



CAROLE NIGHSWANDER | Registered Midwife

## POSTPARTUM INSTRUCTIONS

### MOTHER

1. REST THIS IS ONE OF THE MOST IMPORTANT FACTORS IN YOU AND YOUR BABY'S WELL-BEING. YOU WILL BE CHALLENGED BY THE DRAMATIC CHANGES IN YOUR SLEEPING PATTERN. WITHOUT PROPER REST YOU CAN BECOME MORE SUSCEPTIBLE TO A NUMBER OF POSTPARTUM COMPLICATIONS. THE ANSWER - STAY IN BED! KEEP YOUR PJ'S ON FOR AT LEAST THE FIRST 3-4 DAYS AND CREATE HEADQUARTERS FROM THE BEDROOM. ALLOW OR DELEGATE SOMEONE ELSE TO DO THE DISHES, LAUNDRY, MEALS ETC. WHEN YOUR VERY WISE BABY SLEEPS TAKE IT AS A SIGN THAT IT'S TIME FOR YOU TO SLEEP AS WELL. THIS IS A MAGICAL AND EXTREMELY IMPORTANT TIME FOR YOU AND BABY TO BEGIN BONDING ON THE OUTSIDE. TRY TO GIVE YOURSELF AND YOUR BABY THE PRECIOUS GIFT OF STAYING HOME AND IDEALLY IN BED FOR AT LEAST THE FIRST WEEK IF NOT THE FIRST MONTH. YOU AND YOUR BABY WILL BENEFIT FROM THIS NON-ACTION FOR ARGUABLY THE REST OF YOUR CHILD'S LIFE!

2. BLEEDING WOMEN VARY IN HOW LONG THEY BLEED POSTPARTUM. YOU SHOULD BLEED LESS AND LESS EACH DAY ALTHOUGH YOU MAY BLEED FOR A COUPLE WEEKS. SOME WOMEN CONTINUE TO SPOT OR BLEED VERY LIGHTLY THROUGHOUT THE FIRST MONTH. REST IS DIRECTLY RELATED TO HOW QUICKLY YOU HEAL AND STOP BLEEDING. YOU WILL BLEED MORE IF YOUR UTERUS ISN'T STAYING WELL CONTRACTED. ONE WAY FOR YOU TO MANAGE THIS IS BY MAKING SURE YOUR BLADDER STAYS EMPTY BY USING THE BATHROOM OFTEN (DON'T DECREASE H<sub>2</sub>O!). DON'T BE ALARMED IF YOU FEEL A SMALL GUSH OF BLOOD WHEN YOU GET UP FROM LYING DOWN, IT IS JUST THE BLOOD THAT HAS COLLECTED IN YOUR VAGINA WHILE LYING DOWN. YOU MAY ALSO HAVE SOME SMALL CLOTS OF BLOOD EXPELLED. YOUR BLEEDING WILL LIKELY BE COMPARABLE TO A HEAVY PERIOD WITH RED BLOOD FOR THE FIRST 3 DAYS AND THEN BEGIN TO TAPER OFF AND CHANGE COLORS FROM RED TO BROWN TO PINK. PLEASE CALL ME IF:

YOU SOAK MORE THAN ONE PAD IN AN HOUR / YOUR BLEEDING GREATLY INCREASES / YOU HAVE A GUSH/CLOTS EXPELLED FOLLOWED BY INCREASED AND CONTINUOUS BLEEDING.

YOUR UTERUS BECOMES MORE PAINFUL OTHER THAN THE AFTER BIRTH CRAMPS  
YOUR BLEEDING HAS A FOUL SMELL

3. BLADDER AND BOWEL: YOU'LL NEED TO URINATE BEFORE THE MIDWIVES GO HOME AFTER THE BIRTH AND CONTINUE TO URINATE NORMALLY AFTER THAT. IT MAY BURN IF YOU HAVE TORN OR HAVE SMALLER SKID MARK TEARS. YOU'LL WANT TO LEAN TO THE OPPOSITE SIDE OF THE TEAR WHEN YOU URINATE TO AIM THE URINE TO THE OTHER SIDE. YOU CAN ALSO DILUTE THE URINE BY SQUIRTING H<sub>2</sub>O FROM THE PERI-BOTTLE ON YOUR VAGINA AS YOU URINATING. BOWEL MOVEMENTS SHOULD BE NO PROBLEM AND FEARED NOT. YOU SHOULD HAVE A BOWEL MOVEMENT W/I THE 1<sup>ST</sup> 24 HOURS AFTER BIRTH. AVOID CONSTIPATION BY DRINKING AT LEAST 3 QUARTS OF H<sub>2</sub>O /DAY AND EATING WHOLE FOODS.

4. VAGINA AND BOTTOM: THIS AREA MAY BE QUITE SOAR/TENDER IMMEDIATELY AFTER THE BIRTH, BUT SHOULD PROGRESSIVELY FEEL BETTER OVER THE FIRST FEW DAYS. IF YOU'VE TORN THE SUTURES OR GLUE SHOULD DISSOLVE WITHIN 4-8 DAYS. SOME SMALLER TEARS OR SKID MARKS MAY NOT REQUIRE REPAIR AS THE VAGINA USUALLY HEALS QUITE WELL ON ITS OWN. TO ENCOURAGE HEALTHY HEALING: CHANGE YOUR PAD EVERY TIME YOU USE THE BATHROOM; AIR DRY OFTEN, LEAVING PADS AND UNDERWEAR OFF (PUT A TOWEL OR CHUX UNDER YOU); USE AN ICE PACK IF THERE IS SWELLING OR SORENESS; APPLY PURE UNPASTEURIZED HONEY OR ALOE VERA TO YOUR SANITARY PAD; DO HERBAL SITZ BATH 1-2/DAY FOR THE 1<sup>ST</sup> FEW DAYS. IF HEMORRHOIDS ARE A FACTOR: AVOID CONSTIPATION; APPLY VIT E TO HEMORRHOID BEFORE BOWEL MOVEMENT; USE TUCKS OR WITCH HAZEL PADS FOR RELIEF.

5. DIET: A CONCENTRATED EFFORT TOWARD A GOOD, NUTRITIOUS DIET ACTUALLY REQUIRES MORE DURING BREASTFEEDING THAN IN PREGNANCY. PLEASE REFER TO YOUR LACTATION DIET CHECK LIST. YOU'LL WANT A CONSTANT SUPPLY OF NUTRITIOUS SNACKS AS WELL AS FULL SIZE MEALS. SET UP A BEDSIDE TABLE READY WITH A PITCHER OF H<sub>2</sub>O AND A PLATE OF SNACKS FOR IN BETWEEN MEAL TIME. CONTINUE TO TAKE YOUR PRENATAL SUPPLEMENT, EXTRA IRON, FRESH FOODS AND LOTS OF PROTEIN. DRINK PLENTY OF H<sub>2</sub>O TO ENSURE A HEALTHY MILK SUPPLY AND TO REPLENISH THE FLUIDS LOST AT BIRTH.

6. BREAST CARE: YOUR NIPPLES MAY BE SORE THE 1<sup>ST</sup> FEW DAYS OF NURSING. IT WILL PASS! TO AVOID SORE, CRACKED, AND BLISTERED NIPPLES MASTER A GOOD LATCH-ON. IT IS THE SINGLE REASON FOR TENDERNESS/PAIN. TO DE-LATCH, DON'T PULL THE BABY OFF THE BREAST, BUT INSERT YOUR BABY FINGER IN TO THE SIDE OF THE BABY'S MOUTH TO RELEASE THE SUCTION. TO TREAT SORE/CRACKED/BLISTERED NIPPLES YOU CAN APPLY CALENDULA SALVE OR LANOLIN OR VIT E TO THE NIPPLE AND JUST WIPE IT OFF BEFORE THE BABY NURSES AGAIN.

YOUR 1<sup>ST</sup> MILK IS CALLED COLOSTRUM AND IS MUCH MORE CONCENTRATED THAN THE MATURE MILK THAT COMES IN ON THE 3<sup>RD</sup>-4<sup>TH</sup> DAY POSTPARTUM. IT IS PACKED WITH NUTRIENTS AND ANTIBODIES THAT ARE PERFECT FOR YOUR BABY. IT IS LESS IN QUANTITY THAN MATURE MILK BUT THE PERFECT AMOUNT FOR YOUR NEWBORN. WHEN YOUR MATURE MILK DOES COME IN, YOUR BREASTS WILL LIKELY FEEL VERY ENGORGED OR FULL AND EXTREMELY TENDER. IT WILL PASS! THE REMEDY: NURSE, NURSE AND NURSE SOME MORE (@ LEAST EVERY 2 HRS); SWITCH SIDES WHEN THE SIDE YOUR NURSING ON FEELS SOFTER AND EMPTY OR SWITCH AT THE FOLLOWING NURSING; DRINK LOADS (3+ QTS) OF H<sub>2</sub>O; APPLY COLD CABBAGE LEAVES OR FROZEN VEGGIE BAGS INSIDE YOUR BRA FOR RELIEF; TAKE A WARM SHOWER OR BATH AND LET YOUR BREASTS LEAK; TAKE 250-600 MG OF IBUPROFEN EVERY 4-6 HRS TO REDUCE INFLAMMATION AND PAIN IN BREASTS. DON'T GIVE UP NURSING YOUR BABY BECAUSE YOU'RE UNCOMFORTABLE, IT BECOME EASIER. IT IS A STEEP LEARNING CURVE FOR BOTH YOU AND THE BABY. BE PATIENT!

7. AFTER BIRTH CONTRACTIONS: IF THIS IS YOUR FIRST BIRTH YOU MAY NOT EXPERIENCE HARD ABC'S, IF SO GIVE THANKS! FOR THOSE OF YOU WHOM ARE NOT SO LUCKY... WELL, THIS WILL PASS TOO. IN THE MEAN TIME: ENCOURAGE A WELL CONTRACTED UTERUS BY, KEEPING YOUR BLADDER EMPTY; LYING BELLY DOWN, ON A ROLLED UP TOWEL OR FOLDED OVER PILLOW PLACED JUST ABOVE YOUR PUBIC BONE SO ITS PRESSING AGAINST YOUR UTERUS; GENTLY MASSAGING YOUR UTERUS SO IT FIRMS UP UNDER YOUR HANDS (THESE LAST 2 MAY INCREASE THE PAIN FOR A COUPLE MINUTES BUT IT WILL ULTIMATELY LEAD TO RELIEF); YOU CAN ALSO TAKE AN HERBAL TINCTURE FOR AFTERBIRTH PAINS OR 250-600MG OF IBUPROFEN EVERY 4-6 HRS.

8. MISC:

LIMIT VISITORS FOR AT LEAST 2 WEEKS. THEY CAN INFRINGE UPON PRECIOUS SLEEP, EATING AND BONDING!

HORMONES! RESPECT THEM. THEY ARE THERE FOR A REASON. ELATED, EXHAUSTED, SOBBING, CONTENTED, CRAZY AND WEEPY THEY ARE ALL NORMAL FEELINGS IN MODERATION. WHEN YOUR MILK COMES IN ON THE 4<sup>TH</sup> DAY CAN BE AN ESPECIALLY CHALLENGING TIME FOR EVERYONE PHYSICALLY AND EMOTIONALLY. REST!

EXCESS SWEATING IN THE NIGHT CAN BE A NORMAL AND HEALTHY WAY TO RID OUR BODY OF THE EXTRA FLUIDS LEFT FROM PREGNANCY. IT CAN COME AND GO FOR SEVERAL WEEKS.

AVOID STANDING OR SITTING FOR LONG PERIODS. WALK SLOWLY. DO KEGELS, KEGELS AND MORE KEGELS!

TAKE YOURS AND BABY'S TEMPERATURE DAILY FOR A WEEK. CALL ME IF IT OVER 99.

DANGER SIGNS FOR MOTHER

FEVER OVER 99

FOUL SMELLING DISCHARGE

CHILLS OR COLD SWEAT

TENDER OR PAINFUL IN UTERUS OR PUBIC AREA

INCREASING PAIN OF ANY SORT

INABILITY TO URINATE

SEVERE CRAMPING

SEVERE LOWER BACK ACHE

SEVERE HEADACHE

SWELLING ON ANY PART OF THE LEG THAT IS RED HOT OR PAINFUL

FLU- LIKE SYMPTOMS

INCREASED BLEEDING

LOCAL TENDERNESS, PAIN, RED SPOT, OR HARD AREA ON THE BREAST

ANYTHING THAT SEEMS ABNORMAL TO YOU

PLEASE CALL WITH ANY OF THE ABOVE CONCERNS OR ANY QUESTIONS. (970)

3829268 OR 7496318

IN CRISIS CALL 911

POSTPARTUM INSTRUCTIONS FOR MOM AND BABY

AHMAYINE MIDWIFERY

382-9268 OR 749-6318

BABY: BIRTH IS AN ENORMOUS AND MIRACULOUS FEAT FOR BOTH YOU AND THE BABY. IT IS ALSO A MAJOR TRANSITION. REMEMBER WHERE BABIES ARE EMERGING FROM, A DARK, WARM, QUIET, SMALL, ROCKING, SOOTHING BATH WITH CONSTANT FOOD SUPPLY, WITHIN OUR WOMB, LISTENING TO OUR HEARTBEAT FOR NEARLY 10 MONTHS. AHHH! SOME BABIES WANT IT BACK! SO I ENCOURAGE YOU TO TRY AND RECREATE THIS ENVIRONMENT BY: KEEPING THE ROOM COMFORTABLY WARM, RUNNING A HUMIDIFIER, DIM LIGHTING, KEEPING IT QUIET, SWADDLING THE BABY IN A LIGHT BLANKET, SKIN TO SKIN CONTACT, WARM BATHS FOR MOM OR DAD AND BABY WITH BABY HELD CLOSE AND BEING A CONSTANT FOOD SUPPLY (NURSE, NURSE, NURSE). NO PROBLEM.

NURSING: YOUR BABY WILL NEED TO NURSE @ LEAST EVERY 2-3 HOURS LASTING 10-15 MINUTES FOR THEIR 1<sup>ST</sup> COUPLE MONTHS. YOUR BABY MAY ALLOW YOU 3-5 HOURS OF SOLID SLEEP ONCE THROUGHOUT 24 HOURS. IF YOUR BABY IS SO THOUGHTFUL THEN TAKE ADVANTAGE OF THIS TIME AND LET HER/HIM SLEEP. AFTER THIS NAP THEN RESUME TO EVERY 2 HOURS. NURSE THE BABY THOROUGHLY FROM ONE BREAST BEFORE SWITCHING TO THE OTHER. THIS IS DONE BY EITHER JUST NURSING FROM ONE BREAST EACH FEEDING OR SWITCHING ONLY AFTER THE BREAST FEELS SOFT AND EMPTY. MOST BABIES' NEED TO BURP AFTER A FEEDING. PUT THE BABY OVER YOUR SHOULDER WITH THE BABY'S ABDOMEN PRESSING GENTLY ON YOUR SHOULDER AND GIVE THE BABY FIRM RHYTHMIC PATS ON THE BACK. YOU CAN ALSO LAY THE BABY OVER YOUR LAP WITH THE PRESSURE OF YOUR THIGHS ON THE BABY'S ABDOMEN WHILE PATTING THE BACK.

BLADDER AND BOWEL: YOUR BABY SHOULD URINATE AND HAVE A BOWEL MOVEMENT WITHIN THE FIRST 12-24 HOURS AFTER BIRTH. IF NOT CALL ME. YOUR BABY SHOULD THEN PROCEED TO HAVE REGULAR, FREQUENT, POOPY AND WET DIAPERS. FREQUENT, REGULAR, WET AND POOPY DIAPERS ARE A ONE SIGN OF GOOD DIGESTION AND ADEQUATE FEEDINGS. YOUR BABY MAY HAVE A BOWEL MOVEMENT IN EVERY DIAPER TO EVERY 3<sup>RD</sup> OR 4<sup>TH</sup> DIAPER. THEY SHOULD GO THROUGH ABOUT 10-12 CLOTH DIAPERS A DAY, MAYBE A FEW LESS IF DISPOSABLES ARE USED. YOUR BABY'S FIRST POOPS ARE CALLED ME CONIUM AND WILL BE BLACK AND TAR LIKE. RUBBING PLAIN OLIVE OIL ON YOUR BABY'S BOTTOM AFTER A CHANGING WILL HELP THE MECONIUM WIPE OFF MUCH EASIER. THE MECONIUM WILL THEN TRANSFORM AS YOUR BABY BEGINS TO DIGEST MILK. THEIR POOPS WILL BECOME MORE YELLOW-COTTAGE CHEESE LIKE OR AS OTHERS HAVE DESCRIBED LIKE BUTTERSCOTCH PUDDING. THIS IS HEALTHY BREAST FEED BABY POOP, AND WILL REMAIN LIKE THIS UNTIL OTHER FOOD/DRINK IS INTRODUCED (WHICH DOESN'T NEED TO HAPPEN FOR AT LEAST 6 MO).

CORD CARE: AT YOUR 24 HOUR POSTPARTUM VISIT I WILL REMOVE THE BAND OR CLAMP FROM YOUR BABY'S UMBILICUS. IT MAY TAKE 3-10 DAYS FOR THE OUTER UMBILICUS TO DRY UP AND FALL OFF. IN THE MEAN TIME, 4-5 TIMES A DAY, DURING A DIAPER CHANGE, USE A Q-TIP SOAKED IN ALCOHOL TO GENTLY TWIST AROUND AT THE CORD INSERTION AND BETWEEN THE BABY'S SKIN AND UMBILICUS. YOU COULD ALSO USE A MILD/NATURAL SOAP AND WATER TO DIP YOU Q-TIP INTO AND SWAB AS DESCRIBED. IT WILL DRY AND FALL OFF NO MATTER WHAT YOU DO BUT IS VULNERABLE TO INFECTION AS IT IS/WAS AN OPEN ROUTE TO YOUR BABY'S INSIDES. PLEASE PAY ATTENTION TO THE UMBILICUS BEFORE IT FALLS OFF AND CALL ME IF YOU NOTICE ANY: SURROUNDING HARDNESS OR STIFFNESS; SURROUNDING REDNESS;

SURROUNDING SWELLING; OR A FOUL SMELL THAT DOESN'T GO AWAY FROM CLEANING.

BABY'S SKIN: YOUR BABY MAY HAVE SOME PEELING OF THE SKIN. HE OR SHE MAY ALSO GET WHAT'S CALLED "FLEA BITE DERMATITIS", WHICH APPEARS TO BE SIMILAR TO WHAT YOU'D IMAGINE LITTLE FLEA BITES ON THEIR FACE AND BODY WOULD LOOK LIKE. SMALL AND PIMPLY IN APPEARANCE. THIS IS ALL NORMAL AND SHOULDN'T LAST FOR MORE THAN A FEW DAYS AND THEN VISIBLY DECREASE. YOUR BABY DOESN'T NEED TO BE BATHED FOR AT LEAST A COUPLE DAYS. AND THEN STILL DOESN'T NEED ANY SOAP OR SHAMPOOS UNLESS VERY MILD AND IDEALLY NATURAL. PERFUMED OR STRONG SOAPS CAN IRRITATE YOUR BABY'S SKIN, SO DON'T USE THEM. YOUR BABY MAY DEVELOP MILD- MODERATE JAUNDICE ON THE 3<sup>RD</sup> OR 4<sup>TH</sup> DAY. THIS IS NOTICED BY A YELLOWISH TONE OF THE SKIN OR IN THE MUCUS MEMBRANES OF THE MOUTH AND EYES. WITH OUT ANY OTHER SIGNS AND SYMPTOMS OF PROBLEMS THIS IS USUALLY A HEALTHY AND NORMAL RESPONSE OF THE BABY'S. THE BEST WAY TO AVOID THIS IS TO: NURSE EVERY 2 HOURS; GIVE THE BABY A SUN BATH THROUGH A WINDOW TWICE A DAY FOR 5 MINUTES ON EACH NAKED SIDE (KEEP THE ROOM WARM). IF THE BABY'S JAUNDICE SEEMS SEVERE (JACK-O-LANTERN COLOR OVER THE ENTIRE BODY), OR THE BABY IS ACTING LETHARGIC WITHOUT ANY ALERT PERIODS, OR ISN'T HAVING REGULAR BOWEL MOVEMENTS CALL ME.

VITAMIN K: REFER TO YOUR HANDOUT. I OFFER 1 OF 2 OPTIONS TO SUPPLEMENT YOUR BABY WITH VITAMIN K. FIRST, IS THE STANDARD SYNTHETIC INJECTABLE FORM THAT MOST BABIES RECEIVE AT THE HOSPITAL AND HAS BEEN PROVEN MOST EFFECTIVE IN PREVENTING NEWBORN HEMORRHAGIC DISEASE. 2<sup>ND</sup> IS AN HERBAL/ ORAL ALTERNATIVE THAT IS WIDELY USED SOME EUROPEAN COUNTRIES AS WELL AS BY SOME MIDWIVES AND DOCTORS IN THIS COUNTRY. IT HASN'T BEEN RESEARCHED AS MUCH AS THE SYNTHETIC FORM BUT CURRENT STUDIES SHOW IT COMPARABLE IF USED CONSISTENTLY. THAT IS, 2 DROPS ORALLY AT BIRTH AND 1 DROP WEEKLY FOR 3 MONTHS THEREAFTER. THE LATTER OPTION IS YOUR RESPONSIBILITY TO PURCHASE AND MAKE AVAILABLE AT THE BIRTH.

EYE TREATMENT: I OFFER ERYTHROMYCIN ANTIBIOTIC EYE OINTMENT FOR YOUR BABY'S EYES TO BE USED ONCE AFTER BIRTH. THIS IS USED TO PREVENT YOUR BABY FROM CONTRACTING CHLAMYDIA OR GONORRHEA DURING THE BIRTH PROCESS.

NEWBORN SCREENING: I OFFER A STANDARD STATE NEWBORN SCREENING TEST AT 4-5 DAYS TO DETECT A NUMBER OF METABOLIC DISORDERS AND BLOOD ANOMALIES THAT CAN BE FATAL TO YOUR CHILD IF LEFT UNTREATED/UNDETECTED. THE BLOOD IS COLLECTED FROM A PRICK IN THE BABY'S HEEL AND APPLIED TO A SPECIAL BLOTTER PAPER. THE BABY'S USUALLY CRY AND IT CAN MAKE PARENTS UNCOMFORTABLE, BUT WE TRY TO DO IT QUICKLY AND ALLOW BABY TO NURSE OR SUCK YOUR FINGER FOR COMFORT. IF THE LAB DETECTS A PROBLEM THEY WILL CONTACT US AS QUICKLY AS POSSIBLE. SOMETIMES THE TEST NEEDS TO BE REPEATED IF AN INADEQUATE AMOUNT OF BLOOD WAS COLLECTED OR IF THEIR WAS A PROBLEM WITH THE SPECIMEN.

BABY'S TEMPERATURE: TAKE THE BABY'S TEMPERATURE DAILY FOR A WEEK. YOU CAN DO THIS UNDER THE BABY'S ARMPIT. IF THE TEMP IS ABOVE 99 CALL ME. IT'S POSSIBLE FOR THE BABY TO GET OVER HEATED AND THEIR TEMP TO BE RAISED ACCORDINGLY. IN THAT CASE YOU WOULD SIMPLY TAKE OFF SOME LAYERS AND RETAKE THEIR TEMP. REMEMBER THAT NEWBORNS ARE DEPENDANT ON YOU TO

CREATE THE RIGHT TEMPERATURE. A GENERIC RULE OF THUMB IS THAT THEIR COMFORT LEVEL IS USUALLY ONE LAYER MORE THAN ADULTS.

DANGER SIGNS FOR BABY

LABORED OR DIFFICULT BREATHING  
BLUE SKIN OR LIP COLOR (HAND AND FEET ARE OFTEN SLIGHTLY BLuish)  
WHITE SKIN COLOR OR BABY IS PALE AND LIMP  
LETHARGIC (BABY IS VERY SLEEPY AND DIFFICULT TO WAKE)  
UNABLE TO NURSE 2 TIMES IN A ROW (TOO SLEEPY)  
CONVULSING OR SEIZURES  
JAUNDICE OR YELLOWED SKIN IN THE 1<sup>ST</sup> 24 HOURS  
SOFT SPOT DEEPLY SUNKEN OR BULGING  
FEVER ABOVE 99  
BABY SEEMS ABNORMAL  
HIGH PITCHED, SUSTAINED CRYING

PLEASE CALL WITH ANY OF THE ABOVE CONCERNS OR ANY QUESTIONS.  
(970) 3829268 OR 7496318  
IN CRISIS CALL 911