

Postpartum Reference

Congratulations! This reference sheet is to serve as a guide or reminder of what to expect in the early postpartum. As always, trust your intuition, if something doesn't feel right- call!

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When to Call Your Midwife

Mother

- **Fever** – two readings of greater than 100.4 degrees F, six hours apart.
- **Flu symptoms** – aches, chills.
- **Persistent headache** – not ameliorated by hydration (at least 1 liter), rest or Tylenol.
- **Breast problems** – red, painful lumps, red streaks, pain in breast while nursing.
- **Uterine pain** – pain in the uterus unrelated to afterpains. (Afterpains usually occur only in the first 3 days postpartum and increase with nursing, pumping or full bladder.)
- **Urinary tract infection** – Pain or burning in urethra on urination.
- **Perineal problems** – worsening or extreme pain, pus, increased swelling, redness or inflammation.
- **Bleeding** – saturating one kotex in one hour or less.
- **Foul-smelling discharge** – pus or discharge that smells infected. (Normal lochia has a stronger odor than menstrual blood.)
- **Depression** – severe depression that affects daily functioning and/or leads to obsessive thoughts about harming the baby or yourself.

Baby

- **Poor feeding** – Your baby should be nursing at least every 2-3 hours, with one longer stretch (no longer than 4-5 hours) during a period of sleep. Sometimes babies sleep more in the first 24 hours.
- **Projectile vomiting** – vomit that projects a few feet from the baby
- **Persistent vomiting** - more than normal spit-up
- **Fever** – Normal temperature range is 97.7 - 99.6 degrees F.
- **Poor color** – Blue around the nose and mouth. It is normal for babies hands and feet to be blue for the first day or so.
- **Breathing problems** – Fast breathing (normal range is 30-60 respirations per minute. If you are going to count, make sure you do so for a whole minute as it is very normal for the baby's breathing to be irregular- no breath for a few seconds, followed by some rapid breathing, etc.), labored breathing, grunting, and nasal flaring are signs of respiratory distress.
- **Cord infection** – Red streaks and extremely foul odor are signs of infection. More info below.
- **Lethargy** – Little or no alert time, not waking on own for feedings.
- **Extreme irritability**
- **Weak or high-pitched cry**
- **Abnormal voiding** – Your baby should urinate and have a bowel movement at least one time each in the first 24 hours. Call if the number of times your baby pees in a day is less than the number of days old s/he is (up to one week) or if there has been no BM in a day (also in the first week). More information below.
- **Extreme Jaundice** – Jaundice (a yellow/orange tone visible on the skin and often in the whites of the baby's eyes) is not normal in the first 24 hours.

General Information

Mother

In the **first 24 hours**

- Wake your partner to accompany you during trips to the bathroom
- If you want to **shower**, the “rules” are- Not too hot, not too long, and have someone in the bathroom or in close ear-shot. It is easy to get dizzy in the shower. If you’re feeling dizzy, sit down and tell someone.
- Drink lots of **water!** Keep a water bottle filled by the bed. **Eat well and often.** Floradix, Prenatal Vitamins, Arnica, herbal infusions, and prunes are all helpful supplements postpartum.

Bleeding

- Will be like a period (or slightly more) in the first few days- both heavy and red. You may even pass clots as big as an egg when you stand up after lying down for a while.
- If you are soaking a pad in an hour or less, call us immediately.
- **Ways to slow bleeding** are; make sure your bladder is emptied frequently so that the uterus can contract down, nurse the baby to stimulate contractions, and massage your uterus until firm.

Tears/Stitches

- Swelling is normal in the first day. **Ice packs** do help! Homeopathic **Arnica** pellets can be taken every few hours.
- Warm **sitz baths** with healing herbs, or just salt water, speed healing and soothe.
- Keep the area **dry**. When bleeding slows, try going bottomless- lying on a towel or chux pad. Sunlight, if you can get it without shocking the neighbors, is your friend. Heat from a lamp can also aid healing and feel good.

Breasts/Nipples

- Assuring a **good latch** is the best way to ease pain and soreness. Make sure to use your finger to break suction and start over if the baby is not on correctly.
- **Basic latch tips:** Babies usually get the best latch when they are well supported on their mother: skin to skin, belly to belly, able to tip their head back and lead the feeding. However, once a latch has been established, you can make sure their bottom lip is flared out, baby’s belly is to your belly and s/he has enough of the breast in her/his mouth. If your nipple is flattened when s/he pulls off, this is an indication that the baby is chomping down on the nipple and the breast needs to be further back into the baby’s mouth (big open mouth for latching!).
- **Lansinoh** ointment and **Soothies** (glycerin pads that protect and soothe the nipple) can really help cracked or sore nipples.
- When your milk comes in (between 2 and 5 days, usually the third day) it is normal to have some **engorgement**. To help the full, sometimes painful feeling try the following:
 - **Green Cabbage leaves**- (rolled out with a rolling pin, or just bruised a little to get the juices released) in your bra against your breasts give great relief.
 - A **warm/hot shower** on your breasts can help the milk flow, **hand expressing** in the shower can relieve some of the fullness.
 - **Ice packs** (bags of frozen peas conform nicely to breast shape) help with swelling/inflammation associated with engorgement. To determine whether to use heat or cold, keep this in mind- heat helps it flow (good before nursing), and cold is good after or between nursings.
 - Sometimes engorgement can hinder a good latch. The breast can be so full that it flattens the nipple. Hand expressing/pumping (a little) before latching can help.

- A clogged duct, which feels like a hard painful lump, can sometimes occur. Make sure nothing is impeding milk flow (too tight bra, hand position that is always in the same spot). Changing breast feeding positions and getting different parts of the baby's mouth onto different spots on your breast can help. Massage and heat help clogged ducts as well as positioning so the baby's chin is in line with the duct that is clogged (this may take some creative positioning!).
- Red streaks on the breast and/or fever are signs of mastitis (breast infection). Call us.

The First Bowel Movement

- Often the thought of having a bowel movement after having a baby is worse than the actual event. Here are some tips to keep it smooth.
- Keep a **gauze by the toilet** to use as “counter pressure” against stitches or sore bottom.
- Put your feet up on a **footstool** to reduce strain.
- Drink prune juice or eat **prunes** to keep your bowels soft, and to prevent constipation and aggravation of hemorrhoids and/or make sure you have enough fiber in your diet.

Changes

- **Emotional** – There is a lot of change happening in your life, your relationship, and in your body. Hormonal fluctuations often make this both a joyful and a tearful time. The third day, or when the milk comes in, is often when the tears come in as well. “Baby blues” are normal and we recommend talking to your partner/loved ones about your feelings as they come up. Good communication in relationship is key, especially during the postpartum. You may also just want to cry and be loved - no words necessary. An understanding that emotional ups and downs are normal and will pass, can help during this time. If baby blues lasts longer, and depressive thoughts continue, please talk to us.
- **Sex** – The general recommendation is to wait until you have stopped bleeding before any penetration. You may want to wait longer. Or you may want to share different forms of intimacy before that. During breastfeeding, hormonal levels decrease lubrication and most women find they want some outside form of lube, no matter how aroused they may be. Also, it is normal for your sex drive to be lower during this time due to hormone levels, increased amount of physical intimacy from the baby, and exhaustion. Again, communication is key. If you are experiencing pain with intercourse, let us know. It may be that your perineum needs some more time for healing. Rubbing vitamin E oil on any scar tissue helps to soften the tissue and decrease feelings of tightness. Please feel free to ask any questions that may come up.

Activity level/Exercise

- The first two weeks is a precious time to stay pretty close to bed. Mothers heal faster when they can rest (napping when the baby naps) and be served as much as possible.
- After 2 weeks, integrate activity slowly. Taking short walks around the neighborhood can be a good way to get some light exercise. Remember to start slowly and take it easy the rest of the day. If bleeding increases, your body is telling you to slow down.
- Around 2 weeks you may want to start doing some light abdominal crunches to help your recti muscles, which separated to allow the uterus and baby to grow so big, come back together. Do your crunches while holding/pushing the two sides of your abdominal muscles toward your midline.
- Kegels- Although you may feel like you have lost your ability to even find the muscle to do a Kegel with, they will come back! Kegels are helpful for postpartum recovery in that they bring blood and circulation to the area, and they prevent incontinence later on. Do these whenever you think of it. Strong “elevator” type Kegels that you hold and then release slowly are more effective than quick little pulses.

Baby

Temperature Regulation

- It can take a while for your baby to regulate her/his temperature effectively, and your assessment of the room's temperature will be different than the baby's (postpartum moms run hot due to the hormones of breastfeeding). We recommend putting 2 more layers on the baby than a non breastfeeding person in the room is wearing. Keeping **a hat on the baby** is a great way to help maintain temperature. Normal temperature range is 97.7 - 99.6 degrees F.

Sleeping position

- We recommend that babies **sleep on their backs**. According to research on SIDS, this is the safest sleeping position for babies. Other SIDS precautions include keeping pillows and puffy blankets away from the baby.

Voiding

- Keep an eye out to make sure your baby **pees at least once in the first 24 hours**. If you are using disposable diapers it can be hard to detect, since urine is absorbed so well. We recommend putting a piece of gauze in the diaper so you can know when your baby has peed. In the following days the baby should be peeing more frequently, number of wet diapers corresponding to the number of days s/he is old. **By a week postpartum s/he should be having 6-8 wet diapers per day** and maintain this as a minimum thereafter.
- We also want to be sure your baby **poops at least once in the first 24 hours**. It will be a black, tarry poop, called meconium, and can be hard to wipe up. Rubbing some olive oil onto your baby's bum can be really helpful in preventing the meconium from sticking and makes diaper changes a lot easier. After your milk comes in the poop will transition to a mustard-colored curd-like consistency. As the days go on, s/he will be pooping quite frequently, as much as 6-8 times per day in the beginning, decreasing to once a day by 6 weeks, and then to as little as once every five days by three months.
- **Red stains** in the baby's diaper?
 - For baby girls there is often a "psuedomenses" from mom's hormones in her body. This is normal and will pass.
 - "Brick dust" spots are uric acid crystal that are also normal and will pass.

Cord

- The new standard protocol is to do nothing to the cord except keep it out of the diaper to allow it to dry out. The cord usually falls off on its own within one to two weeks. Some yellow goopiness is normal and can be cleaned out with a Q-tip dipped in hydrogen peroxide or alcohol.

Digestion/Fussiness

Some fussiness is normal (many newborns have a certain time of day, generally evening, that is their fussy time), sometimes gas is the culprit and can lead to lots of crying and distraught parents. Below are some tips.

- **Foods that contribute to gas** in many babies include: cabbage family vegetables (broccoli, cabbage, brussels sprouts, collard greens, kale, cauliflower, turnips, radishes), beans, peanuts, chocolate, and caffeine. If you have eliminated these foods and are still having gas issues there are other foods that some babies have problems with; onions and garlic, dairy, soy, and citrus.
- Make sure to try to **burp** your baby after feedings, as sometimes this can be a simple solution to discomfort.

- “**Colic Exercises**”- (Ask us for a demonstration if this is unclear.) With your baby on her/his back and his/her feet in your hands, **bicycle** the legs, alternating legs that you “pump” in towards the belly, or doing both legs at a time in and out. If you’re lucky you’ll get instant reward- it can actually pump out the farts! Also, a simple **belly massage** in the direction of digestion can help. Starting at your baby’s right (on your left as you face her/him) lower belly, massage upward to right under the ribs, then rub across, and down the other side.
- “**Colic Holds**”- Pressure on the belly can feel good when there is gas pain. Putting your baby in “child’s pose” with the knees tucked up under him/her can be soothing. Also holding your baby in that position- his/her back to your chest, with knees up to the belly. Other holds include positions that have your arm putting pressure on the baby’s belly. With him/her lying lengthwise down your forearm, or across the belly. Again, feel free to ask for demos.
- Some remedies for gas or colic are: **Gripe Water** an over-the-counter supplement given to babies, moms can drink **Fennel Tea** and

Funny noises

- You thought you were having a baby, but actually you had a...donkey, pig or other grunting barnyard animal? Your baby will surprise you (and at times probably keep you awake) with a myriad of interesting noises. These are normal. As long as your baby’s breathing is effortless (no labored breathing or nasal flaring) these sounds are not concerning.
- Your baby may be **mucousy**, especially in the first day due to having lived in fluid. S/he may sneeze, cough or gag to clear his/her lungs of this fluid. Turning the baby on his/her side while lying on or next to you can be helpful in getting it out. You can also use the bulb syringe to help some of it out. If your baby sounds very “gunky” in the lungs or is working to breathe, call us.

Skin

- **Jaundice**- Most babies do get jaundice in the second or third day after birth and beyond. We will be checking his/her color on our visits to make sure it stays within the normal range. Ways to help your baby process the bilirubin (which builds up on account of the baby’s immature liver breaking down red blood cells) include; **sunbaths**- ten minutes 2-3 times a day through a window on the baby’s skin. Make sure the room is warm enough to be exposing skin. **Breastfeeding** as often as s/he will nurse helps move out the bilirubin through the urine and poop.
- **Cradle cap** is a yellowish, oily, scaly crust on the head caused by overactive sebaceous glands on the baby’s scalp. It is not serious or contagious and does not require treatment. You can, however, put any type of oil (food or massage) on your baby’s scalp and then brush with a *soft* brush to remove the crusty flakes.
- **Baby acne**- normal newborn acne usually shows up around 2 weeks postpartum, peaks at 6 weeks, and then decreases. Although it is hard for parents to see their perfect baby covered with acne, it is normal and usually no bother to the baby.
- **Diaper rash**- With diapers comes a certain degree of diaper rash. Air time is your baby’s bum’s friend. Make sure to let him/her dry before re-diapering. A barrier cream containing zinc oxide really helps keep rashes at bay and allows any existing rash to heal. A ring around the anus can be an indicator of thrush. Please show us your baby’s bum if you have any questions.
- **Other rashes**- Your new baby’s skin is sensitive and going through a lot of change from the world of amniotic fluid to a world of air and clothes and chemicals. Use dye and perfume free “baby” detergent to decrease irritation. Prickly heat and normal newborn rash will mostly likely come and go. Please show us any rashes that you have questions about or have pustules at our visits.