

POSTPARTUM INSTRUCTIONS

CARE OF THE BABY

Respirations

These should not be laboured, but may be irregular. Normal rate is 40-60 breaths per minute on the first day, 30-40 thereafter. A few random readings outside of these numbers is not a problem. At times a baby may have periods of rapid breathing; this is normal. Call if you see flaring of the baby's nostrils, grunting with breaths or any episodes when the baby turns blue. Remember that babies are mandatory nose breathers. If the baby is sucking well, he/she is probably having no difficulty breathing. In the first 24–36 hours the baby may sound congested, or have noisy breathing. If the baby's lungs are clear this is left over mucous, at the back of the throat and nose, not cleared out at the time of the birth and is not a problem. It usually sounds worse than it is and the baby will cough and sneeze it out over the next couple of days.

Temperature

Newborns have an inefficient heat regulating system. Overdressing can be as much a problem as under-dressing. If the baby's hands and feet are cool and the chest is warm, the baby is a good temperature. Normal newborn temperature, taken under the arm is 36.4 – 37.5 C. or 97.5 – 98.6 F

The Umbilical Cord

The cord clamp should remain on about 24 hours. We will remove it at the first or second postpartum visit. The cord does not need any particular care in the first few days, just let it dry and shrivel up. It is normal for it to become a dark colour. As it dries out and decomposes it may become sticky and a little smelly at the base. If necessary you may clean it occasionally with hydrogen peroxide. It will fall off in 5-7 days. Your midwife will check on it and advise you if anything else needs to be done. If there is substantial bleeding or redness on the skin of the abdomen around the base of the cord, call us.

Bowels and Bladder

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. Thereafter the number of wet diapers usually corresponds to the number of days of life, e.g. 2 wet diapers on day 2, 3 wet diapers on day 3 and so on until day 6. Urine should be pale and odourless. Occasionally there will be salmon coloured deposits on the diaper. This is of no concern as these are urate crystals, which are normal during the first 2-3 days of life.

Baby's first bowel movement will be black and tar-like, it is called **meconium**. Oiling the baby's bottom with a natural oil when you change diapers will make the meconium easier to clean off the skin. After all the meconium is passed, normal breastmilk stool

changes in colour to become brownish/greenish and then to mustard yellow. The consistency ranges from curd-like to very runny. Your baby should have 3-4 bowel movements per day during the first 6 weeks once your milk is in, and 6-8 wet diapers per day. Babies over 6 weeks of age may pass less frequent bowel movements and this is normal.

Feeding

Feed your baby on demand! The more frequently your baby sucks, the sooner your milk will come in and the less likely that you will become uncomfortably engorged. It is normal for breastfed newborns to sometimes nurse every hour and a half to two hours, or they may nurse frequently in clusters. It is also normal for them to not nurse for up to 4 hours during a 24 hour period. If your baby has been nursing regularly and then stops, or, if your baby becomes disinterested in nursing or hard to wake for feedings, **call your midwife**. Generally, your baby should nurse at least 8 times, for about 20 minutes, in a 24 hour period.

In the first few days while they are getting colostrum, offer both breasts to the baby at each feed, even 2-3 times a feed. The purpose of this is to stimulate milk production. After your milk comes in many babies will be satisfied with one breast per feed. Let your baby nurse for as long as they like on one breast, until they stop sucking or doze off. If the baby seems unsatisfied offer the second breast, some babies want a little “top up”. Remember there is a wide variation in breastfeeding patterns, each baby will develop their own over time. Your midwife is available to help you get well established with breastfeeding. Do not hesitate to call with any difficulties.

Jaundice

One of the things we will be checking on during the home visits following birth is the baby’s colour. Some babies become slightly yellow a day or two after birth and this colour recedes on its own after a few days. This is called “physiologic jaundice” and is normal. Babies are born with extra hemoglobin that is thought to provide extra oxygen for the birth process. After the birth these extra red blood cells need to be broken down and eliminated. The accumulation or slow elimination of the by-product of broken down red blood cells, called bilirubin, is what causes jaundice. Early frequent breastfeeding stimulates digestive peristalsis and promotes the elimination of bilirubin in meconium. It is important to continue to breastfeed and not to offer any glucose water or plain water to your baby. Glucose water may interfere with the elimination of bilirubin that in turn may prolong the jaundice. In a few babies this jaundice becomes extreme and requires treatment. If we are concerned with the baby’s colour we will order a bilirubin level. This is a blood test and involves a heel prick on the baby.

“Sticky eyes”

Babies will often have a whitish/yellowish discharge from their eyes in the first few weeks after birth. This is usually a blocked tear duct and not an infection. Treatment is massage and wiping the discharge with warm water or a black tea solution. See the section on Newborn Eye Treatment.

POSTPARTUM CARE OF THE BABY

KEY POINTS:

Call the midwife:

Respirations:

- they seem laboured, the nostrils flare,
- they are fast, > 60 breaths per minute
- the baby is grunting with each breath,
- the baby is blue around the mouth

Temperature:

- the baby is appropriately dressed and
- the temp is < 36.4 or > 37.8

Umbilical Cord:

- there is substantial bleeding
- there is redness or swelling at the base

Feeding:

- the baby who has been feeding well, stops
- the baby is hard to wake for feeds and is very sleepy
- the baby does not suck well
- *do not give formula without consulting with the midwife*

Elimination:

- the baby does not void within the first 24 hours
- the baby has been voiding then stops
- the baby does not pass meconium in the first 24 hours
- any other unusual occurrence with bowel movements

Colour and skin:

- the baby develops a yellow colour within the first 24 hours
- the baby who is slightly jaundiced becomes very yellow
- the baby develops any rash within the first few days

This list is a guideline only – if you have any other concerns regarding your baby's well being do not hesitate to call.