

Postpartum Instructions

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Warning Signs

Call immediately if you experience any of these symptoms.

Mother:

- Fever above 100.4 °F
- Foul-smelling discharge
- Dizziness, faintness, or blurred vision
- Headache that won't go away
- Flu-like symptoms with or without chills or fever
- Pain or burning in your leg with or without redness or swelling
- Pain or redness in your breast
- Soaking more than 1 orange postpartum pad in 30 minutes or sudden, continuous bleeding
- Passing large clots (lemon size or larger) or passing many small clots
- Thoughts of hurting yourself or your baby

Baby:

- Fever above 100.4 °F
- Lethargy
- Refusal to feed
- Panting or grunting
- Jitteriness or shaking
- High-pitched crying
- Bleeding or unexplained bruising

Postpartum Instructions for Mother

Bleeding: Bleeding may be heavy for the first 2-3 days after birth. You should not soak through (thoroughly saturate) more than 1 orange postpartum pad in 30 minutes or 2 regular pads in 30 minutes. Bleeding should slow to about the same flow as a regular menstrual period after 2-3 days and will smell similar to menstrual blood. Bleeding should transition from bright red flow to brown or pink after 2-4 weeks. Eventually the discharge will be light yellow or white. The amount of bleeding should gradually decrease. If you are up and out of bed, your bleeding will often increase suddenly. This means you are doing too much and you need to rest. It is normal to pass a few small blood clots in the first 24 hours. Clots should not be larger than a golf ball or lemon. It is normal to feel small gushes of blood when standing up after laying down. Call immediately if you experience continuously gushing blood.

Uterine firmness: Your uterus should stay firm to control bleeding. Always check your uterus before getting up from bed. Check your uterus several times a day by pressing in toward your spine when laying down. Your uterus should feel firm, like your forehead. If it feels soft, like your cheek, you will need to massage it until it is firm by placing your hand over the top of it and rocking back and forth gently. Your uterus should feel like a firm grapefruit and be at or below the level of your bellybutton when laying down. Your uterus may feel tender but should not feel painfully sore to the touch. Call right away if it is painful. Keeping your bladder empty and breastfeeding your baby will help keep your uterus firm.

Afterbirth pains: Your uterus will continue to contract after birth to slow the flow of blood from the placental site. These contractions can be very painful and tend to be more painful with each birth. Do not take aspirin for the pain. You can take ibuprofen or acetaminophen. There are also herbal

tinctures, such as After Ease from WishGarden Herbs. A heating pad or wrapped hot water bottle may provide some relief but use caution near your baby to prevent burns. Laying on your stomach for a few minutes may also provide some relief. Breastfeeding increases the afterpains but is necessary to keep the uterus firm and the baby fed.

Bathroom hygiene: Change your pad each time you use the bathroom. Do not use tampons or any other menstrual device. Use of a peri bottle filled with warm water can help relieve discomfort when using the bathroom. Some women find that it is helpful to spray the warm water as they are starting to urinate, as this can reduce any stinging that might occur with tears. A drop of peppermint essential oil in the toilet water can help if you are having difficulty urinating. After using the bathroom, rinsing with warm water and blotting with toilet paper (instead of wiping) can minimize discomfort. Maintaining a healthy diet, increasing fiber, and drinking more water can help keep bowel movements regular, soft, and easy to pass. Prunes are another classic remedy for constipation. It is also a good idea to elevate the feet into a squatting position when having a bowel movement.



Figure 1 Image from Microsoft Word clip art

Perineum: Your bottom may be quite sore, even if you did not tear or need stitches. It is normal to feel some soreness and burning for several days after birth. If you have any swelling, cold packs can be used for the first 24 hours. You can also dribble herbal solution over a pad and freeze it. If swelling suddenly increases, call right away. You can use plain water in your peri bottle when you use the bathroom or you can add a drop of lavender and/or helichrysum essential oils. Sitz baths or herbal baths can provide relief from soreness and swelling. You can soak your bottom once each day if you have stitches or three times a day if you do not have stitches. Keep your legs together if you have a tear that was not repaired or if you had stitches. Avoid tailor sitting or climbing stairs. Avoid sitting on very soft surfaces.

Nutrition and Hydration: Breastfeeding mothers are often thirsty. Drink plenty of water to thirst and avoid sugary and caffeinated beverages. Continue to eat a healthy diet as you did during pregnancy. Make sure to eat plenty of protein, fresh vegetables, and fruits.

Resting: It is so important for you to rest. Even if you feel great, you must remember that you have a wound the size of a dinner plate in your uterus. Try to stay in bed as much as possible for the first two weeks. Limit the number of visitors and encourage those who do visit to help with household chores, preparing a meal, or playing with older children. Visitors should not expect to sit and hold the baby. That is *your* job! Sleep when the baby sleeps. Other chores can (and will) wait! You can gradually resume exercise after your bleeding stops and when you feel ready. Start slowly, with walking and stretching and build up to your pre-pregnancy activity level. Practice exercises to strengthen your pelvic floor, such as Kegel exercises. Avoid sit-ups and crunches, as these exercises can worsen any existing separation in your abdominal muscles.

Resuming Intimacy: Your cervix is still open so sex should be avoided until your bleeding has completely stopped. We typically discuss family planning options at your 6-week postpartum visit. It is possible to become pregnant while breastfeeding. (See my LAM handout for more information.)

Breastfeeding: You may experience engorgement when your milk supply comes in, though not all women become engorged. Engorgement can lead to a low fever and painfully swollen breasts. Breastfeeding frequently will help relieve engorgement and it usually only last for a couple of days. Warm compresses before nursing can help milk flow and cool compresses after a feeding can help reduce some of the swelling. If the engorgement makes it difficult for the baby to achieve a deep latch, reverse pressure softening can make it easier. Use your fingers to gently press back on the tissue of the areola, toward the chest. Do this around the nipple to make all of the tissue softer. (See my Healthy Postpartum handout for more information.)

Emotions: Hormonal changes and fatigue can cause emotional changes after giving birth. The "baby blues" is a common occurrence after birth and crying is normal. If you experience the "blues" for longer than 2 weeks, it may be a sign of postpartum depression. Postpartum depression usually lasts longer and may be accompanied by

anxiety, insomnia, mood swings, withdrawal, loss of interest in usual activities, difficulty bonding with your baby, feelings of shame/guilt/inadequacy, anger, irritability, or thoughts of hurting yourself or your baby. Please call right away if you experience any symptoms of postpartum depression.

Postpartum Instructions for Baby

Breastfeeding: Feed the baby at least every 2 hours, day and night. Avoid going longer than 4 hours between feedings. Baby moving during sleep, opening his/her mouth, and turning his/her head to the side are signs of hunger. Crying is a late feeding cue. Try to offer the breast before baby begins to cry. Baby should feed well at the breast. If baby is sleepy, undressing him/her can help him/her wake up. Doing gentle breast compressions can encourage baby to suck and swallow at the breast. (See my Breastfeeding handout for more information.)

Temperature: Baby's axillary (armpit) temperature should be between 96.6°F and 98.6°F. Baby should be kept warm but not overheated. Keeping baby skin-to-skin is a good way to help maintain body temperature.

Breathing: Newborns breathe irregularly with frequent pauses. Count baby's breaths for a full minute. Baby should be taking between 40 and 60 breaths in one minute.

Heart rate: Baby's normal heart rate should be between 110 to 160 beats in one minute.

Color: Baby's skin should be pink. Watch for any sudden yellow color (jaundice) in the baby's skin during the first 24 hours. It is most accurate to look at baby's skin color in natural light. Pressing on the skin makes it easier to see the color. Put the baby in a sunbeam for 10-15 minutes twice a day wearing only a diaper. Sunlight on the baby's trunk helps break down the bilirubin that causes jaundice.

Skin: Newborns frequently have skin conditions that can appear concerning but are usually normal. Your baby's skin may peel, especially if he/she was born after your due date. Babies do not need lotion but coconut or olive oil can be used if desired. Baby may have white, cheesy vernix on his/her skin, especially in skin creases. Vernix can be rubbed into the skin and does not need to be washed off. Babies often get rashes. White bumps on the face are called milia and disappear on their own. Some

babies develop "newborn acne" when they are several weeks old. This will also disappear on its own. Diaper rash can occur from reactions to the diaper material/detergent, infrequent diaper changing, or yeast. Cradle cap is a greasy or crusty growth on baby's scalp and can be treated with coconut oil or olive oil to soften the spots, followed by washing with baby shampoo.



Figure 2 Image from Microsoft Word clip art
Milia



Figure 3 Image from Microsoft Word clip art
Cradle Cap

Diaper changing: Baby should have at least one wet and one poopy diaper in the first 24 hours after birth. Baby's first bowel movements are meconium and appear dark green or black, tar-like, and sticky. Meconium can stain cloth diapers so you might want to use a liner or use disposable diapers for the first few days. Applying a coating of coconut oil or olive oil to baby's buttocks after changing can help prevent the meconium from sticking to his/her skin. The number of wet/poopy diapers should increase to 2 wet/2 poopy diapers at 2 days and 3 wet/3

poopy diapers at 3 days. Bowel movements should transition from meconium to green or brown and eventually yellow. Once your mature breastmilk has come in, baby should have 6-8 wet diapers and 3 yellow, soft stools each day. Do not retract your baby boy's foreskin. Simply wipe it clean as you would clean a finger.

Cord care: Keep baby's cord stump dry. Fold diapers over so that they don't rub against and irritate the cord stump. You don't need to put anything on the cord stump. The cord will be soft and cold during the first day but will dry out and turn brown or black by about 3 days after birth. The cord stump will fall off on its own. Do not pull on it. Call if you notice redness, warmth, or swelling around the cord stump.

Eye discharge: Some babies have yellow or green discharge from their eyes. This is the result of a blocked tear duct and will usually resolve on its own. Don't touch baby's eye but you can put a drop of breastmilk in the corner of the eye several times a day. You can also use a clean, warm, wet washcloth to gently massage near the bridge of the nose. Gently press up toward the corner of the eye, then down.



Blocked tear ducts

Fingernails: Many babies are born with long fingernails that can scratch their faces. Trim fingernails instead of restricting baby's hands by covering with mittens or swaddling. Babies use their hands to facilitate breastfeeding. Nails can be trimmed with baby nail clippers but many mothers prefer to use a nail file because it is easy to clip too far and cause bleeding when using clippers.

Sleeping: Babies should not sleep through the night. Breastmilk is digested quickly and babies need to wake to eat frequently. Keeping baby close can make it easier to feed at night. Cosleeping can be done safely by following the "Safe Sleep Seven". Using a co-sleeper attachment or side-carrying a crib are other options.

Wellbeing: Babies experience periods of quiet alertness, sleepiness, and fussiness. These are all normal. A fussy baby can usually be soothed by feeding, changing, and comforting. Wearing your baby in a wrap, sling, or baby carrier is a great way to keep baby close to you. Make eye contact and talk with your baby when he/she is alert and quiet.

Pediatrician visit: We recommend seeing the pediatrician on day 5 if there are no concerns. We perform the congenital heart defect screening at the 24-hour postpartum visit. We perform the PKU (metabolic) testing at the 3-day postpartum visit. The pediatrician can perform the newborn hearing screening.

Call right away if you have any questions or concerns.

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