
New Parent Care

Adapted from Pomegranate Midwives

Congratulations!!! You finally had your baby! You may be feeling tired, sore and uncomfortable, or you may be feeling wonderful. You may be feeling confident of your parenting abilities or you may be feeling unsure. This pamphlet has been put together to help guide you through your first days and weeks postpartum.

Birthday!

Alert phase: After birth, the baby has a two- or three-hour alert phase. S/he will look around, respond to your voices and begin to adjust to “life on the outside”. This includes coordinating her/his breathing, feeding once or twice and possibly passing meconium and/or urine.

Sleep phase: After this initial alert period, baby will go to sleep. It is not unusual for babies to have an extended sleep on the first day, anywhere from 2-12 hours. Make sure you take advantage of this by sleeping yourselves.

Feeding phase: After this first sleep, you should nurse the baby every 2-3 hours, with only one 4-hour sleep period every 24 hours until your baby is over its birthweight. It is nice when this sleep period happens at night, but no matter when it happens you should sleep too.

Breasts and nipples

Breastfeeding is a learned skill for both the parent and baby. Have patience. Use lots of nipple cream to prevent or deal with nipple damage.

Latch

For the first few days it is common to feel tenderness in the nipples when the baby begins to suck. This should not last more than 5 or 6 sucks and should pass within a few days. If there is pain when the baby nurses, double check that the baby is latched on well. Do NOT tolerate a bad latch, as this can cause damage in as little as five minutes, which then will take days to heal.

Milk & engorgement

Your milk will “come in” somewhere between 2 and 4 days after birth. Most people have a certain degree of fullness at this time which is just progressive filling of the breasts. It is only mildly uncomfortable and the baby should be able get on the breast to nurse. It may last for up to 48 hours after the milk comes in.

On the other hand, engorgement is excessive fullness which makes the breast completely hard and painful. When the breast is engorged it may be difficult for the baby to latch on, leading to nipple damage. The best way to prevent this condition is to feed frequently and as long as possible from birth on, in order to drain the breasts. If you become engorged, some strategies for dealing with it are:

- Feed frequently
- Before feedings, apply wet heat (shower, bath, wet face cloth) to your breasts, and then express some milk to soften the areola. This helps baby get a good latch.
- After feedings, use cold cloths or frozen cabbage leaves to minimize any pain. It is best to use green cabbage, since purple will stain your breasts and clothes!

Once breastfeeding is well established, it is good to vary the positions used for nursing as this encourages complete drainage of different areas of the breast. As a general rule, the area toward which the baby's chin is pointing is the area which is being drained the most. It is also good practice to drink when your baby drinks. When you sit down, try to have a glass of water or juice handy.

Contact your care provider if you have:

- A red or tender area on the breast
- A fever or flu-like symptoms

Vaginal flow

After birth, your uterus begins to undergo changes that will return it to its nonpregnant condition. Involution is the term used to describe this process of change. This whole process may take anywhere from 2 to 6 weeks. The vaginal discharge you are having is the normal response of your body to these changes.

Right after birth, the discharge (lochia) will be red and heavier than your usual menstrual period but will decrease rapidly in the first week. It is normal to pass clots, which form from pooled blood in your vagina while sitting or lying down.

Over the first few weeks the discharge will change to pink or brownish in color and become thinner.

Eventually the discharge may turn yellowish or cream colored.

Between days 7 and 14 many people have an episode of increased flow. This happens when the blood that formed a type of wet scab called eschar is passed. This scab covered the area where the placenta was implanted. This increased discharge should not last more than 1-2 hours before diminishing.

Often an increase in the amount of discharge is your body's way of telling you to get more rest. Lying down or relaxing will help to decrease the flow.

If you find that you are saturating a pad in 30 minutes, take these actions:

- Empty your bladder
- Lie down with your feet up
- Massage your uterus to make it firm
- Nurse your baby

If you saturate another pad in 30 minutes after taking these steps, call your care provider.

Call your care provider if:

- There is an extremely foul or fishlike odor to the discharge
- You are completely soaking 2 pads in an hour or less
- You pass a clot larger than a lemon

Afterpains

Afterpains, or afterbirth pains, are caused by contractions of the uterus which shut off the flow of blood from the blood vessels which fed the placenta. This is one of the ways that bleeding is controlled. They are often felt more strongly during breastfeeding, especially by people who have had a baby before, because breastfeeding stimulates the release of the hormone oxytocin, which in turn causes both the milk to let down and the uterus to contract intermittently. Various things will lead the uterus to have one big contraction that stays. If the uterus stays contracted the cramping goes away.

Some ideas to reduce afterpains:

- Massage your uterus
- Keep your bladder empty
- Use a hot water bottle or heating pad
- Drink raspberry leaf tea
- Try lying face down with a pillow placed under your abdomen

If these methods are not effective you can take ibuprofen 600mg every 4 to 6 hours as needed.

Care of your perineum

Whether or not you have had stitches, your perineum (the area between your vagina and rectum) will need some TLC. Treat it like an athletic injury.

- Use frozen pads or apply ice to your perineum (like any injury – ice for the first 48 hours). It sounds uncomfortable now, but will feel great in the moment!
- Wash your hands before (as well as after) using the toilet until your stitches are healed
- Pee in the shower/bath if urination causes stinging
- Use a peri bottle after using the toilet – add herbs/lavender/tea tree oil for their antibiotic and healing properties

- Take Homeopathic Arnica 30C every 4 hours while awake (minimizes any swelling or bruising)
- If you feel you need pain relief medication, ibuprofen or acetaminophen can be taken according to the recommendations on the bottle
- Plan to not go outside for 7 days. Stay in bed and cuddle with your baby, minimizing activity as much as possible. Aim to only walk up/down stairs once or twice a day max.
- Sit with your legs together, i.e. don't sit cross legged.
- Sitz bath twice a day – add herbs/lavender/tea tree oil.
- Full bath x 10-20 minutes once a day (in addition or instead of sitz bath) – add 2 cups Epsom salts, perineal wash herbs – avoid bubble bath
- Do NOT sit on a hemorrhoid or “donut” pillow which can cause stitches to tear out
- Eat healthy, drink lots of water
- Use lots of lube when you have sex, as postpartum hormones cause dryness.

It is normal to feel “heaviness” in your pelvis at the end of the day if you have increased your activity. This is the pelvic floor muscles getting fatigued. Try to balance days of activity causing fatigue, with days of rest.

Prolonged use of maxi pads can be very drying – occasionally try sitting on a blue pad while nursing, or use cloth pads. After a sitz bath, dry out your perineum well, then sit on a blue pad or towel and let your perineum fully dry and breathe for 1-2hours.

You will not have the same strength when doing kegels. Be patient, it will return.

Inform your care provider if:

- You have increasing amounts of pain in your perineum, not associated with increased activity or decreased use of painkillers
- You have discharge that is abnormal in color or foul smelling
- You continue to have serious urinary incontinence past the first few weeks

See a pelvic floor physiotherapist if you have any concerns or just want to improve your pelvic floor strength. You do not have to have serious incontinence before seeking physiotherapy. If your problem is assessed to need further medical intervention, they can provide a gynecological referral.

Urination

It is important to prevent your bladder from becoming overly full during this postpartum period. Try to urinate at least every few hours when awake. You may find yourself urinating more often and in very large quantities in the first few days after birth. This is a way your body uses to get rid of extra fluid built up during pregnancy and is normal. It is especially important to drink lots of fluids, even if you feel like you are urinating frequently as it is easy to become dehydrated when trying to produce breastmilk. It may take a few days for the nerves of the bladder to return to normal, so you may need to pee by the clock if your body isn't warning you when your bladder is full.

Signs of a urinary tract infection (if you feel any of these, call your care provider):

- Burning or pain with urination
- Difficulty starting to urinate
- A sensation that you have to urinate immediately
- Cloudy urine with or without a foul odor

Bowel function

It is usual not to have a bowel movement until 2 or 3 days after birth, as your digestive tract has slowed for labor and it takes time to get back to normal. Sometimes people fear that they will hurt themselves or any stitches by moving their bowels. This will not happen! Please follow your urge when it comes, and it will not be as bad as you fear.

To minimize discomfort:

- Drink at least 8 glasses of water a day
- Eat foods that will keep you from getting constipated: lots of fruits, vegetables and whole grains
- Drinking prune juice or eating prunes, figs and bran can be helpful, but beware of overdoing it and getting diarrhea!
- If other methods haven't worked, you can try a bulk laxative such as Metamucil or an over-the-counter stool softener.
- If you have not had a bowel movement after the 4th day and are concerned, call your midwife.

Hemorrhoids

Some people develop hemorrhoids during pregnancy or with birth. Other people who already have hemorrhoids may find they become worse with childbearing.

To relieve pain, speed healing and avoid irritating the hemorrhoids, use any combination of the following:

- Apply an ice pack (bags of frozen peas work well)
- Use a warm sitz bath
- Apply a cotton ball soaked in cold witch hazel
- Use a hemorrhoid cream or suppository – there are various herbal preparations, as well as over-the-counter preparations.
- Do Kegel exercises to increase circulation in the area
- Try to avoid constipation
- Don't strain during bowel movements
- Lie on your side whenever possible
- Regular exercise such as walking is also beneficial after the first week
- Do NOT Sit on a donut pillow as this may tear out your stitches

Sleep/rest/activity

It is very important to get plenty of rest and sleep and to not become stressed with too much activity. Your job as a new parent is to take care of yourself and your baby. You need to spend the early weeks recovering and getting to know your new baby. Recovering from the birth and caring for a newborn can be very tiring. Sleep deprivation can result from frequent night feedings and the demands of baby care. It has been shown that being overly sleep deprived can push susceptible people from normal baby blues into postpartum depression.

Plan on having a “babymoon”, which includes not going out of the house for the first seven days and being pampered for at least two weeks. This is not as easy as it sounds. It takes advanced preparation, but it is vitally important for your long-term health. Your efforts now will be well spent:

- Beware of the “week one high”, which fools people into thinking they are fine, when in fact they are still on an adrenaline high from the birth and the excitement of having a new baby.
- The key to adequate rest is to sleep when baby sleeps.
- Turn the phone off when you are sleeping, and change the answering machine message to let people know that you are both resting but will phone when you can.
- Plan meals ahead. Prepare extra portions when you cook and bake now, and put them in the freezer.
- If friends offer to have baby showers, request a “casserole shower”, with guests bringing a frozen (hopefully homemade) entrée. When you are recovering someone can just add a salad or veggie, and dinner is served.
- Consider hiring a postpartum doula.
- If you have other children, it is a good idea to plan some babysitting, quiet activities, and general household help to allow you to rest whenever you get the opportunity. At the very least, arrange time for naps during the day and go to bed as early as possible.
- Minimize visitors. Have a list ready of things that need to be done, for friends and family who do come over.

Mood

Baby blues or postpartum blues occur in many new parents. This is different from postpartum depression or anxiety. These blues can include

- Feeling mildly down
- Being easily upset or irritable
- Feeling unexplainably sad or tearful
- Feeling restless
- Having difficulty sleeping
- Having little or no appetite
- Headaches
- Feeling “flat” or unable to fully experience emotions.

One or more of these symptoms may appear anytime in the first week after the birth, but are most common from the third to fifth day (as the milk comes in – part of the same hormonal process). It is believed that the tremendous physical and hormonal changes that the person's body is experiencing as it returns to the nonpregnant state are responsible. Discomfort and fatigue can also play a part. Reassurance, support and lots of rest are usually all that is needed.

If the blue feelings last longer than the tenth day or make it difficult to look after yourself or your baby, call your care provider.

Nutrition

During the postpartum period, it is important to maintain the same amount of nutritious food and fluids that you ate during pregnancy. Your body needs 500 extra calories per day to produce enough breastmilk. You should focus on eating a well-balanced variety of high-quality, nutritious foods. Fluid intake needs to be maintained to help replace fluids lost during labor, aid in the elimination process and provide a good supply of milk. A beneficial practice is to have a snack and fluids during the night if you are awake to feed the baby.

Weight loss should not be a concern at this time. Due to the extra calories required by milk production, most people find that they can continue to eat 2500 to 2700 calories per day and still lose the extra weight gained during pregnancy. Rapid weight loss is never healthy. With breastfeeding, the weight will come off gradually over 6 to 9 months in much the same way that it was gained.

Night sweats

You may find that you are perspiring more than usual in the first few days. This is another way your body uses to get rid of extra fluid built up during pregnancy and is normal. To cope with sweating:

- Wear natural fibers
- Dress in layers
- Try taking a couple of showers a day

Sexuality

Although sexual activity can safely be resumed when the perineum is healed and the bleeding has mostly stopped, the desire to resume sexual activity varies greatly among people and their partners. It may be affected by pain or tenderness from any tears, tiredness, concerns regarding milk letdown during sexual activity, lack of privacy or interruptions. Emotional recovery from the birth and adjustment to the parenting role is important as well, for both partners.

The vagina may be dry, due to a decrease in hormone levels. Use of a water-soluble lubricant can increase comfort. If the milk letdown reflex is bothersome, a bra can be worn during sexual

activity or the baby can be fed immediately before. Good communication, a sense of humor and patience go a long way towards smoothing over the rough spots.

Menstruation

The return of menstruation varies according to the individual person's pattern and whether or not they are breastfeeding. Most non-breastfeeding parents resume menstruating between 6 and 8 weeks after the birth.

The longer the person exclusively breastfeeds, the longer the delay in the return of periods tends to be. The return of periods for breastfeeding people is associated with the length of time they continue breastfeeding and whether or not supplements – formula or solid foods – are used for infant feeding. It also depends on length of time between feedings. The sooner baby “sleeps through the night”, the sooner your period will return.

Contraception

Remember, ovulation usually precedes menstruation, so it is possible to get pregnant before having a period. Even if you think now that you will never be interested in sex again, it will happen! It's wise to plan a method of contraception and have it available before the mood hits.

Postpartum exercises

You can begin simple exercises such as Kegels shortly after birth. Be aware that increased vaginal flow and pain means that you should re-evaluate the type and amount of exercise that you are doing. If this occurs you should decrease or modify your activities. Listen to what your body is telling you, gradually increase your exercise and don't overdo it.

Phase 1: First Week

Deep breathing and abdominal wall tightening

Lie on your back, knees bent. Place hands on abdomen. Take a deep breath in through your nose. Keep ribs still and let abdominal wall expand upward. Part lips slightly and slowly but forcibly blow air out through the mouth, pulling in your abdominal muscles until you feel you have completely emptied your lungs. This exercise works the transverse muscles, which compress the abdominal contents and prevent the abdominal wall from bulging.

Pelvic Tilt

Rock the pelvis back by flattening the lower back down onto the floor or bed. On exhale tighten the abdominal muscles and buttocks. Hold the position for 3 seconds. Concentrate on flattening the hollow in the small of the back while also contracting the abdominal wall muscles. This should feel good.

Kegels

Consists of alternately contracting and relaxing the pelvic floor muscles. Contract the muscles surrounding the urethra, vagina and rectum, all at the same time. Imagine you are on an elevator going up five floors. Tighten these muscles slowly as you go up each floor, 1-2-3-4-5. Hold for the count of five, then slowly relax. To check if you are doing the exercise correctly, begin to urinate then stop the flow. Do this only to check the exercise; do not interrupt the flow on a regular basis. Do a minimum of 20 Kegels per day.

Phase 2: One to two weeks after birth

Leg Sliding

Lie on back, knees bent, pelvis tilted backward and lumbar spine flattened. Breathe normally throughout. Slowly slide heels down until legs are straightened. If the abdominal muscles won't stay flat, draw knees up again, one at a time, to the point where the spine began to arch. Work in the range until abdominal muscles maintain a straightened back with the legs outstretched.

Bridging

Lie on back, knees bent. Raise the hips so the knees and chest form a straight line. The closer the feet are to the buttocks, the more leverage you achieve. Do not arch the back. You can strain ligaments and stretch the abdominal muscles. Contract both abdominal muscles and buttocks together. Progress by moving the feet farther away from the buttocks.

Abdominal Tightening

Lie on back, knees bent. Cross hands over abdomen so you can pull toward the midline as you raise your head. Breathe out and raise your head at the same time, then relax.