

The background is a gradient of deep red and purple, transitioning into a dark blue at the bottom. Overlaid on this are several faint, white, concentric circular lines and arcs. A prominent circular scale with degree markings (40, 150, 160, 170, 180, 190, 200, 210, 220, 230, 240, 250, 260) is visible on the left side. Other smaller circular patterns with arrows are scattered across the image, creating a sense of motion and precision.

# POSTPARTUM & NEWBORN TEACHING

CONSISTENCY ACROSS THE OB TEACHING SPECTRUM

CUYUNA REGIONAL MEDICAL CENTER

# POSTPARTUM TEACHING

EDUCATION FOR MOM ON SELF CARE



# AFTERBIRTH PAINS

- Afterbirth pains are caused by the uterus constricting after delivery as it begins converting to its normal size (around the size of a lemon)
- The constriction of the uterus helps prevent postpartum bleeding. This is promoted through fundal (uterine) massage after delivery
- By two weeks postpartum, the uterus (fundus) shouldn't be palpable any longer and should be back into its normal position behind the pubic bone
- Afterpains may persist through the early postpartum period but are typically decreased by 3-5 days postpartum
- Ibuprofen, Tylenol, baths, & warm packs can help with the discomfort



# LOCHIA

- Lochia: combination of blood, mucous, and tissue discharged from uterine lining
- For the first 2 hours after birth it should be like a heavy period
- Rubra: red/brown bleeding for 1-3 days after birth. Grape size or smaller clots are normal
- Serosa: pink/brown tinged, usually days 3-10
- Alba: yellow/white for 10-14 days but may continue for up to 6 weeks or more
- Abnormal changes:
  - Reappearance of lochia rubra
  - Prolonged or excessive bleeding, soaking one pad in an hour, foul smelling lochia, egg/plum or larger clots, fundus at higher level than normal for time postpartum and palpable beyond 7-10 days after birth, tenderness of fundus, increased bleeding after activity (all signs of late postpartum hemorrhage)





# ELIMINATION

- Diuresis (increased urination) begins within 12 hours of birth and lasts about 5 days. Urine output may be up to 3000 mL/day.
- Pain and/or swelling may make voiding uncomfortable, and you may not have a strong urge to void
  - Using spray bottle when voiding can help ease discomfort
- Bowel movements may be delayed 2-3 days postpartum because of decreased abdominal tone and gastrointestinal motility which may be exacerbated by dehydration, pain, anesthesia, or analgesia
  - Stool softeners, hydration, and ambulation may help
- Hemorrhoid relief: witch hazel, baths, and stool softeners
- Normal to have profuse sweating

# EDEMA

- Edema (swelling) can be normal in pregnancy and the postpartum period
- Swelling will decrease as excess fluid is shed via increased urine output, diaphoresis (sweating), etc. after delivery
- To help, elevate legs above the heart and decrease salty food intake
- Compression stockings can also be beneficial
- Swelling, pain, tenderness, warmth, or redness in the arm or leg (typically calf) may indicate a blood clot. Contact your healthcare provider immediately if this occurs.





# MENSTRUAL CYCLE

- Ovulation may occur 27 days after birth in non-lactating women. However, average time is 70-75 days
- Average time to return to ovulation in breastfeeding women is 190 days
- Menstrual periods are typically heavier than normal but go back to normal after 3-4 cycles
- In breastfeeding women, menstruation returns:
  - By 6 weeks for 15% of women
  - By 6 months for 45% of women
  - When weaning is complete for 40% of women
- In non-breastfeeding women, menstruation resumes at around 2 months



# WEIGHT LOSS

- It took 9 months to gain baby weight, make sure you give yourself at least that amount of time to lose the weight
- Walking is great exercise
- Eat a healthy and balanced diet with 500 extra healthy calories per day if breastfeeding
- Increase fluids that are non-caffeinated. Stay hydrated!!





# REST AND SLEEP

- Rest as much as possible. Try to rest or take a nap when your baby is sleeping.
- Utilize family and friends for assistance with household chores



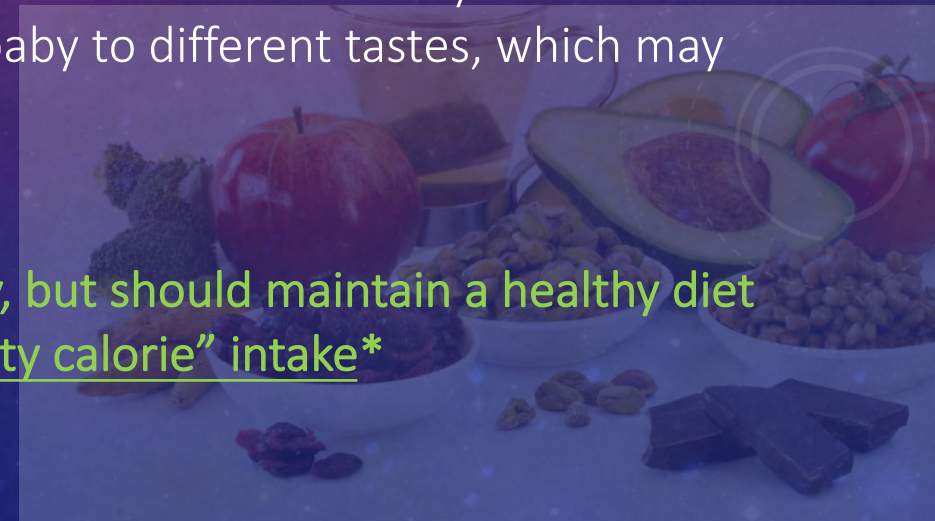


# NUTRITION

## What Do I Need to Know About Eating While Breastfeeding?

- Continue to take your prenatal vitamins and any other supplements as directed by your health care provider
- Consume about 500 extra healthy calories each day to maintain your milk supply
- Drink plenty of water, at least 64 oz per day or as directed by your health care provider. Try to drink at least 8 oz of water each time that you breastfeed. It is best to drink water before you feel thirsty. Your urine should be clear or pale yellow in color. If you notice that your urine is dark yellow, drink more water.
- Continue to follow a well-balanced, healthy diet that includes healthy snacks. The taste of your milk will be affected by what you eat. Eating different foods will expose your baby to different tastes, which may help your baby to accept solid foods more easily later on.

**\*Women not breastfeeding do not need the extra 500 calories/day, but should maintain a healthy diet full of fruits, vegetables, and proteins. Limit "empty calorie" intake\***





# NUTRITION

## What to Limit or Avoid

- Limit your overall intake of foods that have "empty calories." These are foods that have little nutritional value such as sweets, desserts, candies, sugar-sweetened beverages, and fried foods.
- Avoid drinking large amounts of caffeine or alcohol
  - Avoid drinking more than 2–3 cups (16–24 oz.) of caffeinated drinks in a day. Caffeine is dehydrating. It will also enter your breast milk, and this might bother your baby or interfere with his or her sleep.
  - Avoid drinking more than one alcoholic drink per day, such as a 5-oz glass of wine, one 12-oz beer, or one standard cocktail. It may be best to wait to have your first alcoholic drink until your breastfeeding has been well established, which is usually after 2–3 months. After you have an alcoholic drink, wait at least 4 hours before you breastfeed. As an alternative, you may pump (*express*) your breast milk before you drink alcohol, then you can feed that milk to your baby at a later time.
- Certain foods may cause you or your baby to have increased gas and may cause fussiness in your baby. If you notice increased gas or fussiness in your baby when you eat these foods, you may want to avoid them while breastfeeding. These may include:
  - Chocolate, spicy foods, and vegetables such as broccoli, cauliflower, cabbage, onions, or Brussel sprouts.



# BATHING

- Soaking in the tub helps:
  - With pain and healing
  - With sore muscles or muscles that tighten or spasm
  - With itching
- After a vaginal delivery, take 2 or more baths per day in the initial postpartum period to assist with healing and perineal discomfort
- Soak in the water for 15–30 minutes, or as tolerated
- After bathing, pat the perineal area dry, do not rub it
- Be careful when you stand up after a bath because you may feel dizzy





# CARE OF THE PERINEAL TEAR

## What is a perineal tear?

- A perineal tear is a cut (*laceration*) in the tissue between the opening of the vagina and the anus (*perineum*). Some women naturally develop a perineal tear during a vaginal birth. This can happen as the baby emerges from the birth canal and the perineum is stretched. Perineal tears are graded based on how deep and long the laceration is. The grading for perineal tears is as follows:
  - First degree. This involves a shallow tear at the edge of the vaginal opening that extends slightly into the perineal skin.
  - Second degree. This involves tearing described in a first degree perineal tear and also a deeper tear of the vaginal opening and perineal tissues. It may also include tearing of a muscle just under the perineal skin.
  - Third degree. This involves tearing described in a first and second degree perineal tear, with the tear extending into the muscle of the anus (*anal sphincter*).
  - Fourth degree. This involves all levels of tear described for first, second, and third degree perineal tear, with the tear extending into the rectum.
- First degree perineal tears may or may not be stitched closed, depending on their location and appearance. Second, third, and fourth degree perineal tears are stitched closed immediately after the baby's birth.



# CARE OF THE PERINEAL TEAR CONTINUED

- Put ice on the area of the tear. Leave the ice on for 20 minutes, 2–3 times a day.
- Soak in a warm bath, this can speed up healing
- Apply a numbing spray to the perineum to help with discomfort
- Wash your hands before and after applying medicine to the area
- Change pad each time you use the bathroom, even if it's not saturated, to decrease risk of infection
- Put about 3 witch hazel-containing hemorrhoid treatment pads on top of your sanitary pad. The witch hazel in the hemorrhoid pads helps with discomfort and swelling.
- Use a squeeze bottle to squeeze warm water on your perineum when urinating, spraying the area from front to back. Pat the area to dry it.
- If you have stitches, they will dissolve
- Take medicines only as directed by your health care provider.
- **Do not** have sexual intercourse or use tampons until your health care provider says it is okay. Typically, you must wait at least 6 weeks.
- Keep all postpartum appointments as directed by your health care provider.



# KEGEL EXERCISES

- Kegel exercises help strengthen the muscles that support the rectum, vagina, small intestine, bladder, and uterus. Doing Kegel exercises can help:
  - Improve bladder and bowel control
  - Improve sexual response
  - Reduce problems and discomfort during pregnancy
- Kegel exercises involve squeezing your pelvic floor muscles, which are the same muscles you squeeze when you try to stop the flow of urine. The exercises can be done while sitting, standing, or lying down, but it is best to vary your position
- How to do Kegel exercises:
  - Squeeze your pelvic floor muscles tight. You should feel a tight lift in your rectal area. You should also feel a tightness in your vaginal area. Keep your stomach, buttocks, and legs relaxed.
  - Hold the muscles tight for up to 10 seconds.
  - Relax your muscles.
  - Repeat this exercise 50 times a day or as many times as told by your health care provider. Continue to do this exercise for at least 4–6 weeks or for as long as told by your health care provider.



# PELVIC FLOOR REHAB

- CRMC offers free Pelvic Floor Rehab for all of its OB patients. A licensed Physical Therapist will meet with you prior to discharge (if you so desire) and after discharge (if determined necessary) to help you with pelvic floor recovery. One topic of discussion will be performing regular Kegel exercises.



# RESUMING INTERCOURSE

- **Do NOT** have sexual intercourse or use tampons for 6 weeks. This is true for vaginal births and for cesarean births. At the 6 week mark, you will meet with your healthcare provider and an exam will be performed to ensure that everything has healed properly after your delivery. Your provider will determine whether it is okay to resume intercourse at that time and will answer any other further questions you may have.



# BREAST ENGORGEMENT

- Breast engorgement is the overfilling of your breasts with breast milk. It is normal for your breasts to feel heavy, full, and uncomfortable within 3–5 days of giving birth. Engorgement peaks about the fifth day after you give birth. Breast engorgement can be easily treated and does not require you to stop breastfeeding.
- **Causes:**
  - Improper position of your baby while breastfeeding
  - Allowing too much time to pass between feedings
  - Reduction in breastfeeding because you give your baby water, juice, formula, breast milk from a bottle, or a pacifier instead of breastfeeding
  - Changes in your baby's feeding patterns
  - Weak sucking from your baby, which causes less milk to be taken out of your breast during feedings
  - Fatigue, stress, anemia
  - Plugged milk ducts
  - A history of breast surgery
- **Symptoms:**
  - Breast swelling, tenderness, warmth, redness, or throbbing
  - Breast hardness and stretching of the skin around your breast
  - Flattening, tightening, and hardening of your nipple
  - A low-grade fever, which can be confused with a breast infection





# BREAST ENGORGEMENT

- **Treatment:**

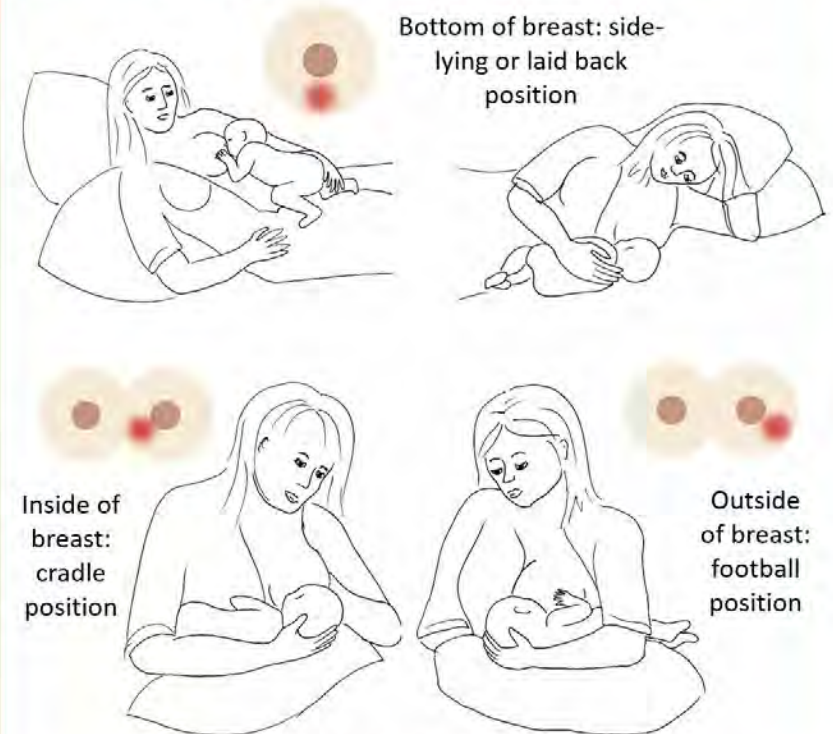
- Breastfeed when you feel the need to reduce the fullness of your breasts or when your baby shows signs of hunger. This is called "breastfeeding on demand."
- Newborns often breastfeed every 1–3 hours during the day. You may need to awaken your baby to feed if he or she is asleep at a feeding time.
- **Do not** allow your baby to sleep longer than 5 hours during the night without a feeding.
- Pump or hand-express breast milk before breastfeeding to soften your breast, areola, and nipple.
- Apply warm, moist heat (in the shower or with warm water-soaked hand towels) just before feeding or pumping, or massage your breast before or during breastfeeding. This increases circulation and helps your milk to flow.
- Completely empty your breasts when breastfeeding or pumping. Afterward, wear a snug bra (nursing or regular) or tank top for 1–2 days to signal your body to slightly decrease milk production. **Only wear snug bras or tank tops to treat engorgement.** Tight bras typically should be avoided by breastfeeding mothers. Once engorgement is relieved, return to wearing regular, loose-fitting clothes.
- Apply ice packs to your breasts to lessen the pain from engorgement and relieve swelling, unless the ice is uncomfortable for you.
- **Do not** delay feedings. Try to relax when it is time to feed your baby. This helps to trigger your "let-down reflex," which releases milk from your breast.
- Ensure your baby is latched on to your breast and positioned properly while breastfeeding.
- Allow your baby to remain at your breast as long as he or she is latched on well and actively sucking. Your baby will let you know when he or she is done breastfeeding by pulling away from your breast or falling asleep.
- Avoid introducing bottles or pacifiers to your baby in the early weeks of breastfeeding. Wait to introduce these things until after resolving any breastfeeding challenges.
- Try to pump your milk on the same schedule as when your baby would breastfeed if you are returning to work or away from home for an extended period.
- Drink plenty of fluids to avoid dehydration, which can eventually put you at greater risk of breast engorgement



# BLOCKED MILK DUCTS

- Milk ducts may become blocked from a constricting bra, incomplete breast emptying, going too long between feedings, or sometimes overabundant milk supply
- Symptoms: Pain in a specific area of the breast; swollen, tender lump in the breast; engorgement; slower milk flow on affected side
- Overcoming it:
  - Frequent feedings
  - Begin feeding on affected breast
  - Point nose toward plugged duct
  - Hot packs, warm shower
  - Massage breast before and during feedings
- If it persists, milk stasis may lead to mastitis

Unblocking a blocked duct:  
**Position baby's chin towards the blockage**



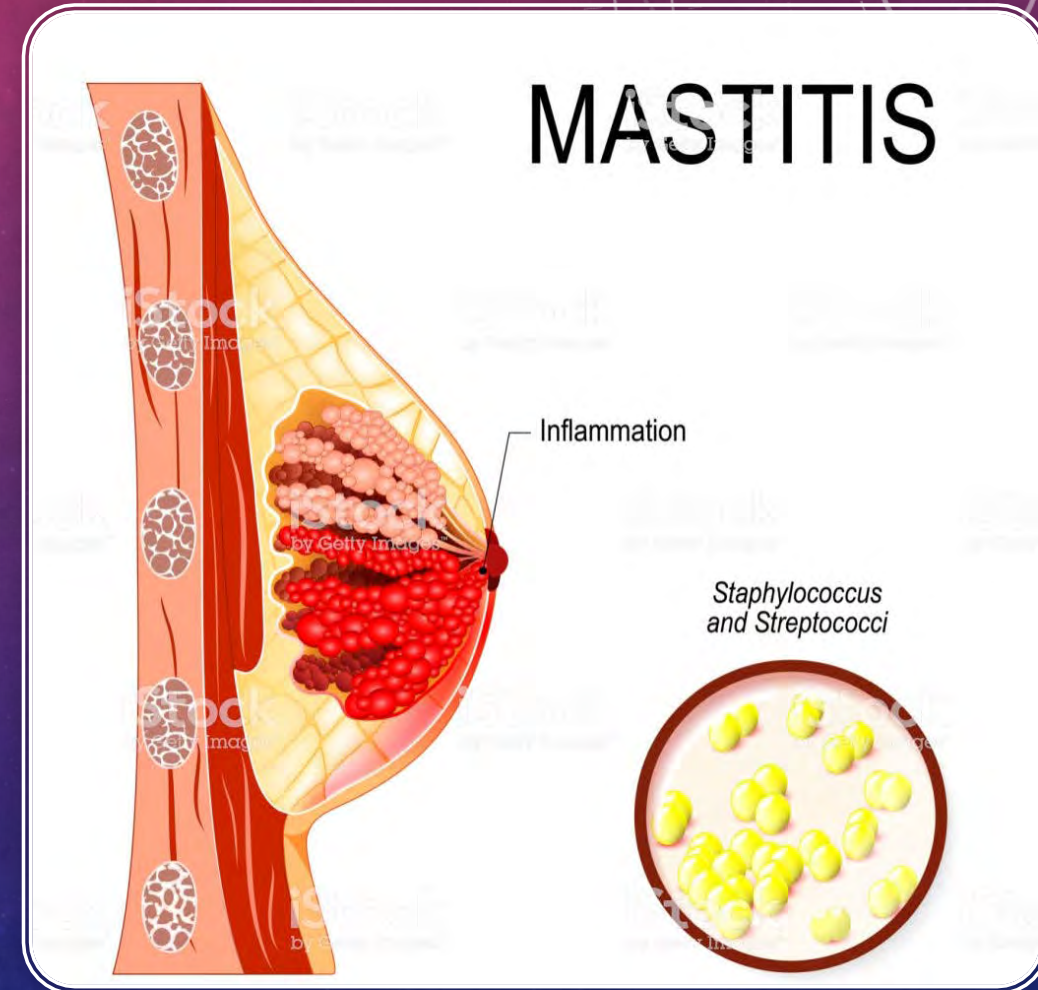


# MASTITIS

## Mastitis:

This condition is often associated with a blocked milk duct, which can happen when too much milk builds up in the breast. Causes of excess milk in the breast can include:

- Poor latch-on. If your baby is not latched onto the breast properly, he or she may not empty your breast completely while breastfeeding.
- Allowing too much time to pass between feedings.
- Wearing a bra or other clothing that is too tight. This puts extra pressure on the milk ducts so milk does not flow through them as it should.
- Milk remaining in the breast because it is overfilled (*engorged*).
- Stress and fatigue.
- Mastitis can also be caused by a bacterial infection. Bacteria may enter the breast tissue through cuts, cracks, or openings in the skin near the nipple area. Cracks in the skin are often caused when your baby does not latch on properly to the breast.





# MASTITIS

## What are the signs and symptoms?

- Swelling, redness, tenderness, and pain in an area of the breast. This usually affects the upper part of the breast, toward the armpit region. In most cases, it affects only one breast. In some cases, it may occur on both breasts at the same time and affect a larger portion of breast tissue.
- Swelling of the glands under the arm on the same side
- Fatigue, headache, and flu-like muscle aches
- Fever
- Rapid pulse

## How is this treated?

- This condition will sometimes go away on its own. Your health care provider may choose to wait 24 hours after first seeing you to decide whether treatment is needed. If treatment is needed, it may include:
  - Strategies to manage breastfeeding. This includes **continuing to breastfeed or pump** in order to allow adequate milk flow, using breast massage, and applying heat or cold to the affected area
  - Self-care such as rest and increased fluid intake
  - Medicine for pain
  - Antibiotic medicine to treat a bacterial infection. This is usually taken by mouth.
  - If an abscess has developed, it may be treated by removing fluid with a needle.



# BABY BLUES & POSTPARTUM DEPRESSION

- The postpartum period begins right after the birth of a baby. During this time, there is often a great amount of joy and excitement. It is also a time of many changes in the life of the parents. Regardless of how many times a mother gives birth, each child brings new challenges and dynamics to the family.
- It is not unusual to have feelings of excitement along with confusing shifts in moods, emotions, and thoughts. All mothers are at risk of developing postpartum depression or the "baby blues." These mood changes can occur right after giving birth, or they may occur many months after giving birth. The baby blues or postpartum depression can be mild or severe. Additionally, postpartum depression can go away rather quickly, or it can be a long-term condition.

## What increases the risk?

- If you have any of the following risks for the baby blues or postpartum depression, know what symptoms to watch out for during the postpartum period. Risk factors that may increase the likelihood of getting the baby blues or postpartum depression include:
  - Having a personal or family history of depression
  - Having depression while being pregnant
  - Having premenstrual mood issues or mood issues related to oral contraceptives
  - Having a lot of life stress
  - Having marital conflict
  - Lacking a social support network
  - Having a baby with special needs
  - Having health problems, such as diabetes



# BABY BLUES & POSTPARTUM DEPRESSION

## Baby Blues

- As many as 80% of new mothers may experience “baby blues”
- Brief changes in mood, such as going from extreme happiness to sadness
- Trouble concentrating
- Difficulty sleeping or sleeping too much
- Crying spells, tearfulness
- Irritability
- Anxiety
- Excessive concern or lack of concern for the baby
- Feelings of guilt or hopelessness
- Usually resolves in about 1-2 weeks without treatment
- Social support is often all that is needed. You will be encouraged to get adequate sleep and rest. Occasionally, you may be given medicines to help you sleep.

## Postpartum Depression

- 10-20% of new mothers experience postpartum depression (PPD)
- Typically begins within the first 3 months after birth, but can occur anytime in the first year
- May experience intense feelings of sadness, anxiety, or fatigue causing them to have trouble functioning and coping with daily tasks
- Difficulty sleeping or excessive sleepiness
- Marked weight loss
- Agitation
- Feelings of worthlessness
- Lack of interest in activity or food
- Fear, anxiety, anger
- Rejection of infant
- Unable to care for self or baby
- Seek help from healthcare provider right away if you are experiencing these feelings
- Treatment may include individual or group therapy, medicine, or both to address any social, physiological, and psychological factors that may play a role in the depression.
- Regular exercise, a healthy diet, rest, and social support may also be strongly recommended





# BABY BLUES & POSTPARTUM DEPRESSION

## Prevention: Follow these instructions at home:

- Get as much rest as you can. Nap when the baby sleeps
- Exercise regularly. Some women find yoga and walking to be beneficial
- Eat a balanced and nourishing diet
- Do little things that you enjoy. Have a cup of tea, take a bubble bath, read your favorite magazine, or listen to your favorite music
- Avoid alcohol
- Ask for help with household chores, cooking, grocery shopping, or running errands as needed. **Do not** try to do everything
- Talk to people close to you about how you are feeling. Get support from your partner, family members, friends, or other new moms
- Try to stay positive in how you think. Think about the things you are grateful for
- **Do not** spend a lot of time alone
- Only take over-the-counter or prescription medicine as directed by your health care provider
- Keep all your postpartum appointments
- Let your health care provider know if you have any concerns—you are not alone!



# CESAREAN DELIVERY

## Driving Restrictions

- **Do not** drive or operate heavy machinery while taking prescription pain medicine

## Lifting Restrictions

- **Do not** lift anything that is heavier than your baby or 10 lb (4.5 kg) as told by your health care provider

## Activity

- After cesarean birth, abdominal exercises should be postponed for 4 weeks
- Rest as much as possible. Try to rest or take a nap while your baby is sleeping.
- Ask your health care provider when you can engage in sexual activity

## Incision Care

- Leave stitches (*sutures*), skin staples, skin glue, or adhesive strips in place. These skin closures may need to stay in place for 2 weeks or longer. If adhesive strip edges start to loosen and curl up, you may trim the loose edges. **Do not** remove adhesive strips completely unless your health care provider tells you to do that.
- Check your incision area every day for signs of infection. Check for:
  - More redness, swelling, or pain
  - More fluid or blood
  - Warmth
  - Pus or a bad smell

## Shower/Bathing

- **Do not** take baths, swim, or use a hot tub until your health care provider approves. Ask your health care provider when you can take showers



# NEWBORN TEACHING

EDUCATION FOR PARENTS ON BABY CARE





# INFANT BEHAVIOR

## Nasal Congestion

- Your newborn may appear to be stuffy and congested, especially after a feeding. This may happen even though he or she does not have a fever or illness
- Use a bulb syringe to clear secretions

## Sneezing, Hiccupping, and Yawning

- Sneezing, hiccupping, and yawning are all common during the first weeks
- If hiccups are bothersome, an additional feeding may be helpful

## Irregular Breathing Pattern

- Your baby may have short pauses between breaths. If your baby is calm and content and has good coloring (pink) then this is normal
- Contact your newborn's caregiver if your newborn has a change in his or her breathing pattern including breathing faster or slower, or having noisy breathing
- Seek immediate medical care if your newborn becomes pale or dusky blue



# NEWBORN SENSES

## Vision

- Your newborn can see up to 12-14 inches, although their vision is blurry
- They are aware of movement, they do not see color at first, but they know light and dark
- The muscles in the eyes are not fully developed. For this reason, your baby may appear cross eyed at times. This is normal and will go away as those muscles strengthen.

## Hearing

- Newborns often recognize their mother and father's voices

## Taste

- Taste buds are still developing
- Prefer sweet over bitter tastes. Colostrum is sweet.

## Smell

- Babies presumably have a keen sense of smell because the sense of smell is closely related to the taste sense

## Touch

- Touch is vital for brain development. You cannot spoil your baby by holding and cuddling him or her! 😊
- Skin to skin contact has many benefits for your baby and makes him or her feel safe and secure



# INFANT COMMUNICATION: CRYING

- Your newborn's way of communicating with you is through crying. This may seem a lot at first, but as you get to know your newborn, you will get to know what many of his or her cries mean.
- Consider causes of crying—the most common reason for crying is hunger. Discomfort (gas, wet or dirty diaper), feeling too warm or too cold, and overstimulation are other possibilities.
- Your newborn can often be comforted by being wrapped snugly in a blanket, held, and rocked.
- Contact your newborn's caregiver if:
  - Your newborn is frequently fussy or irritable
  - It takes a long time to comfort your newborn
  - There is a change in your newborn's cry, such as a high-pitched or shrill cry
  - Your newborn is crying constantly
- If you feel overwhelmed, place your baby in a safe location and take a moment to yourself to calm down. NEVER SHAKE or toss your baby! This can cause serious injury to the brain, neck, and spine or death.





# BATHING



- Your newborn only needs 2–3 baths each week
- Do not** leave your newborn unattended in a tub!
- Use plain water and perfume-free products made especially for babies
- Clean your newborn's scalp with shampoo every 1–2 days. Gently scrub the scalp all over, using a washcloth or a soft-bristled brush. This gentle scrubbing can prevent the development of thick, dry, scaly skin on the scalp (*cradle cap*).
- Sponge baths are recommended until the umbilical cord falls off
- When giving baby a sponge bath, keep him or her warm by exposing only the area you are washing and wash the head last as newborns lose heat through their head
- Clean baby's face and body before using the washcloth to clean the diaper area
- Wash little girls' genitals from front to back to avoid introducing bacteria to the bladder
- You may choose to use petroleum jelly or barrier creams or ointments on the diaper area to prevent diaper rashes
- You may use any perfume-free lotion on your newborn's skin, but powder is not recommended as the newborn could inhale it into his or her lungs



# DIAPERING

- Lay your baby on his back. Remove any clothing that inhibits access to the diaper.
- Remove the soiled diaper. For disposable diapers, pull up the sticky tabs. For reusable cloth diapers, remove the diaper cover and snaps or Velcro from around your baby's waist.
- Lift your baby up gently so you can scoot the diaper out from under his bottom.
- Use wipes to clean your baby's diaper region. Always wipe from front to back to avoid infection, especially for girls.
- If the area is red or inflamed, soothe it with diaper ointment.
- Wait for your baby's skin to dry before putting on a fresh diaper.
- Take a fresh diaper and place it under your baby. Bring the front part up on your baby's stomach and fasten the tabs to secure the diaper on his waist, below the umbilical cord.
- Replace any clothing over the new diaper.





# SKIN CONSIDERATIONS

- Your newborn should not be left in the sunlight. You can protect him or her from brief sun exposure by covering him or her with clothing, hats, light blankets, or umbrellas.
- Skin rashes are common in the newborn. Most will fade or go away within the first 4 months. Contact your newborn's caregiver if:
  - Your newborn has an unusual, persistent rash
  - Your newborn's rash occurs with a fever and he or she is not eating well or is sleepy or irritable
- Contact your newborn's caregiver if your newborn's skin or whites of the eyes look more yellow





# TAKING YOUR BABY'S TEMPERATURE

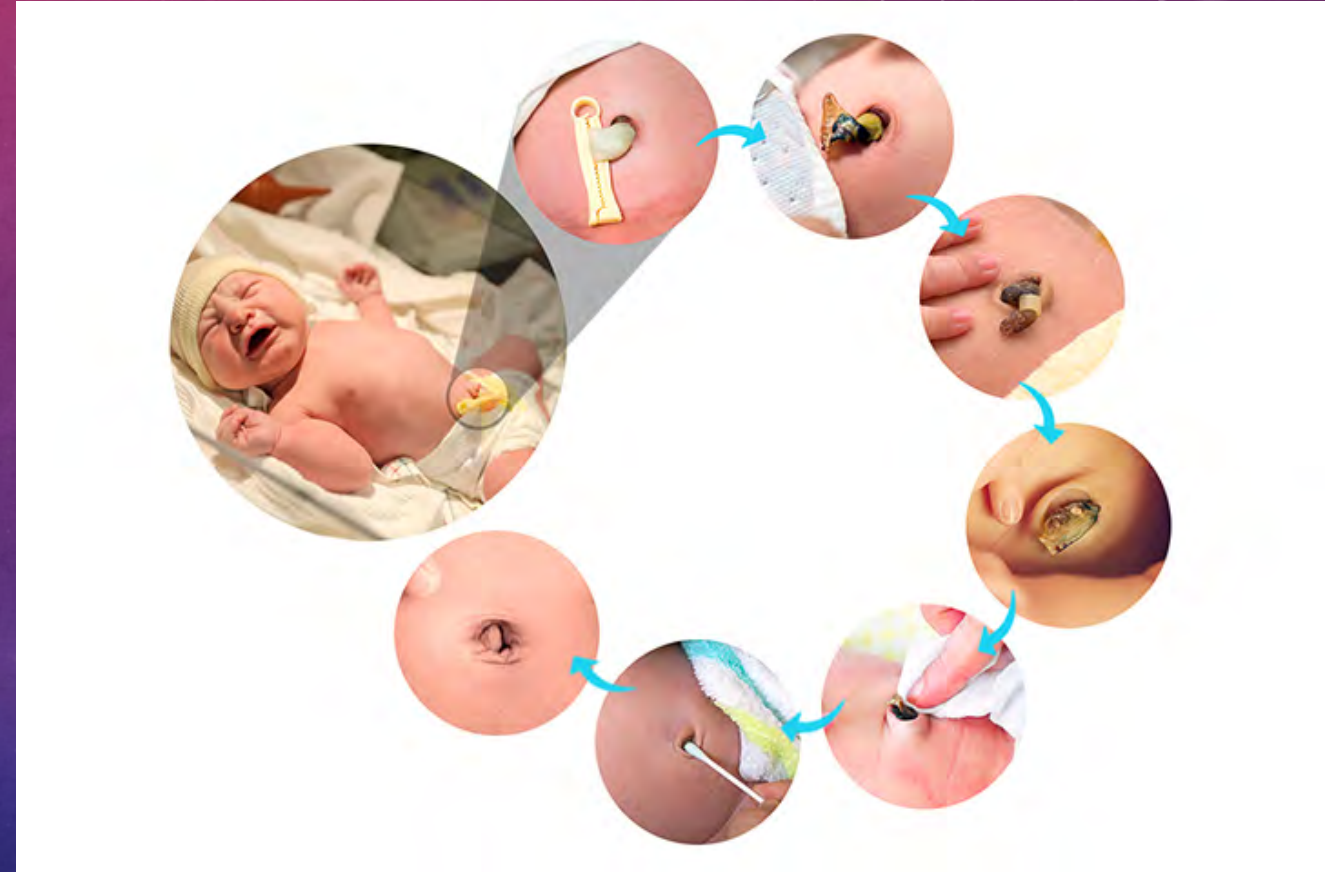
- A digital thermometer may be used to take a temperature rectally (in the bottom), orally (in the mouth), or axillary (under the armpit).
- According to the American Academy of Pediatrics, it is important to keep these guidelines in mind when taking your child's temperature unless your healthcare provider has given you specific instructions:
  - For children younger than 3 years, a rectal digital thermometer gives the best reading. Lubricate the tip with petroleum jelly or a water-soluble lubricant and insert it ½ inch and never force the thermometer if there is resistance. (Diaper-changing position is ideal).
  - For children older than 3 months, underarm (axillary) temperature may be taken, but it will not be as accurate as a rectal reading.
  - For children 4 or 5 years old, temperature may be take with an oral digital thermometer.





# UMBILICAL CORD CARE

- Your newborn's umbilical cord was clamped and cut shortly after he or she was born. The cord clamp can be removed by nursing staff when the cord has dried.
- The remaining cord should fall off and heal within 1–3 weeks.
- The umbilical cord and area around the bottom of the cord do not need specific care, but should be kept clean and dry.
- If the area at the bottom of the umbilical cord becomes dirty, it can be cleaned with plain water and air dried.
- Folding down the front part of the diaper away from the umbilical cord can help the cord dry and fall off more quickly.
- You may notice a foul odor before the umbilical cord falls off. Call your healthcare provider if there is redness or swelling around the umbilical area, drainage from the umbilical area, or if infant shows signs of pain when touching his or her abdomen.





# ELIMINATION

- After the first week, it is normal for your newborn to have 6 or more wet diapers in 24 hours once your breast milk has come in or if he or she is formula fed.
- Your newborn's first bowel movements (*stool*) will be sticky, greenish-black and tar-like (*meconium*). This is normal.
- If you are breastfeeding your newborn, you should expect 3–5 stools each day for the first 5–7 days. The stool should be seedy, soft or mushy, and yellow-brown in color. Your newborn may continue to have several bowel movements each day while breastfeeding.
- If you are formula feeding your newborn, you should expect the stools to be firmer and grayish-yellow in color. It is normal for your newborn to have 1 or more stools each day or he or she may even miss a day or two.
- Your newborn's stools will change as he or she begins to eat.
- A newborn often grunts, strains, or develops a red face when passing stool, but if the consistency is soft, he or she is not constipated.
- It is normal for your newborn to pass gas loudly and frequently during the first month.
- During the first 5 days, your newborn should wet at least 3–5 diapers in 24 hours. The urine should be clear and pale yellow.
- Contact your newborn's caregiver if your newborn has:
  - A decrease in the number of wet diapers
  - Putty white or blood red stools
  - Difficulty or discomfort passing stools
  - Hard stools
  - Frequent loose or liquid stools
  - A dry mouth, lips, or tongue



# CIRCUMCISION CARE

- It is normal for the tip of the circumcised penis to be bright red and remain swollen for up to 1 week after the procedure
- It is normal to see a few drops of blood in the diaper following the circumcision
- Follow the circumcision care instructions provided by your newborn's caregiver
- Use pain relief treatments as directed by your newborn's caregiver
- Use petroleum jelly on the tip of the penis for the first few days after the circumcision to assist in healing
- **Do not** wipe the tip of the penis in the first few days unless soiled by stool
- Around the sixth day after the circumcision, the tip of the penis should be healed and should have changed from bright red to pink
- Contact your newborn's caregiver if you observe more than a few drops of blood on the diaper, if your newborn is not passing urine, or if you have any questions about the appearance of the circumcision site



## UNCIRCUMCISED CARE

- **Do not** pull back the foreskin. The foreskin is usually attached to the end of the penis, and pulling it back may cause pain, bleeding, or injury
- Clean the outside of the penis each day with water and mild soap made for babies





# HOME SAFETY

- Make sure that your home provides a safe environment for your newborn
- Assemble a first aid kit
- Post emergency phone numbers in a visible location
- The crib should meet safety standards with slats no more than  $2\frac{3}{8}$  inches (6 cm) apart. **Do not** use a hand-me-down or antique crib
- The changing table should have a safety strap and 2 inch (5 cm) guardrail on all 4 sides
- Equip your home with smoke and carbon monoxide detectors and change batteries regularly
- Equip your home with a fire extinguisher
- Remove or seal lead paint on any surfaces in your home and remove peeling paint from walls and chewable surfaces
- Store chemicals, cleaning products, medicines, vitamins, matches, lighters, sharps, and other hazards either out of reach or behind locked or latched cabinet doors and drawers
- Use safety gates at the top and bottom of stairs
- Pad sharp furniture edges
- Secure dressers/other furniture to walls to avoid tipping, especially as baby grows and begins exploring and climbing
- Keep small items off the floor. If it fits in a toilet paper tube, it could be a choking hazard for small children.



# HOME SAFETY CONTINUED

- Cover electrical outlets with safety plugs or outlet covers
- Keep televisions on low, sturdy furniture. Mount flat screen televisions on the wall.
- Put nonslip pads under rugs
- Use window guards and safety netting on windows, decks, and landings
- Cut looped window blind cords or use safety tassels and inner cord stops
- Supervise all pets around your newborn
- Use a fireplace grill in front of a fireplace when a fire is burning
- Store guns unloaded and in a locked, secure location. Store the ammunition in a separate locked, secure location. Use additional gun safety devices.
- Remove toxic plants from the house and yard
- Fence in all swimming pools and small ponds on your property. Consider using a wave alarm.



# INFANT SLEEP

- Your newborn can sleep for up to 16–17 hours each day. All newborns develop different patterns of sleeping, and these patterns change over time. Learn to take advantage of your newborn's sleep cycle to get needed rest for yourself.
- Always use a firm sleep surface.
- Car seats and other sitting devices are not recommended for routine sleep, as infant's head may tip forward, decreasing or eliminating the ability to breathe
- The safest way for your newborn to sleep is on his or her back in a crib or bassinet
- A newborn is safest when he or she is sleeping in his or her own sleep space. A bassinet or crib placed beside the parent bed allows easy access to your newborn at night.
- Keep soft objects or loose bedding, such as pillows, bumper pads, blankets, or stuffed animals out of the crib or bassinet. Objects in a crib or bassinet can make it difficult for your newborn to breathe.
- Use sleep sacks and footed pajamas rather than blankets
- Dress your newborn as you would dress yourself for the temperature indoors or outdoors. You may add a thin layer, such as a T-shirt or onesie when dressing your newborn.
- **Never** allow your newborn to share a bed with adults or older children.
- **Never** use water beds, couches, or bean bags as a sleeping place for your newborn. These furniture pieces can block your newborn's breathing passages, causing him or her to suffocate.





# GROWTH AND DEVELOPMENT

- By 4-8 weeks of age, many babies will start sleeping through one or two nighttime feedings, sleeping for 5-8 consecutive hours.
- When your newborn is awake, you can place him or her on his or her abdomen, as long as an adult is present. “Tummy time” helps to prevent flattening of your newborn’s head and strengthens neck muscles.
- The American Academy of Pediatrics recommends breastmilk as the only food source for infants until 6 months of age
- Follow healthcare provider’s recommended schedule of well-child exams to monitor growth and development





# FEEDING YOUR BABY: BREASTFEEDING

## Benefits of breastfeeding:

### For your baby:

- Your first milk (*colostrum*) helps your baby's digestive system to function better.
- Special cells in your milk (*antibodies*) help your baby to fight off infections.
- Breastfed babies are less likely to develop asthma, allergies, obesity, or type 2 diabetes. They are also at lower risk for sudden infant death syndrome (SIDS).
- Nutrients in breast milk are better able to meet your baby's needs compared to infant formula.
- Breast milk improves your baby's brain development.

### For you:

- Breastfeeding helps to create a very special bond between you and your baby.
- Breastfeeding is convenient. Breast milk costs nothing and is always available at the correct temperature.
- Breastfeeding helps to burn calories. It helps you to lose the weight that you gained during pregnancy.
- Breastfeeding makes your uterus return to its pre-pregnancy size faster. It also slows bleeding (*lochia*) after you give birth.
- Breastfeeding helps to lower your risk of developing type 2 diabetes, osteoporosis, rheumatoid arthritis, cardiovascular disease, and breast, ovarian, uterine, and endometrial cancer later in life.



# FEEDING YOUR BABY: BREASTFEEDING

## Signs from your baby that he or she is done with a feeding:

- Your baby will gradually decrease the number of sucks or will completely stop sucking
- Your baby will fall asleep
- Your baby's body will relax
- Your baby will retain a small amount of milk in his or her mouth
- Your baby will let go of your breast by himself or herself

## Signs from you:

- Breasts that have increased in firmness, weight, and size 1–3 hours after feeding
- Breasts that are softer immediately after breastfeeding
- Increased milk volume, as well as a change in milk consistency

## Signs that your baby is getting enough milk:

- Wetting at least 1–2 diapers during the first 24 hours after birth
- Wetting at least 5–6 diapers every 24 hours for the first week after birth. The urine should be clear or pale yellow by the age of 5 days.
- Wetting 6–8 diapers every 24 hours as your baby continues to grow and develop
- At least 3 stools in a 24-hour period by the age of 5 days. The stool should be soft and yellow
- At least 3 stools in a 24-hour period by the age of 7 days. The stool should be seedy and yellow
- No loss of weight greater than 10% of birth weight during the first 3 days of life
- Average weight gain of 4–7 oz (113–198 g) per week after the age of 4 days
- Consistent daily weight gain by the age of 5 days, without weight loss after the age of 2 weeks
- After a feeding, your baby may spit up a small amount of milk. This is normal



# FEEDING YOUR BABY: BREASTFEEDING

## Breastfeeding Frequency and Duration

- Frequent feeding will help you make more milk and can prevent sore nipples and extremely full breasts (*breast engorgement*). Breastfeed when you feel the need to reduce the fullness of your breasts or when your baby shows signs of hunger. This is called "breastfeeding on demand."
- Signs that your baby is hungry include:
  - Increased alertness, activity, or restlessness.
  - Movement of the head from side to side.
  - Opening of the mouth when the corner of the mouth or cheek is stroked (*rooting*).
  - Increased sucking sounds, smacking lips, cooing, sighing, or squeaking.
  - Hand-to-mouth movements and sucking on fingers or hands.
  - Fussing or crying.
- Avoid introducing a pacifier to your baby in the first 4-6 weeks after your baby is born. After this time, you may choose to use a pacifier. Research has shown that pacifier use during the first year of a baby's life decreases the risk of sudden infant death syndrome (SIDS)
- Milk production is regulated by supply and demand. Your body replaces the milk that was removed—the more milk that was removed, the more your body will produce to replace it to keep up with your growing baby's needs
- Allow your baby to feed on each breast as long as he or she wants. When your baby unlatches or falls asleep while feeding from the first breast, offer the second breast. Because newborns are often sleepy in the first few weeks of life, you may need to awaken your baby to get him or her to feed.
- Breastfeeding times will vary from baby to baby. However, the following rules can serve as a guide to help you make sure that your baby is properly fed:
  - Newborns (babies 4 weeks of age or younger) may breastfeed every 1–3 hours.
  - Newborns should not go without breastfeeding for longer than 3 hours during the day or 5 hours during the night.
  - You should breastfeed your baby a minimum of 8 times in a 24-hour period.



# BREASTFEEDING: POSITIONING

- Find a comfortable place to sit or lie down, with your neck and back well-supported
- Place a pillow or a rolled-up blanket under your baby to bring him or her to the level of your breast (if you are seated). Nursing pillows are specially designed to help support your arms and your baby while you breastfeed
- Make sure that your baby's tummy (*abdomen*) is facing your abdomen
- Align baby's nose with your nipple
- Baby's neck should be extended and mouth open wide. Aim nipple toward the roof of his mouth. Once baby opens wide, gently bring him or her toward the breast
- Holding your baby skin to skin can be helpful





# BREASTFEEDING: LATCH

## Latching

- Teaching your baby how to latch onto your breast properly is very important. An improper latch can cause nipple pain, decreased milk supply, and poor weight gain in your baby. Also, if your baby is not latched onto your nipple properly, he or she may swallow some air during feeding. This can make your baby fussy. Burping your baby when you switch breasts during the feeding can help to get rid of the air. However, teaching your baby to latch on properly is still the best way to prevent fussiness from swallowing air while breastfeeding.

### Signs that your baby has successfully latched onto your nipple:

- Silent tugging or silent sucking, without causing you pain. Infant's lips should be extended outward (*flanged*).
- Swallowing heard between every 3–4 sucks once your milk has started to flow (after your let-down milk reflex occurs).
- Muscle movement above and in front of his or her ears while sucking.
- Entire nipple and most of areola are in baby's mouth

### Signs that your baby has not successfully latched onto your nipple:

- Sucking sounds or smacking sounds from your baby while breastfeeding.
- Nipple pain
- If you think your baby has not latched on correctly, slip your finger into the corner of your baby's mouth to break the suction and place it between your baby's gums. Attempt to start breastfeeding again.





# BREAST PUMPING

- If you are breastfeeding, there may be times when you cannot feed your baby directly. Returning to work or going on a trip are common examples. Pumping allows you to store breast milk and feed it to your baby later.
- You may not get much milk when you first start to pump. Your breasts should start to make more after a few days. If you pump at the times you usually feed your baby, you may be able to keep making enough milk to feed your baby without also using formula. The more often you pump, the more milk you will produce.
- When you are away from your infant for several hours, pump for about 15 minutes every 2–3 hours. Pump both breasts at the same time if you can.
- Make sure the suction cup (*flange*) on the breast pump is the right size. Place the flange directly over the nipple. If it is the wrong size or placed the wrong way, it may be painful and cause nipple damage.
- If pumping is uncomfortable, apply a small amount of purified or modified lanolin to your nipple and areola.
- If you are using an electric pump, adjust the speed and suction power to be more comfortable






# BREAST MILK STORAGE

- You can store your milk to use later. Pumped breast milk can be stored in a sealable, sterile container or plastic bag. Label all stored breast milk with the date you pumped it.
  - Milk can stay out at room temperature for up to 4-6 hours (at 66-78 degrees F)
  - You can store your milk in the refrigerator for up to 8 days (at 39 degrees F or lower)
  - You can store your milk in the freezer for 6-12 months (at 0-4 degrees F)
- Thaw frozen milk using warm water. **Do not** put it in the microwave. Use thawed breastmilk within 24 hours (keeping it refrigerated in the meantime)
- Before feeding, warm breastmilk using warm water. Never microwave breastmilk. Once milk is warmed, use it right away.

Freshly Expressed Breastmilk Storage Guidelines (For Healthy Term Babies)			
Room Temperature	Cooler with 3 Frozen Ice Packs	Refrigerator	Freezer
4-6 hours at 66-78 °F (19-26 °C)	24 hours at 59 °F (15 °C)	3-8 days at 39 °F or lower (4 °C)	6-12 months 0-4 °F (-18~-20 °C)

For more information, or to find a lactation consultant near you, call our Breastfeeding National Network (BNN) at **1-800-TELL YOU** or visit [www.medela.com](http://www.medela.com)

**medela** 

References: [www.BreastmilkGuidelines.com](http://www.BreastmilkGuidelines.com) 04/25/14 © 12/13



# FEEDING YOUR BABY: FORMULA FEEDING

## Formula Feeding

- Iron-fortified infant formula is recommended
- Formula can be purchased as a powder, a liquid concentrate, or a ready-to-feed liquid. Powdered formula is the cheapest way to buy formula. Powdered and liquid concentrate should be kept refrigerated after mixing. Once your newborn drinks from the bottle and finishes the feeding, throw away any remaining formula.
- Refrigerated formula may be warmed by placing the bottle in a container of warm water. Never heat your newborn's bottle in the microwave. Formula heated in a microwave can burn your newborn's mouth.
- Clean tap water or bottled water may be used to prepare the powdered or concentrated liquid formula. Always use cold water from the faucet for your newborn's formula. This reduces the amount of lead which could come from the water pipes if hot water were used.
- Well water should be boiled and cooled before it is mixed with formula.
- Bottles and nipples should be washed in hot, soapy water or cleaned in a dishwasher.
- Bottles and formula do not need sterilization if the water supply is safe.
- Newborns should be fed no less than every 2–3 hours during the day and every 4–5 hours during the night. There should be a minimum of 8 feedings in a 24-hour period.
- Awaken your newborn for a feeding if it has been 3–4 hours since the last feeding.
- Newborns often swallow air during feeding. This can make newborns fussy. Burp your newborn after every ounce (30 mL) of formula.
- Vitamin D supplements are recommended for babies who drink less than 17 ounces (500 mL) of formula each day.
- Water, juice, or solid foods should not be added to your newborn's diet until directed by his or her caregiver.
- Contact your newborn's caregiver if your newborn has feeding difficulties. Feeding difficulties include not completing a feeding, spitting up a feeding, being disinterested in a feeding, or refusing 2 or more feedings.
- Contact your newborn's caregiver if your newborn cries frequently after a feeding.



# BURPING YOUR BABY

- After a feeding, or when switching breasts during a feeding, attempt to burp your baby.
- Gently pat the baby's back while baby is held over your shoulder, lying on his or her belly across your lap, or sitting upright in your lap as you support the chin.
- Not all babies will burp within the first few days of life, but you can still try.
- Burping will help prevent regurgitation and stomach upset in the newborn caused by the trapping of air in the gastrointestinal tract.



# CAR SEAT SAFETY

- Secure your newborn in a rear-facing car seat
- The car seat should be strapped into the middle of your vehicle's rear seat
- A rear-facing car seat should be used until the age of 2 years or until reaching the upper weight and height limit of the car seat
- Harness slots should be at or below the baby's shoulders
- Harness clip should be at armpit level and harness should be snug
- Avoid bulky clothing under the harness. If needed, tuck a blanket over baby's lap and abdomen once secured. \*Don't put a blanket near baby's face or over his or her hands as he or she may cause it to be pulled up over the mouth or face
- Follow car seat manufacturer instructions on proper installation in the vehicle to keep the seat and baby sitting at an appropriate angle to keep baby's head from tipping forward
- Refrain from letting your baby sleep in the car seat out of the vehicle, as baby's head can tip forward and restrict the airway





# INFANT FALLS SAFETY

- Car seats should not be used in the top part of shopping carts but rather should be placed in the basket
- Use hand rail and be cautious when carrying infant up or down stairs
- Use safety gates at the top and bottom of stairs once baby is mobile





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