

AFTER THE BABY IS BORN

First, let me say that none of these suggestions or information is meant to frighten you; only to help you become aware of some deviations from normal. The likelihood of any problem is small, but something none the less to keep in mind. This is not a replacement for advice from your doctor.

THINGS TO WATCH FOR IN YOUR BABY

Make sure all the plumbing works:

a. Coming in: Your baby may or may not exhibit excess mucous in the nose and throat at birth. Sneezing is a way of clearing the respiratory tract in babies, and is not associated with "colds." Gentle suctioning with a bulb syringe may help, especially in the nostrils, as babies are nose breathers. Remember: "When you turn your back on your baby, don't turn your baby on its back." If you place your baby on either its stomach or side, propped with a rolled up blanket or towel to its back, mucous or vomitus can drain normally without as great a risk of choking. If the baby is really full and spitting it out, allow him to take advantage of gravity by turning him on his side with his head slightly down. Comfort and love him because he can probably get the mucous up and out better than you and your bulb syringe, and he/she needs your support.

The remote possibility of a hole between the windpipe and tube leading to the stomach (known as a tracheo-esophageal fistula) is always a consideration, even when the most healthy appearing infant. This hole may vary considerably in size from a very small leak to a pouch which completely stops before the stomach and then leads directly to the lungs. Needless to say, the latter is quite dangerous and shows itself by your child's behavior almost immediately. (If the passage to the lungs is obstructed or not completely present, your child will require immediate resuscitation attempts, or may not breathe at all.)

Okay then, what do you watch for? Signs of excessive mucous immediately after nursing or vomiting after every feeding. (Some vomiting or regurgitation is normal in all babies at one time or another.) Difficulty in breathing while nursing, turning ashen gray or blue means something is wrong, and requires immediate attention. Obviously, stop feeding/nursing until something more diagnostic is confirmed. (Whenever a new baby's lips turn blue, consult your pediatrician, as it may be a circulatory or heart defect symptom.) A slow leak in the tube may only cause frequent mucous and vomiting and may go unnoticed for months. A major problem is pneumonia.

The baby's sucking, swallowing and receiving your colostrum will help clear the normal mucous and digestive tract.

The valve leading from the stomach, known as the pylorus, sometimes gets stuck or spastic, known as pyloric stenosis, may cause frequent vomiting, since the stomach is not emptying properly. The baby will not gain weight as fast as he should. This is fairly easy to correct surgically, but recent studies indicate that a greater degree of mothering and close physical contact will often "cure" the problem.

b. Going out: Many babies will excrete meconium at birth, and at the same time confirm a continuous cycle from the mouth to anus, which is the way you want it. It may, however, take several hours and usually by 24 hours your baby will release a large volume of very thick and sticky black stool. It is possible that you will notice the meconium plug which is a wad of mucous and meconium. This is normal and is nothing to be concerned about. Don't let the volume of meconium alarm you, as it decreases and

disappears by about the third day, turning to a yellowish mustard color and consistency in breast fed babies. If the baby has not passed some meconium by 24 hours, gently insert a rectal thermometer into the baby's rectum. If the thermometer, with some lubrication, will not easily go in at least 1 to 2 inches, do not force it. Call your pediatrician as soon as possible.

Sometimes the anus is a blind pouch on the outside or completely absent, known as an imperforated anus. It is fairly common as a birth defect, and easily repairable, even though it does require immediate attention, hospitalization, surgery and some special care and love.

Again, many babies urinate at birth, and it may not be noticed, as it blends in with other fluids. Babies usually urinate by 24 hours. The urinary tract is far more delicate and you should never try to insert anything into it. The foreskin in little boys may not have an opening -- check. Little girls often have a few drops of blood on their diaper. This is false menstruation, and a hormonal leftover from your own system. It will pass soon, so don't worry. The bleeding, however, should not be mistaken for blood in the urine, which is abnormal, and warrants investigation by a pediatrician.

Jaundice and Skin

Most babies are pretty pink at birth with moist, soft skin. Occasionally, by the second or third day this pink vanishes and is replaced by a jaundice or yellow skin. The whites of their eyes may be quite yellow, and the first symptom (or the last). Fortunately, MOST of the time this is a fairly common process known as physiologic jaundice and is not serious. Physiologic jaundice usually disappears spontaneously by the fifth day, with no other signs of illness.

Very simply, the yellow pigment is the product of a breakdown of red blood cells which have not been initially broken down completely by the still immature liver. If allowed to go untreated in severe cases, secondary problems can arise. The baby may have very foul smelling stools, become lethargic (very sleepy,) vomit or lose his appetite, and generally "feel funny", even though an elevated temperature may not be present. Medical imbalances set in. In severe cases treated by an M.D., some babies may need partial or complete blood transfusions and further care. However, in most hospital cases of physiologic jaundice, babies are treated simply and almost mysteriously by being placed naked in a warm incubator with eyes protected under an ultraviolet lamp known as a "Bilirubin Light." The wave lengths of these blue or white lights help to break down the excess bilirubin. After about 24 hours of this treatment, the child usually goes back to normal.

In home situations, the pediatrician should always be contacted if the jaundice appears on the first day or does not disappear by the fourth day, or if any abnormal symptoms of illness appear. If in doubt, check with your doctor. A simple blood test tells objectively what your baby's bilirubin level is. There is now home phototherapy available for the treatment of severe jaundice so you do not necessarily need to take your baby to the hospital. A skilled technician will come to your home daily and monitor your baby as needed.

Some authorities feel jaundice appears more frequently in breast fed babies, and may suggest that you discontinue nursing. Of course, that is your decision, but perhaps consultation with a physician who is not only supportive but encourages breast feeding may be in order. Speak with a member of La Leche League too for further information.

If you suspect your baby is getting jaundice, it is important that your baby takes in as much fluid as possible to help flush this out. Frequent nursing (at least every two hours) and fresh sunlight usually helps to alleviate this problem.

Your baby's skin may become dry, crack, and even bleed. Prevention here again is the best cure. Never wash the protective vernix off, and never use any soaps or other drying agents, unless specifically requested by your doctor, for at least one week. A mild, diluted baby soap may be used discretely. A daily soap and water bath is not necessary for a newborn, as their skin pores do not act in the same excretory manner as ours. If they develop a diaper rash, try leaving the diaper off. Air, sunshine and clean diapers are healing in themselves. Vitamin A & D ointment is nice. Whatever you do use, use it in small amounts, and make it go a long way. Babies skin pores are very tiny, and easily become clogged. For dry skin, try some natural vegetable or seed oils (almond, coconut, etc.), and rub them in gently.

Sometimes your detergent or other washing additives may cause an allergic reaction. Make sure everything is rinsed in clear water to help rule this out. Some garments are treated with a commercial flame retardant will also produce an allergic reaction, and although the intention of the industry is unchallenged, think about buying and using only natural untreated fibers.

Red blotchy areas may also appear, especially on the upper chest and face. They may or may not be accompanied by small "blisters". It is not uncommon, and is said to be a reaction to the immature nervous system in the newborn. It is difficult to differentiate these rashes, so watch for secondary symptoms and use your best judgment. When still in doubt, call your pediatrician.

CORD CARE

After the cord has been clamped, it immediately begins to shrink by a process of dry gangrene. We have found no special treatment of the cord is required other than keeping it dry. You will probably want to clean around the base with a q-tip. Should the cord become damp or start emitting an odor, you might want to consider using hydrogen peroxide at least three times daily for its antiseptic and drying properties. By the end of 36 hours, the cord is a black stringy stump held by a small thread of tissue. We usually use a banding process on the cord that does not need to be removed. If for some reason we use a cord clamp, it may be removed any time after 24 hours. We normally remove the clamp when we come to do the postpartum visit, however you may remove it by releasing the locking tab with a diaper pin. Be careful not to pull on the cord stump when you do this. Make sure that you keep the diaper off the stump so that it can dry. A tiny drop of blood, when the cord falls off, is common. You may continue (if necessary) with a couple drops of hydrogen peroxide to the base for a couple of days and note any redness or signs of inflammation.

NEWBORN SCREENING

According to Georgia law, newborn screening must be performed on all babies. This test may be done either by your pediatrician or local health department. There are several genetic diseases tested by taking a blood sample from the baby's heel and put on a special blotter paper. Phenylketonuria (PKU) is one of these tested. This test detects whether an enzyme deficiency is present which, if so, could result in mental retardation. The baby must be on protein (milk) for at least 24 hours for this test to be valid but should be

done no later than 2 weeks after the birth. Remember that it takes approximately 48 hours for your milk to come in. Prior to that the baby gets only colostrum.

MOTHER CARE

Don't hesitate to call us if anything seems a little strange to either one of you, or if you don't know if it's "normal." If you are sitting there wondering if you should call... then CALL.

POSTPARTUM BLEEDING

If you soak more than one pad in 20 minutes (or 3 in one hour) massage your uterus firmly on both sides to get it to contract well. If it's not contracting (or poorly) and bleeding is continuing, call us and continue massaging deeply on the sides in a circular motion, never pushing the uterus down towards your bottom.

Check your uterus for firmness often. It's a good idea to massage for one full minute every five minutes for the first hour, then one minute every 10-15 minutes for the next few hours. Check for firmness every time you think about it for the first 24 hours after birth. It should be hard and about the size of a grapefruit (or smaller). The next day it may get bigger, but it should be at your navel or lower. If it is above your navel or over to the side, you may have a full bladder holding it up. You will have to remind yourself to go urinate. Without the baby sitting on your bladder anymore you may forget to go. An overfull bladder can press on your uterus and make you bleed more. If you have trouble "going" try:

1. Use your peri bottle, filling it with warm water, (you can also use a cup or pitcher) and pour it over your perineum while trying to urinate.
2. Take another shower and try to urinate while the water is running on you.
3. Sniff on a bottle of peppermint extract. Peppermint oil works better, if you have any. It sounds strange but it sometimes works.
4. Relax and allow yourself time. Your body needs to adjust your new state. Your bottom area may take a while to "remember" what it's supposed to do and how to do it.

If you have urinated and your uterus is still high (above the navel), it may be full of clots. CALL US!

Uterine bleeding, called lochia, characteristically changes color and amount as the uterus returns to its pre-pregnant size. You can expect red bleeding for 2-7 days. Massage your uterus firmly each time before you get up for the first 24 hours. When you stand up the first few times you may pass some clots, so do not be alarmed. Usually by the fourth day, the discharge is becoming more like the end of your period, pink or brown in color. It will eventually turn white or yellow in color and last 2-4 weeks. There may be a brief return to red bleeding around 10-14 days after delivery. It is the final shedding of the placenta site. Excessive activity at this time can result in a postpartum hemorrhage, so remember how important it is to take it easy for the first few weeks after delivery.

INFECTION

If your uterus feels tender and sore to touch (more than just the soreness of a muscle that has worked hard), please take your temperature. You may run some fever (and feel slightly flu-like) the day your milk

comes in. Be sure to drink plenty of water to prevent running a fever from dehydration. If your fever is over 100 degrees, or if the vaginal discharge is foul smelling, or if the uterine pain is becoming intense, please call us immediately.

TRAUMA TO YOUR BOTTOM

You should urinate within 8 hours following delivery. Make sure you have someone with you the first few times you get up in case you feel faint. Don't forget to massage your uterus before getting up. If you have trouble releasing urine, try listening to running water and remembering what it used to be like to urinate--- that first little warmth as the urine starts to descend, etc. You may also want to try to use the suggestions given earlier. Sometimes the urethra has become swollen due to the pressure of delivery, so occasionally some women need to be catheterized the first time they urinate. Please call us immediately if you feel like you need to urinate but can't.

You should also call if you notice any unusual swelling in your vagina. Sometimes a blood vessel under the skin can break during delivery and slowly leak blood under the tissue until a "hematoma" forms under the surface. These can potentially collect a lot of blood, so it is important that they be checked. You might also find that your uterus (cervix), rectum, or bladder are pressing into the vagina when you stand up. Please call us if you suspect any of these things are happening.

CLEANLINESS

Use your "peri" bottle every time you urinate for the first week or so. Fill it with warm water. Rinse with it after going to the bathroom, then blot yourself gently, and change your pad. As always, be sure to wipe from front to back.

With the exception of your sitz baths, you should take only showers until your red/pink/brownish discharge has ended. Then it is ok to take a bath in your own tub. Please wait until all the discharge has stopped and the cervix is closed before resuming swimming or hot tubbing in a public facility.

AFTER PAINS

For a few days following delivery, the uterus contracts strongly when the baby nurses. It is trying to return to its previous size, cut down on your blood loss, and help you heal as quickly as possible. These contractions can cause fairly severe cramping in some women, usually intensifying with each delivery. Try doing your breathing exercises. A hot water bottle or heating pad and the knee-chest position may also help. Some moms find relief by taking After-Ease tincture.

CARE OF YOUR PERINEUM

You will probably be sore for a few days, especially if this is your first birth. Bones, muscles, and tissues have been stretched open. If you did all this without tearing, you are fortunate. If you did tear, you must give your bottom extra time and care to heal. If you had stitches, they will dissolve on their own in 10-14 days.

We recommend ice for the first few hours after birth to cut down on the swelling, especially if there have been any tears or sutures. The day after the birth, you may start herbal sitz baths. The moist heat increases the circulation, promotes healing, and helps relieve soreness. The herbs have antibacterial, healing and anesthetic properties. You can buy sitz bath packets through birthing supply catalogues. You can also make your own by boiling a bulb of garlic in a large pot of water for 20 minutes, then add comfrey, uva ursi, and shepard's purse to steep for 20 minutes. Strain the tea into a clean basin and add cold water to bring it to a comfortable temperature. Sit in this until it cools or you are tired of it.

Other things that might feel good to your perineum include:

1. The heat of the sun or a light bulb.
2. A compress of comfrey (healing), uva ursi (antibacterial), and/or white willow bark (anesthetic). Chop up the herbs and wrap them in a gauze pad, then dip the pad in hot water, and apply it to your skin. Make sure the pad cools some before putting it on your bottom.
3. Aloe vera or honey on your pad-- the honey liquefies very rapidly, so it isn't all that sticky, and has many healing properties.
4. Tucks pads feel great. You can also use witch hazel on a gauze pad for similar results.

FOODS AND FLUIDS

You will find yourself urinating a lot in the first few days after the birth as your body rids itself of all the extra fluid it needed to maintain the pregnancy. Make sure you drink plenty of fluids so you don't get dehydrated. Dehydration will make you feverish, head-achy, and inhibit your milk production. Eat food high in iron and protein to build your strength back up. You should continue with extra vitamin C, vitamin E, and iron until you are healed. You should continue taking your prenatal vitamins while you are nursing.

FIRST BOWEL MOVEMENT

The fear of the first stool is always greater than the reality regarding discomfort. Pressing against the perineum with a pad of clean toilet paper can help to support that area during the first bowel movements. If you haven't had a bowel movement by the third day following the birth, drink a cup of Flax tea which acts as an effective stool softener. Put one tsp. flax seeds in a cup, add boiling water and cover. Let it sit for at least 20-30 minutes. It will take on a gelatinous consistency but has a mild and pleasant taste -- and it works.

HEMORRHOIDS

It is quite common to have some problems with hemorrhoids after delivery. A hemorrhoid is a swollen vein in the rectum. The best thing to do if you are having problems with your hemorrhoids, and they are internal hemorrhoids that have fallen out, is to lubricate your finger and try to push them back inside. This will feel somewhat uncomfortable, but the relief afterwards will be worth it. Once replaced, make sure you do your kegels to keep them in place and try not to strain when having a bowel movement.

If you are still experiencing discomfort there are several other things you can try. Vitamin E oil can help hemorrhoids heal. Tucks pads can help quite a bit, or you can simply try their main ingredient, witch hazel. Applying a moist tea bag (Lipton, Tetley, etc.) to your bottom and leaving it there for a while has also proven beneficial. Tea bags contain tannic acid which promotes healing. Michael's makes a homeopathic cream called RCTL which has helped some mothers. The hemorrhoids will disappear most rapidly if you prevent constipation by drinking lots of fluids and eating plenty of roughage in your diet, i.e. nuts, bran, whole grains, popcorn, and dried fruits. Avoid straining and prolonged sitting on the toilet.

KEGELS AND EXERCISING

You can start doing kegels again right after the birth, although it is usually hard to tell if you are doing them right for a while. By two weeks postpartum, you should be doing 50-100 kegels each day. These muscles contract the perineal floor and are especially important in restoring vaginal tone after having a baby. If you do your kegels religiously, you can prevent "female troubles," i.e. prolapsed organs and incontinence, later in life. You should do kegels every day for the rest of your life.

Two to five days postpartum, you can start doing light exercises to tone up your stomach, legs, and shoulder muscles. There is a good exercise program outlined in Special Delivery. These exercises will gradually and gently get you back into shape. Please wait until the bleeding has stopped and your cervix is closed before starting any strenuous exercise, such as aerobics or jogging.

RESTING

We can't stress enough how important rest is after having a baby. It is very easy in the "high" after the birth to over do, so even if you feel great and are anxious to return to your routine, don't do it. Women who do this are most often the ones who will bleed longer, develop breast infections, or come down with whatever happens to be going around at the time. Remember that your resistance is lowered after you have a baby so take care of yourself. Almost all cultures have a 6-week or 40 day period of rest and recuperation for a mother that has just given birth. Trust their wisdom.

EMOTIONS

It is common for emotions to fluctuate wildly after delivery. Many women experience fears and sadness, as well as joy and relief. The overwhelming magic of your new child and the attendant feelings of responsibility, combined with fatigue and hormone changes, affect your emotional state. Don't worry about crying. Go ahead and cry if you feel like it. Normal postpartum "blues" usually last no more than a week or two and are helped by adequate rest and good nutrition. Severe depression that doesn't improve requires consultation.

SEX

In order to minimize the chance of infection, it is important not to resume intercourse until all the bleeding has stopped and the cervix is closed. The first time you have intercourse needs to be particularly

gentle, and many women find they need extra lubrication. A lubricating jelly, such as K-Y or HR, is useful for this.

Remember there are other ways to please each other besides intercourse. The most important thing during this period is to communicate. Be easy and sensitive with each other and discuss levels of desire. Many women find it takes a little while before their sexual desire returns for a number of reasons: lack of sleep, fear of pain, the sensual demands of nursing your baby, wondering how attractive your body is and how appealing you are as a mother, etc. The father, on the other hand, may be tired from trying to work and take up all the slack around the house and may feel a little left out since he can't breastfeed the baby. It is important to be sensitive to one another's needs and moods, and to focus on how the baby has enhanced your relationship. Commitment to the relationship is usually deeper, and all of life takes on a richer and fuller meaning.

BIRTH CONTROL

The return of regular periods vary a lot from woman to woman and depends to a large extent upon how frequently and how long you breastfeed. Often periods will not resume until you wean your baby. Regardless of when your period returns, it is important to remember that you ovulate approximately 14 days before your period starts. Women do not usually ovulate while totally breastfeeding. This means no pacifiers, bottles or supplemental foods. But, we certainly know a lot of women who got pregnant while doing this, so if you want to be sure that you don't end up with two babies under the age of one, find an acceptable means of birth control and use it. Allow your body to heal, and enjoy your baby before having another.

If you used a diaphragm or cervical cap as a previous method of birth control and would like to use it again, check with your doctor or midwife. Sometimes these need to be refitted after having a baby.

***** A FEW REMINDERS *****

1. Don't keep the room too hot or too cold. If it is winter, it's a good idea to get a cool air humidifier to make the baby's environment easier on its lungs. Hot, dry air is hard on them. After the first 24- 48 hours, dress the baby the same as you would dress for comfort. Do not over dress or over wrap the baby. They can easily become overheated and will start running a temperature.
2. Have the baby sleep on its side (something along its back for support, like a rolled towel or blanket) or on its back with face to the side, so the baby can safely spit up any fluids that it may have swallowed during the birth. It is now recommended that you do not leave babies unattended on their stomachs.
3. Keep the environment quiet, somewhat darkened and calm, especially for the first few days after birth, almost womb-like, to make the transition calm and peaceful. Keep visitors to a minimum at least for 3 days and rest and privacy to a maximum.
4. Above all, please take care of yourself and do not overdo it!