



## Postpartum Instructions for Mom and Baby

**Call us immediately if you have any concerns!**  
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### MOM

1. **Rest, fluids and good nutrition:** These are essential to a speedy recovery. Plan to take naps when baby is sleeping. Arrange for household help (laundry, cooking, shopping, cleaning, childcare) for a week and try to stay in bed or on the couch for the first three days. Drink at least two liters of water every day, with a glass beside you when you begin a nursing session. Keep taking your vitamins. Limit visitors.
2. **Bleeding:** Call the midwife if you fill two pads in one hour or if the discharge becomes foul-smelling. In the first few days after birth, bleeding will be similar to a heavy menstrual period, both in color and amount. Clots may be passed, especially when getting up after you have been lying down. Massage your uterus if you are bleeding heavily during the first 24 hours and as often as you think of it the first few days. It should feel like a grapefruit at or below the level of your navel. Discharge should turn to a brownish color and lessen steadily after the first few days. If fresh red bleeding persists or returns, decrease your activity level and call your midwife.
3. **Infection prevention:** Wash your hands each time before you change your pad. Check your temperature if you feel any cold or flu-like symptoms. Uterine pain and/or foul-smelling discharge with a fever are signs of uterine infection. A tender breast with body aches and fever may indicate mastitis. Call the midwife if you have any of these symptoms. Normal oral reading is 98.6°F and normal axillary temperature is 97.6°F with some variation depending on your activity and symptoms. Alert your midwife if you have any oral temperature over 100.4°F (except when you have had a hot drink in the past 10 minutes).
4. **Perineum:** It is normal for the perineum to be swollen and tender for several days, especially if a tear occurred. Use your peri-bottle with iodine water or herbal tea when you urinate to prevent stinging and to clean away urine and feces, and only pat dry after, do not wipe. An ice pack can help with swelling (10 minutes on, 10 minutes off, as needed). Sitting in a CLEAN tub of 4-5 inches of very warm water with sea salt and/or herbal pack several times a day helps healing. Start your kegels right away.
5. **Bowel care:** You may not have a BM for 2-3 days. Be sure drink at least 2 liters of water daily and eat plenty of fiber in order to avoid constipation. Prune juice (6 oz, twice daily) is very helpful in relieving constipation, as are fresh-ground flaxseeds with lots of water.
6. **Resumption of normal activity:** Use common sense. The first few weeks postpartum you will likely be very tired. As you provide adequate rest and nutrition, your energy will increase. Kegeling, abdominal exercises, and walking should be your first exercise. Intercourse usually resumes 4-6 weeks after birth, once the perineum has had a chance to heal, or when both partners desire it. Contraceptive options will be discussed at your 6 week visit, or when you call the midwife with questions.
7. **Nursing and sore nipples:** Sore nipples can almost always be corrected by fixing the baby's latch. Let him get a big "bite" of the entire areola, keep his tummy pressed directly up to yours with his back and head in one straight line (not turned), and your nip-

ple at the level of the baby's nose (not chin) before baby latches. We'll review the position together at birth because we want to avoid sore nipples. The treatment depends on the severity of the problem, but can usually be achieved in 2-3 days, and never includes stopping breastfeeding. Lanolin creams (such as Lansinoh®), olive oil, or coconut oil can be used on cracked nipples. Drink a full glass of water at each nursing session.

## **BABY**

1. **Feeding:** During the first 24 hours, your baby should nurse at least every 2 hours. This ensures everything is working well. Some babies sleep for one 5-hour period that first day—but we need to make sure he eats before he sleeps and again right when he wakes up. After the first day, nurse your baby when he/she wants to eat or at least every 2 hours. It is normal for a newborn to nurse every 2 hours or more often, for 20-40 minutes each time. It is not normal for a baby who is nursing or eating well to begin avoiding the nipple, be uninterested in nursing or eating, or be too tired to wake up and feed. You should call your midwife immediately if this happens. Feeding schedules are not healthy or helpful. Remember that colostrum, the first milk, is small in quantity but extraordinarily nutritious and provides all needed nutrients for your baby until your milk comes in. Your baby's stomach is still far too small for any other food to be as effective as a few drops of colostrum!
2. **Respirations:** Breathing is often irregular even when sleeping. This means the baby is taking 30-50 breaths per minute but the time between breaths can vary. However, breathing should not be labored or difficult. It is normal for newborns to cough and sneeze and sound snuffly for a few days as they clear their air passages. If the baby is able to nurse well, then he/she is probably not having any difficulty breathing. Nursing also helps with air passage clearing.
3. **Temperature:** Take the baby's temperature every 4-6 hours for the first 48 hours and record it here on page 3. This can be done under the arm (axillary), or rectally which is more accurate. Refer to the AAP website for parents: <http://www.healthychildren.org/English/health-issues/conditions/fever/pages/How-to-Take-a-Childs-Temperature.aspx>.
  - A. **Axillary:** Normal temp is 97.5-99.0 F. If the baby's temp is low, add warm blankets, more clothing, and/or a heating pad; retake temp in 30 minutes. If the baby's temp is high, make sure baby is not overdressed; retake temp in 30 minutes. If the irregular temp continues, call the midwife.
  - B. **Rectal:** Normal temp is 98.4 to 100.2 F. A baby younger than 3 months with a rectal temperature of 98.2 or lower, or 100.4 F or higher, even if no other signs or symptoms are apparent, should be taken to the pediatrician or hospital immediately for evaluation.
4. **Cord care:** The cord dries and falls off in 4-10 days. Make sure the cord remains outside the diaper. You can clean the skin and umbilicus with moist, clean cotton if it is oozing (alcohol, witch hazel, and goldenseal are options to use on the base of the cord itself, use only water on the skin). The skin surrounding the umbilicus should not be red or have noticeable swelling.
5. **Urine and stool:** Both should happen within 24 hours of birth. Stools are dark and tarry initially and transition in a few days to a yellow or greenish color. The normal consistency of the stool ranges from curd-like to runny. After your milk is in, baby should have 6-8 wet diapers in 24 hours and may have a bowel movement as often as every feed-

ing. The addition of formula will change the consistency, frequency and odor of baby's stool.

6. Jaundice: The yellowing of the skin and whites of eyes. It is very common, most often of no clinical importance, and usually develops between days 2-7 after birth. The jaundice is caused by a normal build-up of bilirubin in his blood as he transitions from fetal red blood cells to adult-type cells. Direct sunlight on baby's skin helps; keep sun out of eyes. Excess bilirubin is excreted in stool; nursing stimulates pooping. If jaundice develops in under 24 hours, it is of concern and you should call the midwife immediately.
7. Weight: It is normal for a newborn to lose no more than 10% of their body weight in the week following birth. By 2 weeks, they should be back to their birth weight or more. Much of this weight loss is caused by losing water through their skin, and can be prevented by applying a light coating of oil such as olive or coconut once a day - only use safe food oils! Otherwise, nursing and more nursing is what baby needs.

Special considerations for large or small babies: Large babies (over 8#8oz) are at increased risk of hypoglycemia in the newborn period and should be watched closely for problems with their feeding habits, respirations, temperature fluctuations, lethargy, and potential seizure activity. Small babies also need to feed more often and have lowered ability to control body temperature, so the same criteria applies to babies under 7 pounds.

8. Follow-up infant care: You should interview and/or tell your baby's health care provider as soon as possible during pregnancy that you wish to have him/her care for your baby after birth. When the baby is born, we advise you to call and schedule a routine examination for the baby. Your midwife does not provide vaccinations or hearing tests, but we do provide vitamin K, eye prophylaxis, and newborn screening, and nursing and weight checks for the first 6-8 weeks. Your midwife can provide you with a birth summary and an explanatory letter to give to the baby's health care provider.
9. We recommend that you interview carefully to identify a care provider who is knowledgeable about breastfeeding, and respectful of parents' choices. A family practice physician or ARNP can provide full family care as well as prompt referral to a pediatrician if it ever becomes necessary. If you anticipate the need for advanced care due to some complication or condition, then you should consider interviewing pediatricians in advance of the birth to establish care.
10. More information can be found here: [www.healthychildren.org](http://www.healthychildren.org).
11. Birth certificate: Please fill out the birth certificate form prior to delivery. The midwife will submit the form to the state and request a SSN (if wanted). The birth certificate can be ordered directly from the State the day after submission in Washington, or about 2 weeks after the birth in Oregon. For instructions about ordering, see links on our website under Client documents, Packet 3. The Social Security card is mailed directly to your mailing address about 3-6 weeks after the birth if you check the box to indicate that you want one.
12. Insurance: Please make sure to add your baby to your policy immediately. Your midwife can give you a signed Affidavit of Birth if needed.

### **Both Mom & Baby**

It can be extremely helpful to visit the chiropractor in the weeks following your birth!

## **WARNING SIGNS**

### **BABY**

Call the midwife immediately if **your baby** has any of the following:

- **Temperature** over 99.5° or under 97.5°F axillary, or over 100.4° or under 98.4°F rectal;
- **Respiratory** difficulty (noisy “grunting” on the exhale, flaring nostrils with each breath, ribs stick out when inhaling) or becomes **blue** or grey in the torso and head;
- Becomes **yellow** or orange in the skin or eyes in the first 24 hours;
- **Lethargy or seizures**: Is lethargic (can't wake up even with stimulation, is very tired, won't eat) or has seizures (possible signs - eyes rolling upward or fluttering; stiffening of the body; movements of the tongue, lip smacking or excessive sucking; uncontrolled jerking movements or body twitching; staring spells or periods of unresponsiveness);
- Develops **high-pitched cry**;
- Baby **will not feed**;
- **Skin bruising** or unusual bleeding, especially ANY bleeding from a circumcision as babies are very sensitive to blood loss;
- **Failure to thrive**.

### **MOM**

Call the midwife immediately if **you** have any of the following:

- **Fever** greater than 100.4F;
- Any sign of localized **swelling or tenderness** in your breasts, especially if accompanied by body aches or fever. These are symptoms of a breast infection;
- Tender or **sore nipples** when nursing. These are signs of a poor latch that can be fixed very quickly in order to avoid nursing problems;
- Any sign of **swelling or infection** around the vagina, especially if you had a tear;
- Discomfort or **burning when you urinate**, having difficulty in urinating, or being unable to completely empty the bladder;
- **Sharp pains** in your abdomen, chest, or breast;
- **Blurred vision or dizziness**, with or without a headache;
- **Headache**;
- **Pain in your legs**, especially the calf muscles, when you extend your foot;
- A **foul smell** or unexpected change in your bleeding (heavy bleeding and/or clotting after the first week) especially with uterine pain and fever.
- **Bleeding** lasting more than six weeks;
- Any strong sense that **something is “wrong”** with you or the baby;
- **Crying spells or mood swings** that feel out of control or do not get better with more sleep, rest, and nutrition;
- **Thoughts of harming** yourself or your baby.

### Recording Feedings and Diapers

Circle the hour that each feeding starts. Circle a W for each wet diaper, circle a BM for each dirty diaper, and describe the color of each bowel movement (black, green, yellow).

Birthday														Goal (at least)										
1	2	3	4	5	6	7	8	9	10	11	noon	1	2	3	4	5	6	7	8	9	10	11	midnight	Every 1-2 hrs
Wet diapers														1										
Dirty diapers (color - _____) BM BM BM BM BM BM BM														1										
One Day Old														Goal (at least)										
1	2	3	4	5	6	7	8	9	10	11	noon	1	2	3	4	5	6	7	8	9	10	11	midnight	12
Wet diapers														2										
Dirty diapers (color - _____) BM BM BM BM BM BM BM														2										
Two Days Old														Goal (at least)										
1	2	3	4	5	6	7	8	9	10	11	noon	1	2	3	4	5	6	7	8	9	10	11	midnight	10 - 12
Wet diapers														3										
Dirty diapers (color - _____) BM BM BM BM BM BM BM														2										
Three Days Old														Goal (at least)										
1	2	3	4	5	6	7	8	9	10	11	noon	1	2	3	4	5	6	7	8	9	10	11	midnight	10 - 12
Wet diapers														4										
Dirty diapers (color - _____) BM BM BM BM BM BM BM														3										
Four Days Old														Goal (at least)										
1	2	3	4	5	6	7	8	9	10	11	noon	1	2	3	4	5	6	7	8	9	10	11	midnight	10 - 12
Wet diapers														5										
Dirty diapers (color - _____) BM BM BM BM BM BM BM														3										
Five Days Old														Goal (at least)										
1	2	3	4	5	6	7	8	9	10	11	noon	1	2	3	4	5	6	7	8	9	10	11	midnight	8 - 12
Wet diapers														6										
Dirty diapers (color - _____) BM BM BM BM BM BM BM														4										

### Recording Mom and Baby's Temperature & Other Notes

Date	Time	Temp Mom / Baby	Notes - example: how long baby nursed, steps taken to normalize baby's temperature if it is not in normal range, whether baby is alert or sleepy, etc.

**Special Instructions:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Parent signature: \_\_\_\_\_ Midwife signature: \_\_\_\_\_

Mom/baby stable & midwife departing at: date \_\_\_\_\_ time \_\_\_\_\_