

# FAQs After the Birth

A care provider will see you and your new baby regularly during the first 7-10 days postpartum, or until after your baby is back to birth weight, whichever comes first. If you are in hospital, the on-call care provider will come to see you and your baby daily. If you are at home, a midwife will visit you and your baby every 2-4 days until your baby is approximately 7-10 days old. After that time, postpartum visits will take place at the clinic. Unlike clinic visits, *home and hospital postpartum visits cannot be scheduled in advance*, as the on-call care provider may be called to a birth at any time. Visits generally happen before noon, but are sometimes delayed. Once you are home with your baby, on the day of the planned home visit, you can expect a phone call to schedule your visit. If you see a "private caller" or an unidentified number, be sure to answer the phone, as it is probably your care provider calling. If you prefer to schedule visits in advance, we will be happy to book you and your baby in for a clinic visit.

## **MOTHER**

### **Rest and Recovery**

You have just been through a major physical event and will require time to rest and recover. Allow yourself the necessity of time in bed, resting at home, focusing on self-care, and getting to know your baby. Ask for assistance from friends and family with housework, cooking, and care of other children.

### **Bleeding**

You can expect to have some bleeding or spotting for up to 6-8 weeks postpartum. In the first 2-3 days, it is normal to bleed slightly more than a heavy period. If your bleeding becomes bright red and heavy again after having decreased, it is often a sign that you have done too much and you should slow down and rest.

***If you soak more than one overnight pad in one hour, you pass a clot larger than a mango, or there is a foul smell to the discharge, page the on-call care provider right away.***

### **Pain Relief**

If you have not been prescribed any other medications for pain relief, it is recommended to alternate between 400mg ibuprofen (Advil or Motrin) and 500-1000mg acetaminophen (Tylenol), taking up to the maximum dose of either drug as needed in the first few days after your baby is born. For example, you may take a dose of ibuprofen and, 3 to 4 hours later, you may take a dose of acetaminophen. Try to space out the doses of pain medication as soon as your pain allows.

***If you are taking your medications regularly and you are still experiencing significant pain, page the care provider.***

### **Perineal Care/Incision Care**

After a vaginal birth, your perineum may feel sore or tender. If you have had stitches or a small tear, it may feel painful when you sit, move, or urinate. Ice is helpful on the first day postpartum to help reduce swelling and numb the area. Keeping your tissues clean can help them heal faster, as can taking baths or using a sitz bath several times per day. Please avoid bath bubbles or oils for the first six weeks while your tissues are healing. If you have had stitches, they will dissolve on their own and will not need to be removed. Use a peri bottle to rinse your perineum while using the toilet, and pat yourself dry instead of wiping.

After a cesarean, you should shower rather than bathing in a tub until your incision is well-closed. If you have steri-strips, they can be removed after 5-10 days. Try moistening them in the shower and gently working them loose. You should not drive until the pain from your incision is mostly gone, usually up to 6 weeks.

***If your perineum or cesarean incision begins to bleed or ooze, feels hot, red, becomes suddenly more tender to touch, or you have a fever of 38.0 or higher, inform the on-call care provider.***

### **Bladder/Bowel Function**

Your bladder should function normally without pain or burning. You may notice more frequent urination in the first week. This is normal as your body reduces its blood volume.

It may be a few days before your first bowel movement. Try to avoid constipation by eating a healthy diet and drinking lots of fluids. Stool softeners such as Colace (sodium docusate) may help to soften your stool in the first few days. These are available over the counter at the pharmacy. Hemorrhoids can be treated with witch hazel pads, ice, or medicated creams or suppositories such as Tucks pads, Anusol, or Preparation H.

***If you are having painful bowel movements, have not had one by the third day postpartum, or have burning or pain with urination, please inform the on-call care provider.***

### **Breast Care**

Engorgement after your milk "coming in" is common, and can be relieved by frequent feedings, warm compresses, cold cabbage leaves, and breast massage/compressions during feeding. Be aware of your baby's position and latch at every feed to avoid developing sore nipples. If you develop sore nipples, expose them to air frequently or apply a pure lanolin cream after nursing. It is normal to experience some tenderness during the first few days of breastfeeding, but if pain continues into the feed, or hurts between feeds, you may be developing other conditions that require evaluation.

***If you develop painful red areas or lumps in your breast(s), or if you develop a fever (>38.0), page the care provider.***

### **Activity/Exercise**

You can gradually resume your normal activity and exercise routines after the first 1 or 2 weeks postpartum. Simple strengthening exercises are recommended to slowly regain your core strength. Walking is always good exercise when you are feeling ready to be more active. After a cesarean section, exercise should be postponed until after your incision is well-healed. You should not attempt to drive for at least the first 2 weeks after a cesarean section.

### **Sexual Activity**

Sexual intercourse may be resumed after your bleeding has stopped, generally about 4 to 6 weeks postpartum. Let your own comfort be your guide; you may need to wait longer if you had stitches that are still healing. Most women need added lubrication to be comfortable. Remember to use contraception every time you have intercourse if you do not wish another pregnancy right away. We will discuss contraception options at your final visit; if you wish to discuss them sooner, please let us know.

### **Mood Changes**

Many new mothers experience a period of 3 to 10 days of "postpartum blues". You may find that you feel moody, weepy, or irritable. These feelings are the result of the rapid change in hormones, and may be worsened by fatigue, discomfort, and being overwhelmed. With good self-care, appropriate support at home, and time to recuperate, these feelings should pass shortly. For about 10% of women these feelings escalate into postpartum depression. We have many resources available to help you if this occurs, so please let us know.

***If you find that your blues are persisting, becoming more severe, lasting longer than ten days, or you have any thoughts of harming yourself or your baby, please page the on-call care provider.***

### **Afterbirth pains**

Afterbirth pains are felt as the uterus contracts in the first few days after the birth. These contractions help the uterus to shrink back to its original pre-pregnant size. They can become progressively worse after each pregnancy. Some women may notice them while breastfeeding the baby. These afterpains are normal and should not last more than a week. You can safely take ibuprofen or acetaminophen every 3 to 4 hours to alleviate your discomfort as needed. Heat often helps, so try using a heating pad or hot-water bottle on your tummy. You may also experience some relief by sipping catnip or raspberry leaf tea.

***If you feel any unusual abdominal tenderness or pain that is not alleviated with ibuprofen or acetaminophen (with or without a fever), please page the on-call care provider.***

## **NEWBORN**

### **Breathing**

Newborns normally breathe in an irregular rhythm. Babies prefer to breathe through their nose, and it is common for them to sound stuffy. This is normal and not concerning as long as they are feeding well.

***Your baby should not grunt with every breath, flare her nostrils, or pull her chest in deeply when breathing. These may indicate respiratory distress and require an urgent page to the on-call care provider.***

### **Mucus**

It is common for newborns to cough, sneeze or spit up mucus in the first few days. It may be brown or bloody because of blood that the baby swallowed during the delivery. Babies sometimes look as if they are choking or gagging. If you are asleep, rest assured that your baby is able to clear her own airway. However, if you are awake, you can turn the baby on her side, and gently pat or rub her back to help her clear the mucus.

## Temperature

Your baby will need your help maintaining an appropriate body temperature as they cannot do this on their own for the first few weeks. Dress the baby in one more layer than you are wearing. It is easy to overheat a baby with too many clothes or blankets, just as much as it is easy for a baby to become too cold in a cool room or when underdressed. Feeling the baby's body should give you an indication of her temperature. If the baby's hands are hot, the baby is probably too warm; if the body is cool, the baby needs to be warmed up. If you aren't sure, place a thermometer under the arm and hold it until the thermometer beeps. Normal range is 36.5-37.5 degrees Celsius.

***Please page us right away if your baby develops a temperature of 38 degrees Celsius or more.***

### **\*\*\*The Two Ps: Pees and Poops\*\*\***

Your baby should minimally pee at least once in the 1st 24 hours, twice in the 2<sup>nd</sup> 24 hours, 3 times on day 3, 4 times on day 4 and at least 6 or more times by the time she is 5 days old. She should pass meconium at least once in the first 24 hours, and will likely pass several of these tar-like sticky black stools before you notice her stool changing colour. Normal breastfed poop is a mustard yellow colour, and can be very runny. When you see this transition of colour, you know that your baby is getting milk through her intestines. It is important to keep track of your baby's wet and poopy diapers in the first several days to be assured that she is getting enough milk.

Your baby's first pees may contain an orange/brick-red colored substance called uric acid crystals. This is normal and will resolve when the milk is in and there is a higher volume of urine. The size of a newborn pee can be very small and easily missed. If you are using disposable diapers it may be helpful to put a tissue in diaper to be able to tell when it is wet. You may also see a few drops of blood in the diaper, which is normal. You may find it easier to wash the meconium off if you put olive oil on the baby's bottom at diaper change time. An older newborn may pass stool less frequently, with as much as 2-7 days between poops.

***Please inform your care provider if your baby is not peeing/pooping normally in the first weeks. If your baby has not peed or pooped in the first 24 hours, please page the on-call care provider urgently.***

## Feeding

Your baby should be fed at least 8-12 times per day. For some parents, it is helpful to record the time and length of each feed for us to review together. On the first day of life, your baby may have one long sleep of 4-6 hours, but after that you should not allow her to go more than 3 hours between feeds.

Many babies will feed in irregular patterns, anywhere from 1 – 3 hours apart. Feed her for at least 10-15 minutes on each breast before switching sides. Feeding her frequently helps to keep your breasts stimulated to produce milk as well as help keep you from becoming engorged (over full). Your breasts will provide colostrum in the first few days, a food rich in nutrients, calories, and antibodies that lines the baby's digestive tract, nourishes, and hydrates. No other water or substitutes are required during this time before your milk comes in. When feeding your baby, get in a comfortable relaxed position well supported by pillows. Hold the baby tummy-to-tummy, skin-to-skin with the head, shoulders and body all in alignment. The tip of your baby's nose should be about even with the tip of your nipple. Wait for a wide open mouth and bring the baby to your breast, latching on so that your nipple is far back in her mouth, with all or much of the areola also in her mouth. Listen for swallowing.

***If you are having difficulty feeding your baby at least 8 times per day, or feel you need support or guidance with breastfeeding your baby, please contact us right away.***

## Umbilical Cord

Your baby's cord will fall off within 10-14 days. The cord should be kept clean and dry, and kept outside of the diaper. Do not soak or wash the cord area until it has fallen off. You do not need to use alcohol or other products as these destroy the bacteria helping to speed healing at the site. It is normal for the cord to have a slightly foul odour as it decomposes. A few drops of blood or yellow discharge are also normal.

***If the area around the cord stump becomes infected, red, or swollen, please inform your care provider.***

## Eyes

It is very common for babies to have excess discharge from one or both eyes. Your baby's tear ducts are very small and may not drain efficiently. If your baby has lots of discharge from his eye, clean his eyes gently with a soft, wet washcloth. You may also wish to put a few drops of breastmilk into his eyes to protect against infection.

***If the whites of your baby's eyes become red or the eyelids become red or swollen, please inform your care provider.***

## Skin

Your baby's soft skin is sensitive and may become dry or peel in the first weeks after birth, especially on the hands, feet, and in creases. You do not have to treat this, but you can apply natural oils if you desire. Sweet almond oil, coconut oil, or olive oil are all good choices rather than commercial baby oil or lotions. Some babies develop normal newborn rashes that come and go around the body; these are not concerning.

## Jaundice

Many babies will become slightly yellow in the first few days after birth, and there are many possible causes of jaundice. Most often, the jaundice is normal and does not pose a threat to your child. However, we are most concerned about babies who become yellow within the first 24 hours of life and those whose jaundice increases rapidly, as they may require treatment. These babies are often excessively sleepy and uninterested in feeding, with insufficient output (pees and poops).

***Your baby will be assessed for jaundice at each visit. Inform your care provider if you have any concerns about his color or behaviour.***

## Bathing

Your baby does not require daily baths. Bathing your baby too often can dry his sensitive skin and cause peeling to become worse. The only two areas on his body that need daily cleaning are the diaper area and your baby's neck and chin. Sponge baths are preferable while the cord is still on. After that, try bringing the baby in a bath with you by getting into the bath and then having someone pass the baby to you.

## Signs of Illness

There may be times when you wonder whether your baby is ill. It is normal for babies to cry and to sometimes be fussy. However, if your baby is feeding normally, he is unlikely to be unwell. If you are breastfeeding your baby, your immune system is providing protection for your baby against illness such as colds or viruses. However, if you are uncertain, contact your care provider.

***If your baby stops feeding normally, runs a temperature of 38 degrees Celsius or more, or appears to have difficulty breathing, page the on-call care provider right away.***

## Gassiness

It is normal for newborn babies to have lots of gas. Their digestive tract is just starting to work, and it takes time for the bacteria in their gut to create a healthy balance. In the first few months, this may cause your baby to have some discomfort. You can help him develop a healthy mixture of intestinal bacteria by administering newborn probiotic drops or powder. If your baby seems uncomfortable from gas, it is also safe to try remedies such as gripe water or Infacol/Ovol drops. If you choose to use these remedies, please follow the directions on the packaging.

## Behavior

Your baby is undergoing a major transition, from life in the womb to life in our world. This transition is easy for some, and harder for others. Your baby's behaviors will change throughout the day and night, and you will soon begin to notice her special cues and be able to interpret her signals. Many babies are soothed by an environment that reminds them of the womb with quiet surroundings, soft ambient sounds, dim lights, soft touches, swaddled body, warmth, and gentle rhythmic movements. Other babies might calm better in a more stimulating environment. Try a variety of techniques to discover what works best. It is normal for your baby to become more fussy in the evenings. She may want to feed more frequently during that time, and she may appear unsettled. Continue to offer her the breast or try other techniques to soothe her such as rocking her, walking with her, wearing her in a baby carrier, or giving her a warm bath.

***If your baby is difficult to console, crying extensively, or exhibiting any other behaviors that concern you, please inform the on-call care provider.***

***Please page the on-call care provider with urgent concerns at 778-355-9636.***

***Press 0 to reach the on-call provider. If you haven't received a call back within 15 minutes, please page again. If you still haven't received a call back and you feel it is urgent, go to RCH hospital emergency or call 911.***