

PREPARING TO CARE FOR YOURSELF AND YOUR BABY

New Beginning Book - Baby Care

Breastfeeding

Pages 15-31

Your baby needs to nurse 8-12 times in 24 hours during the first 2 weeks or so. Offer your baby the chance to nurse when he is awake, alert, sucking on their hands, or rooting around. Crying is a late sign of hunger. Avoid all supplements of water or formula in the first 2 weeks unless your physician has specifically instructed you otherwise. Store expressed breast milk in plastic or glass containers. Breast milk can be stored at room temperature for 6 hours, can be refrigerated for up to 6 days, and kept in the freezer 3-6 months. Use thawed milk within 24 hours.

Formula Feeding

Page 31-32

Formula comes in three different forms. **Follow the package instruction for mixing very carefully.** Your baby could become sick if formula is either too concentrated or too watery. Make sure that anyone who takes care of your baby knows what kind of formula you are using and how to mix it correctly. Wash bottles and nipples with hot soapy water and rinse thoroughly. It isn't necessary to sterilize them unless you have well water. Don't force your baby to finish any bottle. If you don't want to waste formula, put smaller amounts in the bottle until you get a good idea how much baby will take in a feeding. **Never heat bottles in microwave; you could seriously burn the infant's mouth and throat. Propping bottles puts your infant at risk for choking.** Always cuddle your baby close to your body for feedings. No juice, water, or cereal until your physician recommends it, usually after 6 months of age. Many babies will spit up in the first 3 months of life. One way to decrease spitting up is to avoid over feeding your infant. Hold your infant upright during the feed and for at least 30 minutes after the feeding. Try to feed your infant smaller amounts, more often throughout the day and burp your infant every 1-2 ounces.

Voids & Stool

Pages 24:36:43

Baby should have one wet diaper in the first 24 hours after delivery, 2 wet diapers on the second day of life, and 3 on the third day of life. Once your milk has come in, usually between 2-4 days after birth, baby should have 5-6 wet diapers and at least 4 mustard runny and seedy stools a day. Formula fed babies should have the same amount of stools but they may be greenish brown and firmer. Some newborns pass rust colored crystals in their urine in the first few days. Once they are drinking adequate amounts from the breast or bottle, urine should be clear. It is normal for baby girls to have mucous or blood tinged vaginal secretions and both boys and girls can have enlarged breasts in the first few days.

Skin Care

Pages 36-39

Sponge bathe your infant until the umbilical cord falls off, usually 10-14 days after birth. Use mild, unscented soap and rinse it off thoroughly. Avoid soap on the face. Cleanse diaper area with plain water when necessary. Traces of stool on tender skin can cause a rash, so cleanse gently but thoroughly. Apply a light film of Vaseline if skin is dry; avoid petroleum products on hands and face. Use Desitin, A&D ointment or lanolin if a rash develops. Use alcohol on a cotton ball to cleanse the base of the cord once a day until it falls off. Circumcision: Plastibell leave it alone, the plastibell will fall off when healed; Gomco use Vaseline gauze with each diaper change, clean either type with warm water if becomes soiled.

Comforting Your Baby

Pages 16:17:20:22

Crying is a normal infant behavior. This is one of the only ways they can express their needs. At times this can be very challenging and you may find you may not know what to do. Swaddling your baby is one way to comfort your infant. This gives them a feeling of security, like the womb. Position your baby on your arm, side lying, with their head nestled in your elbow, place the heel of your hand next to their tummy and rock your baby side to side or pat their back. The pressure against their abdomen may help relieve their discomfort. Offer your infant something to suck on and have white noise in the background (dryer, ocean sounds). If all else fails call a friend or family members to help if you are feeling too frustrated. No matter how angry you feel, **do not shake the baby!** Shaking an infant can cause blindness, brain damage or death.-

Safety

Pages 40-45

Keep **bulb syringe** handy in case infant is choking. Squeeze bulb; slide in along gums and release. Bulb can be used to clear infant's nostrils if he develops congestion. Clean the bulb syringe by rinsing in warm soapy water. **Lower hot water temperature** to less than 120 degrees to prevent hot water burns. **Crib slats** should not be wide enough to slide a pop can through. Don't use pacifier cords or clothing with drawstrings or cords of any kind. To prevent an **infant abduction**, avoid advertising the birth of your infant; don't post yard signs and balloons. If you plan to have a home health nurse come to visit you and your infant after discharge, ask for appropriate identification before you let them in your home. Your baby should always be placed on his **back to sleep**, not on their tummy or on their side. He may lay on their tummy Or side for periods of supervised playtime. Use a firm mattress. Infants should not be put to sleep on waterbeds, sofas, soft mattresses or other soft surfaces. Avoid soft materials in the infant's sleeping environment such as pillows, quilts, comforters, stuffed toys or loose blankets or sheets. If a blanket is used it should be tucked in around the crib mattress and at the foot of the bed. The blankets should only reach the level of the infant's chest while their feet touch the foot of the crib. **Avoid overheating** your baby. All babies after one month of age should sleep while sucking on a pacifier. **Bed sharing** or co-sleeping may be a wonderful way to bond with your baby and encourage successful breast feeding, but if not done safely it can be hazardous under certain conditions. Do not bed-share if you or your spouse is under the influence of drugs or alcohol or if you are extremely tired. Avoid other children or people in the bed except the parents. Your bedding should be free of excess blankets or pillows. Do not sleep with your infant on a sofa, recliner or any thing the infant can slide down and become entrapped. **Smoking** has been associated with a greater incidence of SIDS. If you smoke or someone in the house does, please ask them to smoke outside. **Don't give Tylenol** to your baby in the first 2 months; it can mask a fever or infection that could be serious.

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New Beginning Book - Mother Postpartum Care

Hygiene

Pages 10-11

Shower daily. Use a peri-care bottle every time you use the bathroom. Spray warm water from the bottle on your vaginal area from front to back and pat dry. Apply any topical medication your provider has prescribed for you (i.e., Tucks, hemorrhoid ointment) and change your pad. If you have stitches, take a Sitz bath 3-4 times per day. Run about 3-4 inches of very warm water in a clean tub and soak your bottom area for 15 minutes. **Do not use tampons or douches until your provider has examined you at the postpartum office visit.**

Bleeding and shrinking of the Uterus

Pages 5-6

The fundus (top part of uterus) should be firm after delivery. At first it will be around the level of your belly button and will gradually shrink in the next 6 weeks. Bleeding in the first few days after delivery is red and similar to a heavy menstrual period. It will change to brown or pink and eventually to a whitish discharge. Postpartum discharge usually lasts 3-4 weeks, sometimes longer. If you pass clots that are larger than a plum or soak a maxi pad in an hour, call your health care provider right away. It is normal to see an increase in bleeding when standing up, increasing your activity, or right after nursing your baby.

Birth Control

Page 11

Discuss with your provider what birth control method will be best for you and your partner. Do not have sex until the first postpartum check-up unless the physician instructs you differently. Reliable birth control is available from deliveries on; please ask your provider if you need this.

Diet

Page 12-13

Continue to follow guidelines for a healthy pregnancy diet. If you aren't breast-feeding, you will need to eat fewer calories than while you were pregnant. Nursing mothers can eat about 300 calories more per day than in pregnancy. Don't try to diet! If you need to lose weight, talk to your provider at the post-partum check up to decide the best plan for you. Drink enough water to keep your urine pale yellow throughout the day. Lots of fresh fruit and vegetables and water will prevent constipation. Colace is an over-the-counter stool softener available at most stores. Talk to your provider if these measures don't give you relief.

Activity

Page 5-13

Unless your provider has specifically instructed you otherwise, new mothers can start a gentle exercise program of regular walking as soon as you feel up to it. Don't lift anything heavier than your baby and limit stair climbing for the first 2 weeks to avoid pressure on your bottom. You should rest and relax as much as possible the first 2 weeks to give your body time to heal.

Emotional Adjustment

Page 9

Women experience emotional upheavals and tiredness in the first days after birth. Feeling weepy, excited and exhausted all in a 10 minute period, is perfectly normal. Every birth brings changes to the family, even when it is joyfully wanted. Give your partner and yourself plenty of time and space to adjust to the many changes a new baby brings. If you find that you just can't cope, have trouble sleeping, don't enjoy eating or being with your family, and these feelings aren't going away or getting better, call your provider. There is treatment that can help.

Breast Feeding

Pages 15-32

Newborn babies need many chances to nurse from both your breasts around the clock. Your baby needs to eat at least 8 times every 24 hours. You may need to wake your baby until your baby is waking him/herself for regular feedings. Get in a comfortable position and bring the baby's tummy toward your stomach. Use pillows to support your arm and baby's bottom. Cup your breast and stroke baby's lower lip with your nipple to encourage him to open his mouth. Guide as much of your nipple as possible into baby's mouth. Depending on the size of your own nipple, most or all of the brown part (areola) around the nipple should be in baby's mouth. Make sure that baby **sucks on as much of your nipple and areola as possible and not just on the tips of your nipples!** Every baby is different. Be patient with yourself and your baby as the two of you learn and grow into this special relationship! Always notify your health care providers you are breast-feeding so medications can be prescribed that are safe for nursing.

Engorgement

Page 25

Severe engorgement, about the third or fourth day after the baby is born, can usually be prevented by getting the baby latched on well and feeding the baby often at least every 2-3 hours. Breast fullness usually lasts 1-2 days. Continue to breastfeed the baby making sure your newborn gets on well and nurses well. If you are very full, massage your breasts or pump to soften them before each feeding. Breasts can also be softened in the shower, with a warm wash cloth or by leaning over and soaking them in a warm tub of water. Call the lactation team if you need help.

Breast Care

Pages 26-28

Wear a comfortable, supportive bra the entire time you are breast-feeding. Do not wear under-wire bras in the first few weeks, infections have developed. Avoid soap on your breast and nipple as it dries out the skin. (This will prevent soreness and cracking) Squeeze out a bit of colostrum or milk and rub it into the area that goes into baby's mouth and let it air dry. If nipples are sore, leave the flaps of your bra open between feeds. It is normal for the breasts to feel warm and full, they may leak milk. Either warm or cold packs and medicines (i.e., Motrin, Ibuprofen) will reduce swelling and discomfort in the breast tissue. Remember: **Frequent feedings with your infant latched on correctly to your breasts is the number one prevention and treatment for engorgement!** This passes in a few days. Some mothers fear their milk supply is going away; it isn't. If your breast becomes very warm, hard, or painful and you have a fever (temperature 100.5 or greater) you may have a breast infection requiring treatment with antibiotics and frequent breast feeding to relieve pressure in the affected breast. If you think you have a breast infection or are worried about breast-feeding call the lactation team or your provider.

Drying Up your Milk

Page 31

Wear a sports bra day and night for the first week after delivery. Don't rub or stimulate your breasts unless you decide you want to start breast feeding. Avoid the shower spraying directly on your breasts. Cold packs and Motrin may relieve discomfort. Medicine to "dry up" the breasts is no longer given due to dangerous side effects. The discomfort usually goes away within a week.

Danger Signs for baby Page 43

Blue lip color is a 911 call!

Difficulty breathing.

Any **temperature greater than 100.0**; check the temperature by holding thermometer in the hollow of the armpit and then pressing the arm firmly against the body for 3-5 min.

No stool for 48 hours and less than 6 wet diapers a day or loose watery stool that may be green or mucus or blood tinged.

Vomiting (two full feedings in a 24 hour period).

Jaundice (an increase in yellow color of the skin and eyes).

Poor feeding or refusing to eat. Many babies will spit up in the first 3 months of life.

Signs of infection at the cord or circumcision; foul odor or green / yellow discharge; bleeding larger than quarter size

Reasons to call Lactation Team Page 43

Lactation Team: 633-7896

Any time your infant's appearance or behavior is worrying you.

If your baby is not effectively nursing at least 8-12 feedings a day.

If your baby is having less than 4 wet and dirty diapers after the 4th day of life.

If your baby seems unsatisfied after feeding.

If you are worried about your baby's feedings.

Reasons to Call Your OB Provider

Bleeding (fill kotex once an hour or big blood clots); **temperature** 100.5 or greater; **pain** in breast, pelvis, perineum, or incision; **gap** in your incision; **bad smell** coming from your vaginal and incision drainage; **pain, redness, or swelling** in one of your calves; or **feeling too overwhelmed** to cope.

Phone Numbers

CRMC - Mother Baby Unit 633-7860 CRMC – Nursery 633-7874

CRMC – Lactation Team 633-7896 Safe House Crisis Line 637-7233

Depression after Delivery For immediate assistance CRMC Behavioral Health 633-7370

Child Restraint Inspection Station: 633-7527