

Caring for your baby...and yourself



SKAGGS
REGIONAL MEDICAL CENTER



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Caring For Baby

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This is a time of excitement for you and your family! This booklet is designed to answer basic questions about what to expect and how to care for yourself and your baby following delivery. It is natural that you may feel unsure of yourself if this is your first baby. Review this booklet and ask questions of your physician or nurse about any areas you don't understand. Our healthcare providers in at the Skaggs Family Birthing Place are knowledgeable and willing to help you in any way to make this transition a smooth one for both you and your baby.

Characteristics of the normal newborn.

When babies are born it is normal for them to be covered with a creamy white coating called vernix. Their heads may appear too big for their bodies and they may have misshapen or molded heads from the descent through the pelvis. This molding will resolve within a few days. If a vacuum extractor or forceps were used during delivery, you may notice bruising of the scalp. This is also normal and will resolve within a few days. The newborn's hands and feet may turn blue during the first few days of life. The newborn may spit up mucous. The mucous can be cleared from the mouth and nose with a bulb syringe. Suction the mouth first, then the nose.

Crying: Crying is your baby's form of communication. Hunger, thirst, wet or dirty diaper, illness or loneliness are communicated by their cry. You will become more adept at understanding the various cries of your newborn. By responding to your newborn's cry, you are reassuring him or her that his or her needs will be provided for. Be patient. Staying calm is the best way to help your baby.

Noisy breathing: Newborns breathe through their noses and may snort or sneeze often. Sneezing is an immature reflex and it clears the newborn's nasal passages. Sneezing does not necessarily mean that the baby is catching a cold. It is important to keep the nose unobstructed because newborns cannot breathe through their mouths due to their large tongues. If your newborn's nose is obstructed with mucous, use a bulb syringe to keep the nasal passage clear. Many newborns have the hiccups. If the hiccups persist, try giving your baby a few swallows of lukewarm water.

Startle reflex: Because the newborn has an immature nervous system, he or she may extend his or her legs and arms and shake if they are moved suddenly or exposed to loud noises.

Rooting reflex: This reflex causes your baby to open his mouth when the cheek is touched lightly. This reflex can be used to help your baby latch on to the breast. Touch the newborn's cheek lightly with the breast and the baby will turn in the direction of the breast.

The newborn's bowel movements and urination.

Your newborn baby should have six to 10 wet diapers a day if the baby is eating enough. The urine should be pale yellow and have little odor. The bowel movements in newborns may vary in size, color and consistency.

Daily bowel movements may range from zero to several in one day and are usually very frequent during the first month of life. During the first week of life, stool color and consistency will change: for the first 48 hours, the stool will be greenish-black

in color and the consistency of paste. Meconium is the waste that has accumulated in the baby's system during the time spent in the womb. By day three or four, the stool will become brown in color and loose. By day five, the breastfed infant bowel movement will be runny, yellow and seedy looking. If your baby is formula fed, the stool will become more solid and grayish-yellow in color.

After one month of age, babies may go as long as 72 hours without a bowel movement.

Giving the baby water in addition to formula may allow the stools to become softer. Never use enemas or give any type of laxative to the baby without the knowledge and approval of your physician.

When to call your doctor:

- No wet diapers in 24 hours
- Dark or very strong smelling urine
- No stool in five days if you are breastfeeding
- Extremely watery diarrhea stools
- No stool in 72 hours if you are formula feeding
- Diaper rash that does not clear up with treatment

Diaper changing and circumcision care

Wash your baby's bottom with each diaper change, using a soft, wet washcloth or baby wipe (baby wipes may cause more irritation and rashes). Urine or stool that is left on the skin for any length of time can lead to diaper rash, so check the diaper frequently, at least at every feeding time.

Wipe baby girls from the front to the back to prevent infection.

If your baby boy has not been circumcised, do not attempt to push the foreskin back. If your baby boy has been circumcised, care for the area as directed by your physician. You may apply a small amount of petroleum jelly or triple antibiotic ointment to the penis after circumcision to keep the diaper from rubbing the site.

When to call your doctor:

- Bleeding from a circumcised penis or swelling of the entire penis

For diaper rash, an over-the-counter product containing zinc oxide should help to clear it up. Keep the diaper area as clean and dry as possible to promote healing. If you use disposable diapers, fold the top edge of the diaper so the umbilical stump is not covered. Avoid using powders, ointments or lotion on your baby's bottom.

Bathing your baby.

Give your baby a sponge bath until the umbilical cord stump falls off. After that time, newborns should be bathed every two or three days. Shampoo the hair once or twice a week.

The temperature of the room where you are bathing the baby should be about 75-degrees; keep the baby out of drafts. Fill a washbasin with warm, but not hot, water, testing the temperature with your elbow. Place your baby on a towel-covered kitchen counter or spread a blanket on the floor.

IMPORTANT: Never leave your baby unattended during the bath. Take your baby with you if it is necessary to leave the room.

Using a gentle soap, bathe your baby from head to toe, but do not apply soap to the baby's face. Wash the eyes with a clean washcloth from the inner to the outer corner. Also use a washcloth on the baby's ears, cleaning behind the ears and under the chin. Do NOT use a Q-tip in the ear canal. Wash in the folds of skin under the neck. Uncurl the baby's fingers to wash the palms. Don't miss the skin folds along the crease of the groin, under the arm and behind the knee. Hair can be shampooed with a gentle baby shampoo. If the baby has a scaly scalp (cradle cap), massage the scalp gently with a soft brush (do not use oil on the scalp for cradle cap). Use specialized shampoos only as recommended by the baby's doctor.

Rinse with clean, warm water. You may use lotion following the bath to moisturize and protect the skin. Use a baby-sized fingernail clipper to clip the fingernails and toenails. Trim the nails straight across and avoid trimming the nails too closely.

Caring for the umbilical cord.

Follow your baby's physician's specific guidelines in the care of the umbilical cord stump. Because the cord stump does not contain nerve endings, taking care of it will not cause your baby pain. Keep the cord stump clean and dry, applying isopropyl alcohol with a Q-tip two or three times a day. Alcohol is very drying and can be irritating, so take care not to drip alcohol on your baby's skin.

The cord will usually fall off 10 to 14 days after birth. There may be a drop or two of blood when the cord drops off, but this is normal and no cause for alarm. Once the cord stump falls off, the baby can be bathed in a tub of shallow water.

When to call your doctor:

Redness around the umbilical cord stump
Discharge or odor from the umbilical cord stump

Car seats.

Your newborn must be secured in a car seat prior to dismissal from the hospital. Infants and children weighing less than 40 pounds needs restraint devices which have been proven under crash conditions, and are specifically designed for children. Evidence has proven the effectiveness of safety belts and restraining devices for reducing the probability of death following a motor vehicle accident.

Newborn jaundice.

Jaundice is a yellowing of the skin and the whites of the eyes in newborns, usually during the first week of life. It's caused by an increased amount of bilirubin in the blood. Bilirubin is made from the natural breakdown of red blood cells. Normally, the bilirubin goes into the liver where it is broken down. It then leaves the body in the stool and the urine.

Jaundice is common, especially in premature babies. It is usually not serious, but some newborns may need to be treated. A blood test may be ordered by your physician to test the bilirubin level in the blood.

The reasons a newborn may have jaundice are:

- The liver cannot remove bilirubin from the blood well enough
- Too much bilirubin is being made for the liver to process
- The newborn is not stooling or urinating enough to get rid of the bilirubin

Frequent breastfeeding and indirect sunshine through a window often help improve jaundice. Further treatment may consist of phototherapy using bili lights, bili blanket or bili bed, to break down the bilirubin in the baby's blood. The bilirubin can then be excreted in the stool and the urine. Loose stools may occur while the newborn is undergoing phototherapy, so keep the diaper area as clean and dry as possible and use diaper rash ointment as needed.

Most breastfed babies do not have a problem with jaundice that requires interruption of breastfeeding, however if your baby develops jaundice lasting a week or longer, your physician may ask you to temporarily stop breastfeeding for a day or two.

When to call the doctor:

- Baby has a fever of 100.4 or greater
- The baby is excessively sleepy
- Baby does not take usual feedings

Taking your newborn's temperature.

You may take your baby's temperature under the arm (axillary) or in the rectum. Do not use a mercury-type thermometer in the rectum. There have been cases in which the thermometer breaks, exposing the baby to mercury.

The rectal temperature is most accurate, so your physician may request that you take baby's temperature using that method.

Taking a rectal temperature:

- Place a small amount of lubricating jelly on the tip of the thermometer
- Place your baby on your lap, face down
- Spread your baby's buttocks so you can see the anus
- Gently insert the thermometer into the anus half an inch
- Remove when the thermometer's indicator goes off

Breastfeeding.

After birth, the breasts produce a milk-like liquid called colostrum. The volume of the colostrum is not as great as the breast milk produced later, but the colostrum is rich in nutrients and immunities for the baby. Colostrum passes your disease-resisting substances called antibodies into the breast milk, and then to your baby.

Your actual breast milk will come in approximately three days following delivery; it may come in sooner if this is not your first baby. Breast milk is produced on a supply-and-demand basis: the more your baby nurses, the more your breasts will produce. You should not need to supplement your baby with any extra formula or water; your body will make as much milk as is needed for your newborn.

At the beginning of the feeding, the breasts produce foremilk. This is watery and may appear pale blue in color. This milk supplies your baby with needed fluid

volume. As your baby continues nursing, the creamier hind milk comes in. The hind milk is rich in protein, fat and additional antibodies. The baby should nurse a minimum of 10 minutes in order to receive the necessary hind milk.

Proper positioning is essential for successful latch-on. Use regular pillows or a “boppy” pillow for support during feeding. Avoid positions that cause strain on your back.

Steps for breastfeeding:

- Gently brush your nipple against your baby’s mouth. As the baby opens his mouth, bring the baby into your breast.
- Cup your hand around the breast making the shape of a C around the breast.
- Grasp the breast, flattening the nipple slightly with your fingers if the baby does not latch onto the breast. Place your finger under the baby’s nose to allow the baby to breathe freely.
- Nurse your baby for at least 15 minutes on the first breast. Allow the baby to get most of the areola (colored portion) of the nipple into their mouth to avoid nipple soreness. Do not become overly concerned if your baby does not latch on and nurse well on the first attempt. This is a learning process for both you and the baby; your efforts will improve over time.
- Release the baby from the breast by placing your finger between the baby’s mouth and the nipple to break the suction.

Breastfeed your baby every two to three hours, or eight to 12 times in 24 hours, for the first six to eight weeks after the baby is born. This may slow down to eight times in 24 hours after your baby is eight to 12 weeks old. Burp your baby after each breast. If your baby is sleepy and does not waken for breastfeeding, attempt to rouse him every three hours and offer him the breast. The baby should nurse for at least 10 minutes on each breast to get the full benefit of the breast milk.

Nipple soreness

Your nipples may feel tender for the first several days for breastfeeding. Nipple soreness is lessened when the baby is latched on to the breast properly. Severe nipple pain, cracks, bleeding or pain lasting longer than five to seven days is not normal, and could mean that your baby is not properly latched. If you are having severe nipple pain, your baby may not be getting enough milk, and damaged nipples can become infected with bacteria or yeast leading to mastitis.

When to call the doctor:

- If the breast milk has not come in four days after birth
- If you have shaking chills with a temperature over 101 degrees
- If you have muscle aches, headaches, or other flu-like symptoms
- If you have pain or redness in one or both breasts
- If you feel a lump in the breast
- If there is unrelieved engorgement lasting longer than 48 hours
- If there is pus or blood in the breast milk

How to tell if your baby is getting enough breast milk

The milk will come in two to four days following delivery. When the milk comes in, the breasts will become full and may leak milk. The breasts should feel full before feedings and softer after breastfeeding.

Since breastfeeding works on a supply-and-demand basis, if you feel you are not producing an adequate amount of milk for the baby, put the baby to the breast more frequently to stimulate an increase in milk production.

The baby's patterns should include:

- Good latch-on with a smooth pattern of rhythmic swallowing
- The baby should breastfeed often, every two to three hours. You may need to awaken the baby for feeding if he does not demand to be fed as often as needed.
- The baby's bowel movements should look yellow with a texture of mixed cottage cheese and mustard. This should be present by the fourth or fifth day after birth.
- Dark meconium or greenish-brown stools after the fifth day of life may mean the baby is not getting enough milk.
- Your baby should urinate six or more times a day.

The only way to be absolutely certain that your baby is getting enough is to have him weighed regularly. The baby should gain about one ounce a day for the first month of life. He should gain about four to seven ounces each week once the breast milk has come in fully. If your baby loses more than 10 percent of his birth weight, you may have to give supplemental feedings of formula or expressed breast milk.

Breast care

Wash the breasts with water daily, and allow them to air-dry. Do not use soap, alcohol or scented cleansers on the breasts. After your breast milk comes in, your breasts will swell, feel heavy and hard, and may leak milk. Moist heat from a warm shower will help with the discomfort. If you are NOT breastfeeding, do not attempt to express milk from or stimulate the breasts. Wear a good-fitting, support type bra to alleviate discomfort if you are not breastfeeding. If you are breastfeeding, wear a good-fitting nursing bra.

Breast engorgement

Breast engorgement may happen if all the milk from the breast is not completely emptied at each feeding. The breast may become hard, painful and hot. The baby may find it difficult or impossible to latch on to the engorged breast.

Engorgement can be relieved prior to breastfeeding by expressing breast milk manually or with a breast pump.

To avoid engorgement, breastfeed your baby often, about every two to three hours. Allow the baby to change position on the nipple. Your baby should nurse until he falls asleep – usually 10 to 15 minutes – and then offer the second breast. The breasts should feel soft after the baby nurses. If the baby does not take the second breast, relieve the engorgement with a breast pump. The hospital-type, electric breast pump is best. Do not pump the breasts any longer than 10 minutes.

Bottle feeding

Because babies cannot digest regular cow's milk, your baby needs breast milk or formula – either lactose or soy-based – for the first year of life. Check with your healthcare provider for the type of formula they recommend.

Before first use, boil nipples for five minutes, and clean bottles with hot soapy

water, and rinse well. Clean bottles and nipples thoroughly after each use.

Ready-to-feed formula is the easiest to use, but is also the most expensive. Concentrated powder and liquid formulas are mixed with water before using (if your water is from a private or community well, boil it for three minutes and allow it to cool before mixing with formula) according to package directions. Bottles can be made 24 hours ahead and refrigerated.

Most babies eat about eight times a day, including two or three night feedings. Your baby is probably getting enough to eat if they have at least six wet diapers and two to five bowel movements a day for the first four to five days. All babies lose weight after birth, but if your baby is back to birth weight two to three weeks after delivery, he or she is getting enough to eat.

To feed, cradle your baby in your arms, holding the head slightly higher than the chest. Never prop the bottle. Burp your baby after every half-ounce of formula. Lay the baby up to your shoulder and gently pat the back; or place the baby in a sitting position on your lap and support the back with your hand. After feeding is finished, try burping baby again.

If baby won't eat...

Newborns are generally sleepy for the first 24 hours or so. Your baby needs to eat to avoid dehydration. Attempt to rouse your baby every three hours during the day and allow the newborn to sleep four to five hours at night. If your baby continues to refuse feedings, call your physician.

Safety tips...

- Place the baby on his side or back to sleep. Newborns who sleep on their stomachs have a higher incidence of sudden infant death syndrome.
- Never put a newborn down to sleep on a pillow, waterbed or sheepskin.
- Make sure the space between the crib bars is no more than two-and-three-eighths inches.
- Do not place stuffed animals in the crib or bassinet.
- Never shake your baby.

Caring for yourself after delivery

Caring for your incision

If you had an episiotomy, your stitches will dissolve in approximately four to six weeks. You can take sitz baths twice a day for the first week after delivery; while in the hospital, use the hospital's sitz bath. At home, sit in a bathtub filled with warm water. Keep the area clean by using a squirt bottle filled with warm water to cleanse the episiotomy area after each urination and bowel movement for as long as the perineum is uncomfortable. Wipe from front to back to avoid infections. Be sure to keep the area dry. An ice pack may help to relieve pain, along with acetaminophen (Tylenol). Ask your healthcare provider to recommend a pain reliever.

Cesarean section

If you delivered by Cesarean section, you will probably be able to shower and pat the incision dry. Follow the specific guidelines provided by your physician to care

for your incision. Watch for signs of infection, such as increasing redness or discharge. Do not lift anything heavier than your baby for six weeks.

Diet while breastfeeding

Eating a well-balanced diet is important, especially when breastfeeding. Eat the following number of servings of the five basic food groups:

- Bread, cereal, rice and pasta group – 6 to 11 servings
- Vegetable group – 3 to 5 servings
- Fruit group – 2 to 4 servings
- Meat, poultry, fish, eggs, dry beans and nuts group – 2 to 3 servings
- Dairy foods group – 2 to 3 servings

When breastfeeding, you may need to eat an extra 200 to 500 calories a day in order to maintain your body weight. Continue taking your prenatal vitamin. Drink at least six to eight glasses of water each day. The foods you eat will not usually upset the baby's stomach, although if you drink too much caffeine this can make the baby irritable. Brussels sprouts, broccoli, cabbage, cauliflower, green peppers, and onions may give your baby gas. Other less common causes of gas for breastfed babies are milk, milk products, citrus fruits and tomatoes. You should not drink alcohol while breastfeeding.

Additional resources include:

La Leche League International
P.O. Box 4079
Schaumburg, IL 60168-4079
(847) 519-7730
www.lalecheleague.org

Human Milk Banking Association of North America
www.hmbana.org

Women, Infants and Children Program
Food and Nutrition Services
www.fns.usda.gov/wic

Exercise

If you were active during your pregnancy, you may begin light exercise as soon as you are ready. If you had a Cesarean section, speak with your physician before resuming an exercise program. A brisk walk is a good form for exercise for both vaginal and cesarean births. Gradually increase the amount and intensity of your exercise program.

Kegel exercises are intended to strengthen the pelvic muscles that have been strained and stretched during pregnancy and delivery. Squeeze the pelvic floor muscles (the muscles that control your stream of urine) for at least five seconds and relax. Work your way up to 100 Kegel exercises a day.

Hemorrhoids

Women often develop hemorrhoids (swollen veins in the rectum) during pregnancy or delivery. Ice packs or witch hazel applied to the affected area will help to alleviate discomfort. Eat high-fiber foods and drink plenty of fluids to ease elimination. If the

the discomfort continues, your physician may prescribe a stool softener. If you are breastfeeding, do not take any medication, including over-the-counter products without speaking to your physician.

Postpartum depression and the baby blues

Many new mothers may feel sad, afraid, angry or nervous after their baby is born. These feelings are called “postpartum depression” or “baby blues.” They are very common, normal feelings, and do not mean that you are a bad mother.

Some of the symptoms of postpartum depression are:

- Depressed mood or severe anxiety
- Decreased interest in activities
- Disturbed sleep
- Disturbed appetite, usually a loss of appetite and weight
- Fatigue
- Feelings of worthlessness
- Decreased concentration

With severe postpartum depression, you may have thoughts of harming yourself or your newborn. If you experience any of these symptoms you should contact a healthcare professional without delay. Mental Health Crisis Hotline is available to you, 24 hours a day at 800-494-7355.

Your body needs at least six weeks to recover from a vaginal birth. If you delivered by Cesarean section, recovery takes longer. It is important that you care for yourself by getting the proper rest and nutrition.

Vaginal bleeding

Whether you delivered vaginally or by Cesarean section, expect vaginal bleeding for up to eight weeks. At first, the bleeding will be very similar to a heavy period. As your body sheds the uterine lining (lochia) you may also pass clots as well as blood. Clots that are larger than golf ball sized should be reported to your physician. Bleeding may be heavier during breastfeeding, or after lying down for an extended period of time.

For the first two to three days after you have had your baby, the blood flow will be heavy and dark red. From the third to the tenth day, the amount of discharge decreases and becomes pink. After that, you will have a creamy or yellowish discharge for another one to two weeks. Do not use tampons.

During the first weeks after delivery, your uterus shrinks from the size of a grapefruit to the size of a pear. This process causes after-pains, or cramping, which may last up to a week. This cramping tends to last longer with subsequent deliveries.

When to call the doctor...

- Fever of 100.4 or higher
- Bleeding that requires a new sanitary pad every hour, or if you pass clots larger than golf ball sized
- Foul odor to the vaginal discharge
- Burning or pain with urination
- Redness, discharge or increased pain at the incision site
- Severe abdominal pain
- A hot, red, hard or painful area in a leg
- Red streaks or hard lumpy areas in a breast, along with fever
- Vaginal bleeding that increases to bright red after the lochia has nearly ceased