



Care of the Mother

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- 1. Flow (lochia)** should be similar to a heavy menstrual period at first, both in color and amount. Over the first few days, it will change from bright red to brown, then over the next weeks to pink, then clear/yellow. Normal lochia lasts 3-4 weeks. If at any time you saturate two pads in one hour, call your midwife. Should you have increased flow, massage your uterus until it is firm and decrease your activity. Occasionally large clots are passed in the first few postpartum days. If flow is normal and uterus is firm, this is no cause for alarm.
- 2. Uterus.** In the first few days after birth your uterus should feel firm, about the size of a grapefruit, with the fundus (top edge) at or below the level of your navel. It will down (involute) quickly, and by the end of the second week you will not be able to feel it from the outside by pressing on your abdomen. Breastfeeding contributes to this involution as oxytocin is released while your baby feeds, thus causing the uterus to contract. Most women who have given birth previously will experience "after pains," contractions of the involuting uterus, especially when the baby nurses. These usually do not last more than 2-3 days.
- 3. Infection prevention** is important. Wash your hands whenever you change your pad and before nursing your baby. Report to us any rise in your temperature above 100°F or 37.5°C. Occasionally there is a temporary rise in temperature when the milk comes in but this should fall within 12 hours.
- 4. Perineum.** If you have had stitches or a small tear, take at least 2 sitz baths a day. Soak in a clean tub filled with several inches of warm water or use a sitz bath. You may add comfrey and rosemary tea to this bath, since these herbs are known to promote wound healing. After your sitz bath, expose your perineum to warm air (try a hand-held hair dryer). Witch hazel is a good remedy for hemorrhoids. Soak gauze pads with it and apply directly to affected area, under your sanitary pad.
- 5. Urinating** may sting. Try pouring warm water over your perineal area with the peri bottle. You can also try urinating in the shower or sitz bath. If you are unable to empty your bladder at any time, call your midwife.
- 6. Bowel movements** often do not resume until 2-3 days after birth. To help keep bowels moving and stool soft, eat plenty of high roughage foods such as raw fruits and vegetables and whole grains. Drink 8-10 glasses of water each day. Let your midwife know if you are having problems.
- 7. Rest, fluids and good nutrition** are all essential during the post partum recovery and throughout breastfeeding. Arrange for help with meals, household chores and care of other children. The more rest you get in the first weeks, the sooner you will be able to resume your normal routine. Resumption of normal activity is mostly a matter of common sense. Moderate exercise, such as walking, is beneficial.
- 8. Family Planning.** Intercourse may resume when both partners desire it. Should you have intercourse before your 6 week check up, use a condom since you can become pregnant even though your baby feeds exclusively from the breast. If you have used a diaphragm or cervical cap in the past, do not rely on it until you have been re-fitted.



Care of the Baby

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- 1. Respirations** should not be laboured, but may be irregular. Normal rate is 40-60 breaths per minute on the first day, 30-40 thereafter. Call if you see flaring of the baby's nostrils, grunting with breaths or any blue spells. Remember that babies are mandatory nose breathers. If the baby is sucking well, he/she is probably having no difficulty breathing.
- 2. Temperature.** Newborns have an inefficient heat regulating system. Overdressing can be as much a problem as under-dressing. It is recommended to dress baby in similar layers that you are dressed in plus an additional layer such as a blanket. If behind your baby's neck is sweaty, your baby is too warm. If your baby's hands and feet are cool and the chest is warm, your baby is a good temperature. Normal temperature is 97.6 – 98.6°F or 36.5 – 37.5°C
- 3. The cord clamp** should remain on from 24-28 hours. Your midwife will remove it after 24 hours. Keep the cord clean and dry. Fold diaper so that cord is exposed to air. Dry cord care is recommended. It is normal for there to be some colour and odour as the cord decomposes. It will fall off in 5-7 days. If there is substantial bleeding or redness on the skin of the abdomen around the base of the cord, call your midwife.
- 4. Urine and stool** should be passed within the first 24 hours after birth, though you should not expect very wet diapers until the baby is getting milk—usually by the third day. Baby's first stool will be black, tar-like meconium. Oiling the baby's bottom when you change diapers will make the meconium easier to clean off the skin. After all the meconium is passed, normal breastmilk stool ranges in colour from brownish/greenish to seedy mustard yellow and in consistency from curd-like to very runny. Your baby should have 3-4 bowel movements and 6-8 wet diapers per day during the first 6 weeks once your milk is in. Urine should be pale and odorless. ****Please note, 1 wet diaper is equal to ¼ cup of water in a disposable diaper.**
- 5. Jaundice.** One of the things checked for during the home visit following the birth is the baby's colour. Some babies get slightly yellow after birth and it goes away on its own. This is called "physiologic jaundice" and is normal. Early frequent breastfeeding stimulates digestive peristalsis which promotes the elimination of broken down red blood cells. The accumulation of these broken down red blood cells in the baby is what causes jaundice. It is important to continue to breastfeed and not to offer any glucose water to your baby. Glucose water may interfere with the elimination of the broken down red blood cells which in turn may prolong the jaundice. In a few babies this jaundice becomes extreme and requires treatment.