ovulation postpartum due to prolactin-induced inhibition of pulsatile gonadotropin-releasing hormone release from the hypothalamus. This method is 98% effective if: the baby is <6 months, the mother is breastfeeding around the clock with supplementation and there is no return to menses.

Long Acting Reversible Contraception: IUDs. There are two kinds: the Paragard which contains copper and is hormone free prevents pregnancy by creating an hostile environment for sperm. Ovulation and menstruation occurs every month but sperm are unable to fertilize the egg. The Paragard IUD is effective for up to 10 years but can be removed at any time if pregnancy is desired. Paragard tends to increase your bleeding and cramping during menstruation.

The Mirena: Has Levonorgestrol which is a progestin hormone, it prevents pregnancy by thickening cervical mucus, and preventing ovulation. Mirena is effective for up to 5 years, but can be removed at any time pregnancy is desired. Mirena tends to cause irregular bleeding (spotting) at first, but then may make your periods lighter or not occur at all.

Nexplanon – A thin rod about the size of a match stick with the hormone Levonorgestrol in it is placed under the skin in your upper arm and can stay there for 4 years preventing pregnancy. It works the same way the Mirena works because it is the same hormone.

Progestin-only pills – daily birth control pills that have small amounts of progestin and work by preventing the release of eggs from the ovaries (ovulation) and by changing the cervical mucus and the lining of the uterus. They are highly effective if used correctly. They must be taken at exactly the same time everyday to be effective. Once the pills are stopped, ovulation can occur quickly but a return to normal menstrual cycles can take about 3 months.

Diaphragms- a shallow, dome-shaped cup made of silicone. You insert the diaphragm into your vagina and it covers your cervix and keeps sperm out of your uterus. For a diaphragm to work effectively, you need to use it with spermicide. With typical use, it can be 88% effective to prevent pregnancy.

Condoms- They slip over the penis to prevent pregnancy and lower the risk of STIs by keeping sperm inside the condom and out of the vagina. With typical use, they are 82% effective to prevent pregnancy.

National Maternal Mental Health Hotline

New mom or
about to be?

CALL OR TEXT

1-833-TLC-MAMA

