

Mother & BABY BASICS

A guide to newborn care and postpartum health

Includes web app: **Expecting** 



Access the Expecting Plus App



- ❖ Go to: expectingplus.com or scan the QR code.
- ❖ Choose "Register," enter the enrollment code provided, and create an account.
- ❖ Bookmark the site or add an icon to your home screen for quick and easy access anytime.



Pro Tips

Search Feature



To find a specific topic, type a keyword into the "search" bar at the top of any page. You'll see a results list to choose from.

Tracking Tools



Log everything from the time and length of breastfeeding sessions to what's in the baby's diaper, using the convenient tracking tools. You can save and refer back to the day's activity whenever you need to.

Resume Feature

Resume

Never forget where you left off last. The Resume button (on your dashboard) takes you to the last viewed segment.



It's easy to see the topics you have finished. Just look for the completed icon.

Congratulations!

You have a new family member! As your healthcare providers, we want to make the next few weeks easy for you and your family. Whether this is your first or your third child, you'll have some questions and we're here to guide you in the right direction.

Anytime, Anywhere, All-in-one Resource

Register to start enjoying your interactive web app. You will have access to information, resources, diapering and feeding tools, and videos to give you the confidence you need to care for yourself and your little one.

Topics Include

Newborn Care

Breastfeeding

Postpartum Care

and Much More

Health and Safety

Mental Health

Videos



The health of your family is our priority. If you have any questions or concerns about your health or your baby's health, always contact your healthcare provider. If you have a life-threatening emergency, call 911 or go to the nearest emergency department.

Hand Washing

Newborns are at risk for illness. The best way to prevent illness is for caregivers to wash their hands very well and often. Everyone should wash their hands before handling your baby.

Infant Safety

- ❖ When lifting your baby, always place one hand firmly under the neck and head and use the other hand to support the bottom and spine.
- ❖ Never leave your baby unattended when changing a diaper or giving a bath. Your baby can roll off a bed or table in seconds if left alone.

Diaper Changes

- ❖ Change your baby's diaper as soon as it becomes wet or soiled.
- ❖ To help prevent infections, wipe from the front to the back, using a clean area of the cloth for each wipe. Clean between the skin folds. Pat the diaper area dry.
- ❖ To treat diaper rash, lightly cover the area with a diaper-rash ointment as advised by your healthcare provider. Let the bottom air out (without a diaper) for a few minutes each day. Keep baby's bottom clean and dry to make diaper rash less likely.



Umbilical Cord Care

The umbilical cord stump will fall off within 1-2 weeks. Keep your baby's umbilical area clean and dry to prevent infection and help it heal. An occasional drop or two of blood is normal. Never try to pull the cord stump off.

Reasons to Call Your Baby's Healthcare Provider

- ❖ fewer than 4 wet diapers in a 24-hour period after the first few days
- ❖ blood in the urine, changes in urine color, or painful urination
- ❖ frequent large, watery bowel movements (more than 1 bowel movement per feeding) or blood in the stool
- ❖ active bleeding, such as more than a drop or two of bright red blood, coming from the umbilical cord
- ❖ redness, swelling, pus-like drainage, or foul odor from the umbilical site
- ❖ odd swelling, bleeding, or odor from the circumcision area

Bath Time

A bath every 2-3 days, with spot cleaning in between, is plenty for a newborn. It is a common practice to sponge bathe babies until the cord falls off and the circumcision heals. However, some healthcare providers feel that a tub bath does not increase the risk of infection. Check with your healthcare provider for guidelines on tub bathing.

Safety

- ❖ Always have supplies within reach.
- ❖ A baby's bath water should be comfortably warm, about 100°F (37.8°C). Set the water heater below 120°F (48.9°C) to prevent burns.
- ❖ Fill a baby bath tub or shallow sink with 2-3 inches of warm water. Test the water with your elbow or the inside of your wrist.



Bathing

Gently place the infant into the tub to get used to the water. With a clean, damp washcloth, wipe your baby's face one side at a time. Continue cleaning your baby top to bottom, cleaning in all the folds. Finish with the diaper area, wiping front to back. Wrap baby in a warm, dry towel.

Uncircumcised Baby Boy

The foreskin of the penis requires no special care. Just clean the penis with mild soap and water at bath time or as needed. Be careful not to force the foreskin back, as it is still attached to the head of the penis.

Circumcised Baby Boy

The circumcised penis will look red and swollen. You may notice a yellowish discharge on the head of the penis. It is normal. Do not wipe it off. The area should heal within 10-14 days. If your baby has a Plastibell circumcision, the plastic ring will fall off on its own within 5-8 days.

Rinse the penis with clean, warm water during diaper changes and baths. To keep the area from sticking to the diaper, apply a generous amount of petroleum jelly on the healing area with each diaper change.



Cleaning a Baby Girl

Girls may have a white or pink mucus-like vaginal discharge in the first few weeks. This is normal. Spread the labia gently and wash front to back. Use a clean area of the washcloth with each wipe. Rinse well.

Safe Sleep

Reduce Baby's Risk

- ❖ Do not allow anyone to smoke around baby.
- ❖ Breastfeed your baby.
- ❖ After breastfeeding is well established, at about 1 month of age, offer a pacifier when you lay baby down to sleep.
- ❖ Do not use positioning devices.

Many babies die every year from SUID (Sudden Unexpected Infant Death). SUID is the death of an infant less than 1 year of age that occurs suddenly and unexpectedly. SUID includes SIDS and other sleep-related infant deaths.

Keep your baby safe during sleep time:

- ❖ Make sure all caregivers place baby on his or her back for sleep until 1 year of age.
- ❖ Lay baby on a firm sleep surface, such as a firm crib mattress covered with a fitted sheet.
- ❖ There should be nothing in the crib with baby.
- ❖ Dress your baby for the temperature of your home. If baby needs a cover, add a layer of clothing or use an infant sleep sack.
- ❖ Avoid overheating your baby. He or she should not feel hot or sweaty to the touch.

Tummy Time

Several times a day, place your awake baby on his or her tummy and spend time playing. This activity develops the muscles that lift the head and shoulders. Never leave the baby alone.



Room-share, but do not bed-share. Create your baby's own sleeping area in your bedroom away from windows, draperies, cords, or other hazards.

Sleeping Patterns

Your newborn will sleep 14-18 hours a day, but sleep is not constant. Infants wake frequently around the clock for feeding. Getting used to a newborn's schedule can be tough, but be patient. As your baby's internal clock begins to work, patterns of daytime activity and nighttime rest will form.

Car-seat Safety

Everyone riding in a motor vehicle must be properly restrained on every trip—and that includes your newborn.

- ❖ Infants must ride rear-facing, preferably in the middle of the back seat.
- ❖ The best car seat is one that fits your child and your vehicle, and is used correctly every time.
- ❖ Follow the instructions that came with the car seat and your vehicle owner's manual.
- ❖ Learn more by visiting: www.nhtsa.dot.gov.

Look Before You Lock

Never leave children or pets alone in a car. Temperature in a parked car can reach more than 100°F (37.8°C) within a few minutes.

Select a Car Seat

- ❖ Select a rear-facing car seat with a 5-point harness system.
- ❖ Check for a label saying the car seat meets federal safety standards.
- ❖ Avoid used car seats.
- ❖ Have your car seat installation inspected by a certified car seat technician.

Securing Your Baby in a Car Seat



Baby's head should be at least 1 inch below the top of the car seat.



Route harness through the nearest slot at or below the child's shoulder.



Adjust the harness straps so they are straight over the baby, not twisted. The chest clip should be at the baby's armpit level.

Tighten the harness snugly over baby's shoulders and hips. You should not be able to pinch the harness strap between your fingers at the collarbone.

- ❖ Do not add aftermarket car seat accessories or place anything underneath or behind the baby unless it came with the car seat.
- ❖ Remove bulky jackets or blankets before buckling baby in. If you are concerned that your baby may get cold, buckle baby into the car seat first, then place a blanket on top.
- ❖ When your baby outgrows an infant car seat, the next step is a rear-facing convertible car seat with higher rear-facing limits.

Your Baby's Cry

Soothe a Crying Baby

No magic methods can prevent crying episodes. Try these tips:

- ❖ Cuddle your baby against your chest, skin-to-skin.
- ❖ Make background noise such as a shsss sound, or play music of soothing ocean or rain sounds.
- ❖ Take baby for a walk in a stroller or go for a car ride.
- ❖ Let baby suck on your finger or his or her hand.
- ❖ Take baby to a quiet place to relax and calm down.
- ❖ If you need a break, lay your baby in a safe place such as a crib, close the door and go to another room. Check on your baby every few minutes.

Excessive Crying

Healthy babies may fuss and cry inconsolably for no apparent reason. It is neither your fault nor your baby's if nothing seems to work. It is more important to stay calm than to quiet the baby. Keep in mind that crying will not hurt your baby. Staying calm and having a plan of action will help you both cope better.

- ❖ Meet your baby's physical needs.
- ❖ Try soothing techniques to calm your baby.

Methods for Calming Yourself

If you feel yourself becoming stressed or angry, place your baby safely in the crib on his or her back and take a 10-minute break.

- ❖ Go outside for some fresh air.
- ❖ Take several deep breaths. Inhale through the nose and slowly exhale through the mouth. Imagine stress leaving your body.
- ❖ Close your eyes and slowly count to 10.
- ❖ Wash your face or take a shower.
- ❖ Exercise or stretch for a few minutes.
- ❖ Listen to music that makes you happy.
- ❖ Call a friend or family member and ask for help if you cannot calm down enough to safely care for your baby.

If crying persists for more than 3 hours without stopping, or if you are concerned about your baby, trust your instincts and contact your baby's healthcare provider right away.

**No one plans to hurt a baby.
It just happens. Take a break.
Stay calm. Never shake.**



Shaken Baby Syndrome⁹

Shaken Baby Syndrome, or Abusive Head Trauma, happens when a child is violently shaken, thrown, or hit in the head with a blunt object. Most often, it happens when a parent or caregiver becomes upset or angry with a crying baby. It is 100 percent preventable!

One out of every 4 babies who suffer Abusive Head Trauma dies. Most survivors have lifelong complications, including vision and hearing loss, developmental delays, and physical disabilities. Whatever you do, never shake your baby. It only takes one shake to cause severe brain damage.

Why Is Shaking Dangerous?

Infants have very weak neck muscles. Babies slowly develop the strength to support and control their heavy heads. When shaken, a baby's head wobbles quickly back and forth, which can cause bleeding in the brain. Permanent brain damage, even death, can result.



If you think your baby is a victim of Abusive Head Trauma, call 911 or take your baby to the nearest emergency department right away. Bleeding inside the brain can be treated, but the doctors need to know the baby may have been shaken.

Prevention

- ❖ If you ever feel you may harm your baby, put him or her down in a safe place and walk away to calm yourself.
- ❖ Never shake, throw, or hit a baby. Learn what to do if your baby will not stop crying. Visit www.dontshake.org.
- ❖ Support baby's head as you hold or play with your child.
- ❖ Do not jog with your baby in a front or back carrier.
- ❖ Do not hold your baby during an argument or fight.
- ❖ Do not leave your baby with anyone who is angry or under the influence of drugs or alcohol.
- ❖ Babysitters or siblings may injure a baby by shaking. Teach the dangers of shaking to all those who spend time with your baby.

Taking Baby's Temperature

If your baby has runny eyes, a runny nose, or signs of any unusual discomfort, take your baby's temperature. For children under 3 years of age, a rectal temperature is most accurate.

Always use a digital thermometer. Never take a baby's temperature orally.

Rectal Temperature

- ❖ Lubricate the thermometer tip with petroleum jelly.
- ❖ Insert into the rectum about ½" (just past the silver bulb). Hold your baby steady.
- ❖ When the alarm sounds, remove thermometer and read the temperature.



Axillary (Under the Armpit)

- ❖ Remove clothing from around the baby's chest and one arm.
- ❖ Lift your baby's arm and place the bulb in the armpit.
- ❖ Lower your baby's arm and bring it across the chest to hold the thermometer in place until the alarm sounds.

An infant's temperature ranges between 97.5°F and 100.3°F (36.4°C and 37.9°C). Call your healthcare provider right away if your baby is less than 3 months of age and has a fever of 100.4°F (38°C) or higher.

Jaundice

Jaundice occurs in up to 75 percent of all newborns. Jaundice is a yellowing of the skin and the whites of the eyes. As the body breaks down old red blood cells, a chemical called bilirubin forms. Some babies cannot remove bilirubin from the bloodstream fast enough, so they develop jaundice. Jaundice is often seen 3-8 days after birth. It appears first in the face and arms, then moves down to the chest and legs. Most cases of jaundice are mild and will resolve within 1-2 weeks without treatment.

Severe jaundice, however, can cause brain damage. Call your baby's healthcare provider if your baby shows any signs of jaundice.

Signs of Illness

Call your baby's healthcare provider if you have an uneasy feeling about your baby's well-being or if your baby

- ❖ has swelling or drainage from the eyes, belly button, or circumcision;
- ❖ will not stay awake for feedings or refuses 2 or more feedings;
- ❖ vomits 2 full feedings in a 24-hour period;
- ❖ has a yellow tint to the skin (face, abdomen, arms or legs) or whites of the eyes;
- ❖ has fewer than 6 wet diapers in a 24-hour period after 5-7 days of age;
- ❖ does not have a bowel movement for more than 24 hours after 3 days of age;
- ❖ has diarrhea that is mostly water or stools that are almost white;
- ❖ is very irritable, and crying cannot be relieved;
- ❖ has white patches in the mouth that cannot be wiped away (thrush);
- ❖ changes his or her eating habits;
- ❖ has a fever of 100.4°F (38°C) or higher and is less than 3 months old.

Call 911 If Your Baby

- ❖ is breathing very fast or stops breathing;
- ❖ has a dusky-bluish tint to the skin;
- ❖ is lethargic and unusually difficult to arouse;
- ❖ has a bulging or sunken soft spot (fontanel) on the top of the head;
- ❖ has a life-threatening emergency.

Is it Jaundice?

Press your finger against the tip of baby's nose or forehead, pushing blood away from the surface. Remove your finger.

If the baby is showing signs of jaundice, the area will look yellow. Look at baby in true daylight, as other lighting may not reveal the actual skin color.

Feeding your baby more often is the best treatment. Frequent feedings will increase bowel movements, which then will decrease bilirubin.



Breastfeeding

Breast milk is the perfect food for baby.

Benefits for Baby

- ❖ easy to digest
- ❖ helps the brain develop
- ❖ strengthens the immune system, reducing risk of disease and infection
- ❖ lowers risk of SIDS
- ❖ lowers risk of Type I and Type II diabetes

Benefits for Mother

- ❖ causes the uterus to contract and return to its normal size
- ❖ decreases postpartum bleeding
- ❖ naturally helps with weight loss
- ❖ lowers risk of osteoporosis and some breast and ovarian cancers
- ❖ lowers risk of developing Type II diabetes
- ❖ saves money

If you have questions, talk to a lactation consultant or your health-care provider.

The American Academy of Pediatrics endorses breastfeeding exclusively for the first 6 months. The Academy also supports continued breastfeeding along with complementary foods for the first year and beyond as long as mutually desired by mother and child. Although breastfeeding is natural, it is a learned skill for both mother and baby. Breastfeeding will become easier after the first 2-3 weeks.

Colostrum, Baby's First Meal

Colostrum is the first milk your body makes. Each drop is packed with nutrients and antibodies to give your baby a healthy start. Colostrum starts transitioning to mature milk in 2-5 days.

Laid-back Breastfeeding Position

Your baby's ability to latch onto the breast and your comfort during feedings are important for breastfeeding success. Try holding your baby in different positions to find what works best. The laid-back position is helpful in the early weeks, when your newborn is less coordinated.

- ❖ Relax into a semi-reclined position with your head and shoulders supported.
- ❖ Lay baby tummy-down on your body. Place baby's cheek near the bare breast. Help your baby find and latch onto the breast.
- ❖ The breast is circular, so try laying your baby at different angles.



Breastfeeding comfort depends on a good latch. Help baby until latching becomes easy for both of you. That takes a little practice.

Latching Baby onto the Breast

¹³

Support the bottom of the baby's head and neck at the level of your breast, so baby's nose is in line with your nipple. Using your free hand, cup your fingers behind the areola (dark area around the nipple) in the shape of a C—thumb above baby's upper lip and fingers below the jaw.



Tickle baby's upper lip with your nipple. Wait until the mouth opens wide and the tongue extends over the lower gum. Then quickly, but gently, apply pressure behind the shoulders (not behind the head) to bring the baby to the breast, chin-first, with the nipple pointing toward the roof of baby's mouth.

Removing Baby from the Breast

If you feel pinching or pain, remove baby from the breast and try latching again. First break the suction. Gently slide your finger between your nipple and baby's gums. The mouth will release without causing pain.



Baby's lips are turned out around the breast with your nipple on top of the tongue.

Signs of a Good Latch

- ❖ Baby's mouth is open wide, covering the nipple and as much of the areola as possible.
- ❖ Baby's chin is touching the breast.
- ❖ Baby can breathe easily through the nose.
- ❖ Baby sucks slowly and deeply with pauses (suck—swallow—breathe).
- ❖ You feel a tugging sensation, but breastfeeding is not painful; some tenderness for the first few days is normal.

Feeding Patterns

At first, it will seem as if your newborn is feeding all the time. Breast milk is quickly digested, so a baby needs to breastfeed at least 8-12 times every 24 hours during the first few weeks. Frequent feedings are needed for the baby to gain weight and to stimulate your body to produce plenty of milk.

Feed your baby at the first signs of hunger. Do not wait until baby cries. Crying is often a late sign of hunger; it can make latching on harder. Allow your baby to nurse on-demand and without a time limit. Feedings can vary in duration and can be as frequent as every 1½ hours. The time between feedings is measured from the start of one feeding to the start of the next. As your baby gets older, the frequency and length of feedings will change. Most babies develop a pattern within 6-8 weeks.

Once your milk production increases, you should hear a swallow after every few sucks. Your baby may take short breaks to rest and then begin suckling again. Let your baby finish the first breast before offering the second. Alternate the breast you offer first at each feeding. This ensures both breasts are stimulated and emptied.



Hunger Cues

- ❖ rapid eye movement under eyelids
- ❖ rooting or sucking movements of mouth or tongue
- ❖ sucking on fingers or hand
- ❖ alert and active behaviors
- ❖ body movements and sounds



Feeding Tips

- ❖ Try different holds. Changing positions helps produce more milk by emptying all areas of the breast. It also helps prevent sore nipples.
- ❖ Avoid bottles and pacifiers for the first 4 weeks or until breastfeeding is well established. Both take time away from breastfeeding and teach baby to suck differently, which may make nursing difficult.
- ❖ Infants who sleep for long periods may need to be awakened every 3-4 hours to make sure they get enough to eat.
- ❖ If your baby falls asleep after only a few minutes of active feeding, gently massage the breast to get the milk flowing and your baby suckling again.

Growth Spurts

Your baby will have “growth spurts” around 7-10 days, 3 weeks, 6 weeks, and 3 and 6 months of age. During these growth spurts, your baby may nurse more frequently for a few days to increase your milk supply. Your baby’s suckling and drinking milk tell your body how much milk to produce. After the growth spurt is over, your baby will settle back into a normal pattern.

Burping

Babies swallow air during feedings. The swallowed air can make the baby fussy. Burp your baby when changing breasts and at the end of each feeding. When feeding from a bottle, burp your newborn after every ounce, and again at the end of each feeding. Babies may not burp with every feeding. If no burp comes, keep your baby upright for a few minutes before laying him or her down.



Breastfeeding When You Are Sick

If you develop a cold, flu, or bacterial illness, continue to breastfeed. By the time you show symptoms, your baby has already been exposed. Your body will produce antibodies in your milk that will protect your baby from getting sick. If you cannot breastfeed for any reason, express your milk so it can be given to your baby during this short period.

Sore Nipples

Breastfeeding should not be painful, but your nipples may feel tender for the first few days. If your nipples become sore, your baby may not be latching correctly. Breastfeed on the least sore side first, so the baby is not nursing as actively when moved to the sore breast. After feeding, express a few drops of milk onto the nipple and areola and air-dry for 10 minutes.

Call Your Healthcare Provider if Your Baby

- ❖ is sleepy and hard to wake for feedings
- ❖ has fewer than 6 wet and 3 soiled diapers per day after 5-7 days
- ❖ has green, watery, foul-smelling stools
- ❖ acts hungry or fussy even after nursing
- ❖ has trouble latching or staying latched onto the breast
- ❖ feeds fewer than 6 times in 24 hours during the first month

The First Week of Breastfeeding

	Day 1	Day 2	Day 3	Day 4
Milk Supply	Colostrum (early milk) is thick and yellowish in color.		Milk begins to transition from colostrum to mature milk and increases in volume.	
Baby's Readiness to Feed	Feed when baby is alert, mouthing, rooting, or putting hands to mouth.	Baby will be sleepy. Wake for feedings.	Continue to feed when baby is alert, mouthing, rooting, or putting hands to mouth.	
		Wake to feed if 3-4 hours have passed since the		
Feeding Patterns	Nurse as soon as possible after birth.	Baby may cluster feed—feeding frequently in a short period of time.		
		Breastfeed at least 8-12 times each		
Breast Issues	To help prevent sore nipples, prevent baby from latching and sucking on only the nipple.		Breasts may begin to feel fuller.	
Baby's Urine	Expect at least 1 wet diaper in the first 24 hours.	Look for 2 or more wet diapers.	Look for 3 or more wet diapers.	
Baby's Stool	Baby may have 1 dark-colored (meconium) stool.	Baby may have 2 or more dark-colored stools.	Stools should be getting lighter in color. Look for 3 or more stools.	

Cow's milk, honey, and supplemental water should NOT be given to children

Visit the Expecting Plus Web App to access tracking tools for diapering, breastfeeding, and more.

Day 5

Day 6

Milk continues to transition and increase in volume.

Baby appears satisfied after feeding.

beginning of the last feeding.

Cluster feeding may continue, especially in the evening.

24 hours.

Breasts may be firm and may leak.

Nipple tenderness (if present) is improving or is gone.

By the end of the week, expect 6-8 wet diapers per day of colorless or light yellow urine.

By 5-7 days, expect 3-6 stools per day. The stools should be soft and mustard-yellow, with seed-like particles.

under 1 year of age.

To determine how well your baby is doing the first week, answer these questions:

- ❖ Is breastfeeding going well?
- ❖ Is your baby alert and nursing at least 8 times in 24 hours?
- ❖ Does your baby seem satisfied and content after feedings?
- ❖ Has your milk increased (breasts feel firmer and warmer before feeding)?
- ❖ Are your breasts softer after feeding?
- ❖ Do you hear swallowing sounds when your baby drinks?
- ❖ Is baby's latch and suckling comfortable for you?
- ❖ Is baby wetting 6-8 diapers and having at least 3 large, soft, yellowish bowel movements every 24 hours by the end of the first week?
- ❖ If baby's skin was yellow (jaundiced), is it getting less yellow?
- ❖ Is baby gaining weight steadily after the first week (4-7 ounces per week)? Baby should be back to his or her birth weight by 10-14 days.

If you answered "no" to any question, contact your lactation consultant or healthcare provider for assistance.

Expressing Milk

Expressing is the process of removing milk from your breasts by hand or with a pump. This milk can be collected, stored, and fed to your baby at a later time.

Hand Expression

Hand expression can be used to soften the nipple to help the baby latch on, or to empty your breasts. A sleepy baby may awaken if you express a few drops. The infant can taste the milk and may eagerly take the breast. Place a warm compress over both breasts for about 5 minutes. Use the pads of your fingertips to massage the breast gently. Massage in a circular motion, rotating around the entire breast.



Place your thumb and forefinger on the breast about 1½" behind the nipple, with your nipple centered in between.

Press

Compress

Release

Press into your breast, toward the chest wall. Then gently compress the breast tissue by bringing the pads of your thumb and forefinger together. Then release.

Repeat several times in a rhythmic motion like a baby nursing (press, compress, and release). You will soon see milk. Hold a sterilized container below your breast to catch the milk as it flows. Rotate the placement of your thumb and forefinger around the breast to empty all your milk ducts.

Electric Breast Pumps

Breast Pumps can be used for initiating, building, and maintaining milk supply. If you plan to express your milk often, you may prefer to use a pump. Learn to use your pump a couple of weeks before you will be separated from your baby so you will be efficient at pumping and storing your breast milk.

Storing Breast Milk

Collect and store milk in a clean bottle or disposable milk storage bag. Fill each bottle with enough milk for 1 feeding. Storing 2-4 ounces of milk per container should reduce waste. Use a solid cap to create an airtight seal.

As your milk supply increases, the extra fluid and increased blood flow may make your breasts feel tight and tender for a few days.

This is normal. If your baby has not been breastfeeding well or often, your breasts may become overly full and feel hot, hard, and painful. Unresolved overfullness can damage your milk supply and increase the risk of breast infections.

Prevention

- ❖ Breastfeed baby on demand. Express milk as needed. Emptying your breasts every 2-3 hours prevents overfullness.
- ❖ Alternate breasts. Empty one breast at each feeding.
- ❖ Check baby's latch.
- ❖ Vary breastfeeding positions.
- ❖ Avoid weaning abruptly.
- ❖ Avoid bottles or pacifiers.

Treatment

- ❖ Hand express enough milk to soften the nipple and areola.
- ❖ To help with latch-on, press your fingertips around the base of the nipple for 1-2 minutes to move fluid away from the areola.
- ❖ Massage hardened areas of the breasts in a circular motion with the pads of your fingers.
- ❖ Apply ice packs to your breasts as needed for comfort.

Plugged Ducts and Mastitis

In a breastfeeding mother, a milk duct can become blocked and cause a hard, tender knot on the breast. For treatment, apply a warm compress to the affected area before feeding. Allow your baby to nurse often. Offer the plugged breast first if it is not too tender. If possible, position baby so the chin or nose points to the plugged duct. This will help drain the area more effectively. Use hand expression or a pump to express any milk left in the plugged breast after feeding.

If the condition worsens, you may develop mastitis. Mastitis is an infection, often associated with flu-like symptoms, fatigue, fever, and headache.

Call Your Healthcare Provider If

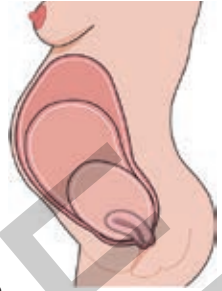
- ❖ your breasts have red spots or streaks and feel tender or painful;
- ❖ your nipples are sore, cracked, or bleeding;
- ❖ latching or breastfeeding is very painful;
- ❖ you have chills, flu-like symptoms, or a temperature greater than 100.4°F (38°C).



Postpartum Recovery

The postpartum period lasts about 6 weeks. It begins with your baby's birth and ends when your uterus returns to its prepregnancy state.

- ❖ Immediately after birth, the top of the uterus is often at the level of the navel. Within 6 weeks, the uterus will shrink to its normal size.
- ❖ During the first week, you may have after-birth pains or cramps. These contractions compress the blood vessels within the uterus and help prevent excessive bleeding.
- ❖ The bloody discharge from the vagina after childbirth is called lochia. It lasts 3-6 weeks. It will gradually decrease and become lighter in color as the uterus heals. If you start bleeding more heavily or bleeding returns to a bright red color, you are doing too much.
- ❖ Take it slow. During the first week, spend half your time resting and off your feet, avoid lifting anything heavier than your baby and limit stair climbing to once or twice a day, especially if you had a Cesarean birth.
- ❖ Make an appointment with your healthcare provider for a follow-up visit at about 4-6 weeks after delivery. At this appointment, your healthcare provider will check on your physical recovery and emotional well-being, and let you know if it is safe to resume sexual intercourse.



Perineal Care

The perineum is the area between the vagina and the rectum. After delivery, it will be swollen and tender. Apply ice packs for the first 24 hours to reduce discomfort. Use a peri-bottle for cleansing when changing sanitary pads (avoid tampons), after urination, or after a bowel movement. Fill the bottle with warm water and direct the spray from front to back. Pat dry.

An episiotomy is a small incision between the vagina and the rectum that is sometimes made during delivery. If you have stitches, they will dissolve in about 3 weeks. Ice packs and sitz baths will ease the discomfort of your episiotomy. Antiseptic spray or antibiotic cream may provide comfort.



Cesarean

Recovery after a Cesarean will take a little time. For the first few weeks, limit your activities. Initially, a dressing covers your incision. When the dressing is removed, you will notice the incision is held closed with staples, stitches, Steri-Strips, or surgical glue. To prevent infection, keep the incision clean and dry. Constipation and a buildup of gas in the intestines are common problems after a Cesarean birth. Follow your healthcare provider's care instructions.

Hemorrhoids

Hemorrhoids are swollen veins of the rectum. Pregnancy or childbirth may cause or aggravate them. Straining during bowel movements can make the problem worse. Alternate lying down with sitting, standing, and walking, as changing positions helps keep pressure off the rectum. Use cold compresses, sitz baths, witch hazel pads, and medicated sprays and ointments to reduce swelling and relieve pain.

Postpartum Preeclampsia

Pregnancy-induced high blood pressure is a condition called preeclampsia. It can develop after childbirth, most often during the first week, but it can occur at any time during the first 6 weeks after delivery, even if you did not have preeclampsia during pregnancy. Report any symptoms to your healthcare provider. They include headaches that won't go away, blurry vision, upper abdominal pain, swelling in the hands or face, and nausea or vomiting.

Deep Vein Thrombosis

Deep vein thrombosis (DVT) is a medical condition that occurs when a blood clot forms deep in a vein, such as in the lower leg, thigh or pelvis, but it can also occur in the arm. To lower your risk, avoid sitting or lying for long periods of time. Exercise your legs by tightening and releasing the leg muscles and rotating the ankles.

Nutrition

Eating the right foods will give you energy, support your physical well-being, and help stabilize your mood. Eat at least 3 well-balanced meals per day with 1-2 healthy snacks. Choose foods that are rich in calcium, vitamin D, folic acid, and protein.



Some items you eat or drink pass into your breast milk and can affect your baby. Limit foods and drinks high in caffeine. Avoid alcohol, smoking, and nonessential medications while you are breastfeeding.

Baby Blues & Depression

Emotional Health

Feeling tired and a little anxious is normal for a new parent. Try these helpful self-care tips:

Support

- ❖ Ask family and friends to assist with meals, daily tasks, or to watch the baby for a while.
- ❖ Talk about concerns with someone you trust at least weekly.

Sleep

- ❖ Sleep when baby sleeps. Naps give you energy.

Exercise and Nutrition

- ❖ Go out in the sunlight and get at least 20 minutes of exercise daily.
- ❖ Make healthy eating a priority.

Stress Management

- ❖ Do something you enjoy—read a book, listen to music, spend time out with friends.
- ❖ Take it easy. Chores and projects can wait.
- ❖ Avoid making any major life changes right away.

Most mothers have emotional ups and downs in the first couple of weeks after childbirth. In fact, about 8 out of 10 mothers experience some form of the “baby blues.” These feelings are completely normal.

The blues often begin at 2-3 days after delivery and usually go away without treatment.

Symptoms of Baby Blues

- ❖ anxiety, sadness or crying spells
- ❖ feeling lonely, even around family
- ❖ mood swings, such as lashing out in anger at your baby, your partner, or others
- ❖ trouble eating or sleeping
- ❖ difficulty making decisions
- ❖ questioning whether you can handle the responsibility of a new baby

If these feelings prevent you from caring for your baby or functioning normally—or if they last for more than 2 weeks—you may have postpartum depression.

Postpartum Depression

About 1 out of 7 women develops symptoms of postpartum depression. It can come on quickly, in which case your symptoms will be severe and very noticeable. It can also occur slowly, making it harder for you to recognize that what you are feeling is not normal. Postpartum depression often begins within the first month but can occur anytime within the 12 months following childbirth.

Postpartum depression is very real, and it can make caring for yourself and your baby difficult. It is not your fault, and there is no reason to feel ashamed. Depression can affect both women and men.

Warning Signs

Call Your Healthcare Provider Right Away If You Have

- ❖ clots the size of an egg or larger
- ❖ bleeding that soaks through 1 pad per hour
- ❖ bleeding that increases or returns to bright red after having been lighter
- ❖ a foul odor from the lochia or episiotomy area
- ❖ increased redness, swelling, pain, or pus at incision sites
- ❖ pain or burning with urination or trouble passing stools
- ❖ severe tenderness, redness, or swelling in your legs or breasts
- ❖ severe headaches or changes in vision
- ❖ a temperature over 100.4°F (38°C)

Call 911 if You Have

- ❖ seizures, chest pain, shortness of breath, or trouble breathing
- ❖ thoughts of hurting yourself, your baby, or others

Depression Warning Signs

- ❖ strong feelings of sadness, panic, agitation, or worthlessness
- ❖ blaming yourself unnecessarily for things that go wrong
- ❖ loss of interest, joy, or pleasure in your usual activities or hobbies
- ❖ lack of interest in the baby or intense worry or concern about the baby
- ❖ trouble focusing, remembering, or making decisions
- ❖ lack of energy or motivation
- ❖ trouble sleeping or sleeping too much
- ❖ overeating or loss of appetite
- ❖ not wanting to be around family and friends

Talk to your healthcare provider right away if you or your partner notices any symptoms.

Visit Postpartum Support International at www.postpartum.net.



Congratulations on the birth of your new baby!

Although some of the finest doctors, nurses, and hospitals contributed to this booklet, you will soon become the expert. Nature has provided you with excellent instincts. Using a combination of common sense, good care practices, and lots of love, you can make wise choices for yourself and your baby.

This booklet contains general information about newborn and postpartum care and is not meant to be used for diagnosis, treatment, or as a substitute for medical attention. If you have questions or concerns about your health or your baby's health, contact your healthcare provider or medical facility.

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