

IMPORTANT NOTES

for clients of Semiahmoo Midwifery

- There is a midwife on available on call 24 hours a day for midwifery service
- To reach the midwife-on-call please call: **604-443-1982** and key in your telephone number followed by the pound (#) sign
- Please be careful to ensure you have entered the correct number and keep your line free for the return call. If you do not receive a call back within 10-15 minutes, please page again. If you do not receive a call back within 10-15 minutes on the second page, please call your nearest hospital maternity unit.
- The phone numbers for Surrey Memorial Family Birthing Unit Triage are **604-585-5572** and for Peace Arch Hospital call **604-535-4500** and key in extension **757273#** (pound sign) or clearly say "Third Floor Maternity". Please state you are client of Semiahmoo Midwifery, what your urgent concern is and that you are trying to reach your midwife.
- Please use our paging service if you think you are in labour, or if you have any other urgent concerns that are related to your pregnancy, your postpartum period of your baby. (please refer to the handout : WHEN TO CALL THE MIDWIFE) **Please do not go to the hospital without paging us.**
- Please consider carefully if you need to use our pagers for information or answers to questions. Remember the midwife on call may be at a birth so answering pages for non-urgent matters can be quite distracting. For example, if you have a concern about an over-the-counter medication you can get reliable information from the handbook or a pharmacist.
- Urgent breastfeeding problems should be referred to the midwife on call. If you need to page us please be aware of the time. We would prefer you called us at 9pm rather than waiting till a concern becomes more urgent at 1am.
- If you are sick and it is not related to your pregnancy please call your family physician or go to a walk in clinic, for example a sore throat, or an injury. We would appreciate you letting us know at the next prenatal visit if this was necessary and any medications you may be taking. If you are unsure then call us at the clinic or use the pager.
- Please do not come to the clinic if you are sick, especially during cold and flu season. We often have newborn babies in the clinic and we do not wish to unnecessarily expose them to viruses.
- Please do not bring any children that are sick to your visits.

- **CLINIC VISITS:** Our clinic schedule is usually very full, and we have limited ability to change appoint dates and times for our clients. We may however, occasionally need to change an appointment time to accommodate unexpected events such as births or other urgent matters.
- We request that if you bring children to your visits that you note the clinic policy that there is no food or drink to be given to children in the clinic rooms. We also request that children do not climb on the couches with their shoes on. We wish the clinic to be a comfortable and clean environment for our clients.
- You can leave a message at our office, **778-571-2909**, Monday to Thursday for non-urgent inquiries; a midwife will generally call you back within 12 hours. If you have a non-urgent request on Friday through the weekend it may take over 48 hours for a midwife to get back to you.
- Do not leave urgent messages on the clinic phone: please ensure you speak with a midwife
- Please do not use our pagers to inquire about clinic appointment times or test results information unless it is urgent or by pre-arrangement with your midwife.
- We do not routinely phone our clients with test results. We cannot leave a message with test results or other medical information for reasons of confidentiality, unless pre-arranged for a specific purpose. If there are any unusual findings on lab results or ultrasound reports, clients will be contacted.
- When we call you postpartum to see how you and the baby are doing, **please return the call promptly** if we do not speak with you or your partner directly. We will be trying to prioritize and coordinate visits.
- If you have been told you will be receiving a postpartum home visit on a certain day if you do not hear from us by noon please page us: we may be at a birth and have not had a chance to make our calls.

We thank you for your consideration and cooperation.

WHEN TO CALL YOUR MIDWIFE - PREGNANCY

To page the midwife on call : 604-443-1982

In Pregnancy: Situations requiring an immediate call to the midwife

- Persistent and excessive vomiting
- Vaginal bleeding
- Severe pelvic or abdominal pain that is unrelieved by rest, a warm bath or a hot water bottle/heating pad
- Continuing episodes of dizziness, fainting or disorientation
- Difficulty or burning pain with urinating
- Persistent and severe mid-back pain
- Sudden or unusual swelling of hands and face
- Severe frontal headache
- Blurred or distorted vision, persisting for several hours
- Epigastric (mid-chest - between the ribs) pain
- Initial outbreak of blisters in the perineal or anal area during first trimester
- Rupture of membranes - gush or persistent leaking of clear fluid from the vagina before 37 weeks
- Regular progressively painful uterine contractions before 37 weeks
- Fever: 38 degrees or more on two occasions 4 hours apart
- Any other urgent situations of concern

CHANGES IN PATTERN OF FETAL MOVEMENT

Contact the midwife if there is a **noticeable** change in your baby's pattern of movement. This could be a noticeable decrease; no movement over several hours or no response to stimulation. If you have concerns regarding fetal movements, have something to eat and drink, then rest and count fetal movements over a two hour period. Six movements in a two hour period are considered normal. Toward the end of pregnancy babies have longer sleep cycles and their movements often become slower and more rolling and stretching than rapid kicks.

WHEN TO CALL YOUR MIDWIFE - EARLY LABOUR

To page the midwife on call : 604-443-1982

Signs labour may be starting soon:

- Loss of mucous plug or "show" which is bloody-tinged mucous
- Menstrual-like cramps
- Frequent soft, loose bowel movements
- Backache that comes and goes in a fairly regular pattern
- Irregular contractions, usually non-painful
- Contractions less than 45 seconds long and more than 5 minutes apart

These are not urgent signs. One of these signs by itself may not be indicative of labour starting soon. There are usually two or three of these signs occurring at the same time. It is not necessary to call us with these early signs but you may notify the midwife on call or the clinic midwife, during the day, if you are having contractions.

Early labour may take 24-48 hours to become "active-labour". Early labour often involves periods of contractions that can become regular for a while then will decrease in frequency and strength. A hot bath or a good walk may resolve these "prelabour" contractions. This pattern may occur over several days especially if it is your second (or 3+) baby. It is your body's way of preparing for labour. Some contractions may feel quite strong but if they do not get longer and strong and continue in a regular pattern then you are not in established labour.

Do not wear yourself out in early labour. Any rest you can get will benefit you during labour. Early labour is about the cervix becoming soft, shortened and thin. Active labour is about the cervix dilating. Be patient and do not be anxious. Babies need active, well established labour contractions to come out.

Tips for relaxing and sleeping in early labour.

- If any of these occur during the night try to get some sleep, stay in bed!
- Have a warm bath, dim the lights, light candles, have a glass of wine
- Have a glass of hot milk, a calcium magnesium supplement, tea
- Try Gravol: 50-100mg (1-2 tablets) takes the edge off and helps you drift off between contractions

- Use relaxation techniques; breath deeply, consciously relax all your muscles and then do it all over again at least seven times
- Use a heating pad or warm pack (heat in the microwave) on your lower belly or back
- Meditate, visualize resting then waking up refreshed in labour, hypnobirthing techniques, use your own spiritual practice such as prayer
- Ask your partner for some soft, stroking massage
- Do not call people and tell them you think you are in labour
- Listen to relaxing music
- As much as possible try to ignore these early labour contractions - do not think about how much stronger they are going to get or how many hours of labour are ahead. Stay in the now and remember babies always come out!

Early labour during the day

- Make sure you eat and drink
- Ignore your contractions until you cannot talk through them
- Start or work on a project; bake something, crafts, a jigsaw puzzle, scrapbooking, play scrabble, or watch a funny movie
- Have a nap
- Go for a long walk - especially out in nature

Heads Up Calls:

Day: (Between 9AM and 9PM)

If you are having regular contractions and think you are in labour or if your water has broken, page the midwife on call. A heads up call can assist us in planning our day, arranging our visits, etc.

Night: (Between 9PM and 9AM)

We do not need a heads up call during the night and we appreciate the opportunity to sleep if we are not needed immediately. You will appreciate a fresh, well-rested midwife during your labour! If your contractions are just beginning to become established, you are able to talk through them, and they are occurring every 5 minutes or more and lasting less than 1 minute long you do not need to call us.

IF YOUR WATERS BREAK...

...you have a large gush of fluid or persistent leaking and

ALL OF THE FOLLOWING APPLY

- The fluid is clear,
- The midwife has told you head is well down,
- Your baby is active and moving normally,
- you are **GBS NEGATIVE**,
- you are 37 weeks or over,
- You are not in active labour,
- It is during the night

You can put on a pad, go back to bed, and call us in the morning, unless we have given you other instructions

If your waters break...you have large gush of fluid or persistent leaking and ANY OF THE FOLLOWING APPLY: PAGE IMMEDIATELY

- You are **GBS Positive**
- The fluid is brown, green or very bloody
- The fluid has a unusual or unpleasant odour
- You develop a fever (over 38 degrees) and feel unwell
- You are less than 37 weeks pregnant
- You are having regular, strong contractions
- The baby is not moving normally

INSTRUCTIONS ONCE THE WATERS HAVE BROKEN

- Do not put anything inside the vagina: fingers, tampon...etc.
- Do not have intercourse
- Change any pad you are wearing every two hours
- Do not have a bath until you are in active labour, showers are OK
- Take your temperature every two hours while you are awake, page the midwife immediately if it is over 38° C or 100.4° F

If you feel something in the vagina, see something at the entrance of the vagina, or something is hanging outside of the vagina: get in a knee chest position on the floor and page the midwife immediately. If you are sure it is the umbilical cord, call 911, then page the midwife.

WHEN TO CALL YOUR MIDWIFE - ACTIVE LABOUR

To page the midwife on call: 604-443-1982

Key in your telephone number followed by the pound (#) sign. Ensure your number is correct and keep your line free for the return call. If you do not receive a call back within 10-15 minutes, please page again. If you do not receive a call back within 10 minutes on the second page, please page on more time then call your nearest hospital maternity unit.

FIRST BABY: use the **4 - 2 - 1 rule**. When you are having a regular strong contractions occurring every 4 minutes, for over 2 hours that are lasting over 1 minute long, then page your midwife.

SECOND (or more) BABY: use the **5 - 1 - 1 rule** unless your midwife has instructed you otherwise. When you are having regular, strong contractions every 5 minutes, for 1 hour that are lasting 1 minute long, page the midwife.

If you are worried about something, or think the labour is progressing rapidly, even if it doesn't follow the 4 - 2 - 1 or 5 - 1 - 1 rules - please page the midwife.

Timing Contractions:

Contractions are timed from beginning of one contraction to the beginning of the next, noting the duration of the contraction. This will give you the frequency. For example: These contractions are approximately 6 minutes apart;

START	[CONTRACTION]	BREAK
4.31	[.....45 seconds....]	5 minutes
4.37	[.....55 seconds....]	5 minutes
4.43	[.....50 seconds....]	5 minutes 10 seconds

Write down the start time of each contraction and the length of it. Time about 5-10 contractions where there is a noticeable change in the pattern or strength of contractions, or every few hours.

Do not start timing early labour contractions that you can talk through or do not have to breathe through.

WHEN TO CALL YOUR MIDWIFE - POSTPARTUM

To page the midwife on call: **604-443-1982**

Postpartum Situations requiring a call to the midwife:

BABY

- Difficulty waking, lethargic behaviour
- Decrease in frequency of feedings, too sleepy to nurse
- Temperature more than 37.6 °C or less than 36 °C
- Noticeable yellow colour to skin and/or sclera (whites) of eyes

MOTHER

- Any noticeable increase in postpartum bleeding
- Fever of 38 °C or more
- Any tender lumps, red patches or streaks on breasts
- Tenderness or pain in the pelvic area
- Extreme discomfort while nursing (after initial latch)
- Leg pain with or without inflammation
- Pain or swelling in the vulval/perianal area
- Fatigue or exhaustion, depression, feeling unable to cope

Creating Your Vision - Plan for Birth

1. Get Clear About What You Want.

- Define your beliefs and values about your birth that are important to you
- Identify what makes you happy and excited about the thought of giving birth
- Gather information, do your research
- Identify your concerns about birth
- Share your thoughts with your partner. How are your values similar or different? What is important to your partner?

2. Decide and Make a Conscious Commitment

- Get clear and focus on your goals
- See yourself in charge and taking action to achieve your goals
- Review the **Semiahmoo Midwifery Birth Plan** (Part 2 of the Handbook) and identify any specific aspect of the birth process that you would like to do differently

3. Organize Your Wishes and Goals into the Following Categories:

- Normal Labour
- Normal Birth
- Early Postpartum care for Mother
- Early Postpartum care for Baby
- Consider what is important for you in the event of unexpected outcomes (such as caesarean, or other medical interventions for the mother and the baby)

4. Take Action

- Discuss your birth vision with your partner and support team
- Review your thoughts or concerns with your midwives, get their feedback
- If you have specific requests, write them down and put a copy in your envelope with your records

5. Make Your Goals Real

- See yourself having the power to give birth the way you want to, and succeeding
- Believe in and visualize your birthing goals over and over again
- Physically practice what it will take to achieve your goals
- Be flexible. Be ready to make changes to your plan as necessary
- Don't give up on your support team, yourself, your body, your baby or your birth process

SUPPLIES FOR A HOSPITAL BIRTH & FOLLOWING AT HOME

LABOUR, BIRTH and EARLY POSTPARTUM

Comfortable Clothes:

- For labouring - a large t-shirt, or nightgown (or use hospital gown)
- For after birth - PJ's, nursing gown, comfy pants and t-shirt
- Robe (if you wish)
- Change of clothes for partner

- Footwear: Flip flops, slippers (something easy to put on and off)

- Toiletry items (for both partners)

- 2 extra pillows with bright or coloured pillowcases (1 for partner)

- Small bottle of massage oil

Juice and light snacks (include food for partner)

- Labour aide drink Labour Aid
 1/3 cup lemon juice 1/3 cup honey
 1/2 tsp liquid calcium 1/4 tsp salt
 Blend together with 7 cups of water

- Bathing/Swim clothes for partner (& flip flops)

- Sleeping bag for partner (in case of an overnight stay - can leave in car)

GOING HOME

- Baby Clothes: hat, blanket, couple newborn diapers
- Car Seat: ensure it is safety approved and know how it works

OPTIONAL

- Music
- Camera (extra batteries or charger)

SUPPLIES TO HAVE AT HOME

- Large size pads (maxi-overnight or maternity): wet 6 and put in zip-loc bag in freezer
- Ibuprofen and Extra-Strength Tylenol
- Homeopathic Arnica 30C - excellent for bruising and swelling
- Prune juice or stool softener
- Sitz bath herbs (from Semiahmoo Midwifery)
- Witch Hazel - bottle and small round cosmetic pads: wet and put in plastic bag in fridge or TUCKS
- Heating pad, hot water bottle, microwave heating bag

"What Can I Do To Help A Mother Breastfeed?"

Suggestions for Family Members and Friends

Feeding is not the only form of loving attention young babies need and understand. Love and comfort can come from others besides mother. Attention from others helps baby learn that people have different smells, sounds, shapes and sizes.

- Support her decision (even if you have personal doubts about her breastfeeding).
- Allow the new mother privacy when breastfeeding if she wants it.
- Do not question her milk supply. There is no surer way to make a new mother doubt her natural ability. She will have enough milk if she feeds the baby frequently because milk is produced on a supply and demand principle. The more she breastfeeds, the more milk she will make.
- Do not question how often she feeds the new baby. Breast milk is absorbed more quickly and completely than artificial milk. Breastfed babies can have empty tummies in 90 minutes. Breastfed babies often "cluster feed" where they will nurse frequently for a few hours then settle to a longer sleep.
- Support the new father by encouraging him to find ways other than feeding to get to know his baby. Changing, bathing, holding, rocking, talking or singing to the baby can help the two become bonded.
- Increase your understanding of breastfeeding by reading or watching videos and share useful tips with her.
- Cook the mother a nutritious meal.
- Relieve her for a few hours by caring for her older children.
- Do the laundry, cleaning, grocery shopping, or other housework.
- Hold, cuddle, rock, walk, bathe, change, and play with baby. Give the new mother an opportunity to rest.
- Be understanding - taking care of a baby is time-consuming. She may not be able to spend as much time with you as she used to, but your support/friendship counts nonetheless.

RECOMMENDATIONS FOR BREASTFEEDING

Points for achieving a good latch

MOTHER'S POSTURE

- Sit comfortably with a well-supported back
- Trunk facing forwards, lap flat

BABY'S POSITION BEFORE FEED BEGINS

- Using a soft pillow can be helpful, manufactured nursing pillows are often the wrong shape and size - talk to your midwife
- Nipple points to the baby's upper lip or nostril
- Breast may be resting on baby's cheek

BABY'S BODY

- Place tummy to tummy at slight diagonal, so that the baby comes up to the breast from below and baby's eyes make contact with mother's
- Keep baby close to your body

SUPPORT BREAST

- If you have large, soft breasts you may need to make it easier for baby to latch
- Firm inner breast tissue by raising breast slightly with palm placed on chest wall with fingers and thumb either side of breast pointing up; like a U

HOLD BABY'S FACE CLOSE TO BREAST

- Head tilted back slightly, supporting the shoulders so chin and lower jaw make first contact (not nose)
- While mouth wide open, guide nipple into mouth if necessary
- Let baby take the nipple so baby's tongue draws in maximum amount of breast tissue

CAUTIONS - MOTHER NEEDS TO AVOID

- pushing her breast across her body or chasing the baby with her breast
- holding breast with scissor grip
- not supporting breast
- twisting her body towards the baby instead of slightly away
- aiming nipple toward center of mouth
- pulling the baby's chin down to open mouth
- flexing baby's head when bringing to breast (use instinctive position)
- moving breast into baby's mouth instead of bringing baby to breast
- moving baby onto breast without a proper gape (wide open mouth)
- holding breast away from baby's nose (not usually necessary as when the baby is properly latched, they can breathe).

BREAST ENGORGEMENT

Engorgement usually begins on the third to fifth day after delivery. It can also occur when feedings are or weaning occurs too abruptly. Engorgements should be treated quickly to prevent feeding problems such as sore nipples, plugged ducts or mastitis. If treated promptly, engorgement should decrease within 12 to 48 hours. *Please call your midwife if you have a lump or tender spot in the breast that is accompanied by fever.*

What to Do:

- Apply warm compresses or have a warm breast soak for five to ten minutes before feeding and as necessary for comfort.
- Hand express or pump a little to help relieve pressure. This will not bring in more milk.
- Wear a comfortable (not too tight bra) for support.
- A warm shower or gentle hand held shower spray can be helpful.
- Massage breasts and hand express to soften nipple and surrounding breast tissue before nursing. Also, continue to massage breasts gently while feeding or pumping.
- Allow baby to nurse frequently, every 2 to 3 hours, and more often if he wants
- Baby should nurse effectively on one side, for at least 15 to 20 minutes, and go on to the other side if he/she desires.
- If baby nurses on only one side, allow the other side to flow freely. If the breast is still uncomfortable, hand express or pump until softer and more comfortable.
- After nursing, apply fresh, cool (from fridge), green cabbage leaves around breasts inside bra. Cut out the thick core in the middle of the leaf and apply directly. Change as necessary (approximately every 2 hours or after feeds) so they are always crisp and cool. Use for 12 to 24 hours.
- Ice packs or cool compresses can be alternated with heat. Use a small bag of frozen peas or place a clean wet disposable diaper in the freezer until cold.
- Don't avoid drinking fluids as it doesn't reduce engorgement. Drink to thirst.
- Avoid giving your baby bottles.

SORE NIPPLE MANAGEMENT: PREVENTION

Breastfeeding is meant to be a comfortable, pleasant experience. Most of us have heard stories of sore, tender nipples. You can avoid this problem most of the time, however many new mothers may find their nipples are tender for the first few days when the baby starts nursing. This usually disappears by 1 - 2 weeks. To prevent nipple tenderness, start with correct positioning and ensure a correct latch.

Breastfeed for appropriate length and frequency:

Demand feeding usually works out to baby nursing every 2-3 hours (8-12 feedings per 24 hours). Before the milk comes in offer both breasts at each feed, for up to 10 minutes per side, repeat each side as baby wants. A maximum of 20 minutes each side is plenty for each feed. After the milk comes in baby may be satisfied with 10-20 minutes on one breast. Allow your baby to end the feed.

Release the suction before removing the baby from breast:

Do this by placing a clean finger in the side of your baby's mouth between his jaws. Don't take him/her off the breast until you feel the suction break.

Identify sucking behaviour:

Ensure baby is "sucking for food" (nutritive sucking) and not "sucking for love". Babies love to suck - they are in "bubby heaven" and if they have a strong need to suck you may need to use a clean pinky finger (pad to the roof of baby's mouth), or a soother to satisfy baby's need.

Vary nursing positions: as needed for comfort.

We do not routinely recommend the use of nursing pillows as they may not put Mom and baby in the best position for latching.

Care of Nipples:

Before and after nursing your baby, express a little breastmilk and massage it into your nipples and areola. Leave nipples open to the air regularly.

- **Lanolin cream** (such as Lansinoh) may be helpful.
- **All purpose Nipple Cream** is a compounded nipple cream for damaged nipples that can be prescribed by your midwife.
- **Breast pads:** change breast pads frequently especially when they become wet.
- **Water and a gentle, pure soap** is all that is needed to clean your breasts when you shower or bathe.

SORE NIPPLE MANAGEMENT: TREATMENT

If your nipples become sore:

1. First try to determine the cause - good position, correct latch. If you are not sure ask for help.
2. Express and rub a little breast milk onto the nipple before latching
3. Use deep breathing, soft music or other relaxation techniques before and during breastfeeding.
4. Ensure you are in a comfortable position, shoulders relaxed, back supported.
5. Nurse on the least sore side first.
6. Limit the nursing time on the sore nipple for a short period. Express by hand or pump to empty the breast. Discuss this with your midwife.
7. Massage your breasts (breast compression) while nursing. This helps stimulate the milk flow.
8. Use non-plastic lined bras and/or bra pads. Change the pads frequently to keep the nipples dry.
9. If your nipples become cracked or bleeding, call your midwife.
10. The follow remedies are known to be helpful in healing sore nipples.
 - Black tea bags - soak the tea bags with hot water and apply to sore nipples. Leave on for 20 minutes. Repeat 4 times /day.
 - All purpose nipple ointment - ask your midwife.
 - Carrot poultice - grate raw carrot and place on a piece of cotton gauze and apply directly to the affected nipple. Change every 2 - 4 hours.
 - Lemon - rub a cut lemon on the sore nipple four times a day, if the nipple is not noticeably cracked.
 - Calendula tincture - bathe nipples with ten drops of tincture diluted in warm water, four times a day.
 - Lanolin cream (**Lansinoh**) is a good moisturiser.
11. There are some effective homeopathic remedies for sore nipples, ask your midwife.

Cautions: blisters, cracking, bleeding and/or pain that continues during or in between feedings is not normal. Check with your midwife or a lactation consultant if you have any of these problems.

TREATING A BLOCKED DUCT- MASTITIS

When there is a decreased flow of milk from one area of the breast, it can cause milk to build up in a milk duct. This causes a stasis of the milk solids which blocks further milk flow. A blocked milk duct is usually sore and swollen and is usually felt as a lump under the skin. It may come on gradually. Sometimes a small white blister or plug may be seen on the tip of the nipple. Some mothers feel a shooting pain in the breast to the nipple. A plugged duct must be treated IMMEDIATELY to avoid a breast infection. If treated aggressively, it will clear quickly.

WHAT TO DO

- Apply hot compresses to the area. Use a hot facecloth/towel, or pour hot water into a disposable newborn diaper and wring out the excess. This hot compress can be re-heated in the microwave. Be careful it is not too hot.
- Stand in a hot shower and hand express to promote drainage.
- Massage the breast firmly using warm oil, from behind the lump toward the nipple area with the fingertips, or circular massage using your knuckles.
- Encourage the baby to nurse longer and more frequently, particularly on the affected breast.
- Change the baby's nursing position to encourage proper drainage. Check for proper positioning and any finger pressure on the milk ducts.
- Pump and massage after feeds, to empty the breast, if necessary.
- Avoid tight or restricting clothing. Check that your bra is fitting properly.
- A raw potato poultice will draw out the heat of inflammation, localize in the infection and unblock plugged ducts. Apply directly to the affected area, cover with a clean cloth and change when dry.
- There are some effective homeopathic remedies for plugged ducts.
- Call your midwife if the lump persists, the lump feels hot to touch, or you notice red streaks on the breast.
- Take your temperature, if it is over 38 degrees (100.5F), call the midwife.

Reference: Breastfeeding Guidelines for Health Care Providers. Canadian Institute of Child Health, 1993.

INCREASING YOUR MILK SUPPLY

To make enough milk, you need breast stimulation, rest, minimal stress, proper nutrition and adequate fluids. Most women have a plentiful milk supply. A small percentage of women are unable to produce enough milk for their babies, this is related to the amount of mammary tissue (not breast size) available to make milk.

1. Nurse baby frequently and on demand. Approximately every 2 to 3 hours during the day and every 4 to 5 hours at night, but more often if baby wants. Babies may cluster feed, especially in the evening (eg. nurses every 20 to 45 minutes - maybe 4-5 times within a 3 hour period).
2. Completely empty at least one breast at a feeding.
3. Make sure you get adequate rest, try to sleep when baby sleeps.
4. Nurse in bed at night.
5. Drink at least one 1/2 to two litres of water per day as well as juices, herbal teas or low-sodium, caffeine-free and sugar-free drinks. Drink enough to keep urine pale in color and not strong smelling. One to two cups of tea or coffee is fine.
6. Ensure adequate nutrition. Eat when hungry. Make sure you snack during the day and possibly at night, and don't go for long periods without eating.
7. There are some homeopathic and herbal remedies that are effective in increasing your milk supply. Talk to your midwife. Fennel tea, fenugreek and blessed thistle capsules or tinctures, (galactagogue) are known to be very helpful. There is also a prescription medicine call Domperidone.
8. Hand express or pump as long as milk is flowing, for about 5 to 10 minutes per side, after each feeding during the day.
9. Try to avoid things that cause you stress and where possible resolve stressful situations present in your life.
10. Avoid using unnecessary bottles.
11. Avoid feeding infant solids until at least 6 months.
12. Don't be afraid to ask for help. Join a support group to share other Mom's ideas. (eg. La Leche League, Mom's groups)

SIGNS THAT YOUR BABY IS BREASTFEEDING WELL IN THE FIRST 3 WEEKS

By 4 or 5 days of age, your baby:

- Has at least 4 - 5 wet diapers (looks or feels wet) in 24 hours (pale and odourless urine)
- Has at least 2 - 3 bowel movements in 24 hours (colour progressing from brownish to seedy mustard yellow and at least the size of a loonie)
- Breastfeeds at least 8 times in 24 hours
- Is waking to feed on his/her own
- Is content after most feedings
- Weight loss is less than 10% of birth weight

If any one of these signs is **not** present after your baby is 3 or 5 days old, or if you are having problems, *please call your midwife*. You are welcome to bring the baby to the clinic for a weight check. Phone for a time to drop in.

Other signs that suggest your baby is breastfeeding well are:

- You can hear your baby swallowing during feeding
- Your breasts are full before feedings and soft after feedings
- Your baby is only drinking breast milk
- Baby has regained birth weight by 2 weeks of age
- Average weight gain is about 6 ounces (170 grams per week)
- Baby's skin is soft and moist and baby's mouth is moist and pink

THE POSTPARTUM PERIOD

The postpartum period is a time to rest, recover and get to know your baby. The most important tasks are to take care of yourself, establish breastfeeding and adjust to the changes in your family. **When we call to see how you are doing please ensure you call us back promptly if you do not answer your phone.**

Rest and Sleep

Make rest a priority. You will not get enough sleep at night so you must plan to nap at least once a day. Or, as the saying goes "sleep when the baby sleeps". A new mother often has very high energy and does not feel tired after a birth. This is because of all the hormones your body has released to provide you with enough energy for the hard work of childbirth. During the 24-48 hours following birth these hormones pass from your system and then you can feel very tired, and exceptionally so if you have not taken the time to rest. Remember sleep deprivation is cumulative and it may be several weeks if not months before you sleep longer than a four hour stretch. Do not expect one good stretch of sleep to shift things back to "normal". Normal has changed; your life, your meals, household chores and the care of other children. The more rest you get in the first weeks, the sooner you will be able to resume your normal routine. Limit the number of visitors and the time they spend visiting in the first week. You will be surprised how tiring a few visitors can be. Accept any offers and ask visitors for help, don't wait on them! Your job is to get to know and care for your baby!

Activities

Resumption of normal activity is mostly a matter of common sense. Work into activity slowly, stopping if you tire. Do not rush your postpartum recovery. Take at least ten days to nest and have a "babymoon". Moderate exercise, such as walking, is beneficial and a good way to begin.

Good nutritious food and adequate fluids

These are essential to successful breastfeeding and a speedy recovery. Always have a glass of water beside you when you nurse. You will likely feel quite thirsty anyway. You need to drink about 1.5-2 litres of water per day and eat about 2000 calories. If you find it hard to get to meals, ask for help and ensure you have nutritious snacks, fruit and vegetables on hand.

Emotions

It is not unusual to feel tired, a little letdown or weepy a day or two after giving birth. This is mostly due to the hormonal shifts occurring, as well as sleep deprivation. Relax, have a quiet day, and let the feelings flow; they will likely pass within 24 hours. However, if you feel overwhelmed, depressed, or unable to cope, call your midwife right away, especially if you are more than 2 weeks postpartum.

POSTPARTUM CARE OF THE MOTHER

FLOW

Your Flow (Lochia) should be similar to a heavy menstrual period. It will be heaviest in the 24 hours after giving birth, and will lessen over the next few days. Over the first few days it will change from bright red to brown-red, then over the next few weeks to pink, then yellow. Normal lochia may last from one to six weeks. Occasionally large clots are passed (size of an egg or even a small apple) in the first few postpartum days. If flow is normal and uterus is firm following, this is no cause for alarm. Check your uterus for firmness at least twice a day for the first few days. If your flow reappears, increases or becomes red again after the first week or so you are probably doing too much!

Key Points:

- If you soak one pad completely in less than 20 minutes, page the midwife
- Check the fundus to see if it is firm, if not, massage it until it feels firm, like a grapefruit and check to see if you need to empty your bladder
- Call the midwife if your flow develops a strong/bad odour and if your flow increases and continues at an increased rate, soaking whole pads call the midwife.

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 shrink down (involute) about a finger breadth each day and by the end of the second week you will not be able to feel it from the outside by pressing on your abdomen. most women who have given birth previously will experience "after pains", these are contractions of the involuting uterus, especially when the baby nurses. These afterpains usually do not last more than 2-3 days and often cease when the milk comes in.

Key Points:

- If your uterus feels tender or painful, call the midwife
- Check your uterus for firmness and position; if it is high or off to one side - is your bladder full?
- Take Ibuprofen and Tylenol Extra Strength for after-pains.

INFECTION PREVENTION

Infection prevention is important. Hand washing is important it is the best way to prevent transmission of bacteria. Do it often! Remind other family members or visitors to wash their hands before holding the baby. Report to us any rise in your temperature above 100° F or 37.8° C. Occasionally there is a temporary rise in temperature when the milk comes in but this should fall within 12 hours.

Key Points:

- Hand washing is the best way to prevent infection
- If you feel unwell, take your temperature
- If temperature is above 37.8° C (110F), call the midwife.

PERINEUM

Your perineum may be tender for a few days. Use your plastic peri bottle every time you go to the bathroom. Fill with warm water and spray over your perineum after urinating then just dab with toilet paper. In the initial days spray before you pass urine as well. If you have had stitches or have a small tear, take at least 1 sitz bath a day. Make time for this! Soak in a clean tub filled with several inches of warm water, or use a portable sitz bath. You may add herbs, calendula or comfrey tinctures to this bath, since these herbs are known to promote wound healing. Some women like to use Epsom Salts. After your sitz bath, expose your perineum to the air, lie down on a towel without a pad or underwear for half an hour or try a hand-held hair dryer on a warm setting for a few minutes. The normal healing process for stitches will progress from feeling tender to slightly itchy.

*In the initial week following the birth try to limit sitting to nursing and mealtimes. Sitting puts pressure on the perineum so at other times lie down and put your feet up. When you get out of bed or out of a car keep your knees together and move your legs as a unit. also minimize the amount of stair climbing and do not sit cross-legged. If your perineum is aching, you have probably been on your feet too long at one time and need to rest.

Key Points:

- Remember to use the peri bottle all the time
- Open labia and spray all around
- Dab with toilet tissue, don't wipe
- Change pads frequently, especially in hot weather
- Expose your perineum to air twice a day if possible
- Sitz baths are available for the toilet, otherwise, use bathtub
- Initially, in the first 24 hours, ice packs may help
- If you are on your feet or sitting too much, your perineum may become swollen and more tender
- If your perineum becomes painful, call the midwife
- Start Kegel exercises as soon as possible and do them often

BOWELS & BLADDER

Urinating may sting for a couple of days even if you do not have stitches. Try pouring warm water over your pubis and perineum with the peri bottle prior to beginning to void. If you are unable to empty your bladder at any time, call us.

Bowel movements often do not resume until 2-3 days after birth. To help keep bowel moving and stools soft, eat plenty of high roughage foods such as raw fruits and vegetables and whole grains or a big raisin bran muffin! Prune juice can be helpful. Drink 8-10 glasses of water each day. Witch Hazel is a good remedy for hemorrhoids. Soak gauze pads with it and apply directly to the affected area, under your sanitary pad. You can buy pre-moistened pads (Tucks) at the drugstore.

Key Points:

- If you cannot empty your bladder or if you have pain after urinating, call the midwife
- Drink plenty of water
- Increase Fibre in your diet or try a glass of prune juice each day.
- Witch Hazel compresses for hemorrhoids
- If you haven't had a bowel movement after 3 days, ensure the midwife knows

BREASTS

Most nipple soreness is due to incorrect positioning of the baby at the breast. Take your time to get comfortable, ensure you have enough pillows, good back support, maybe a footstool. Ensure that the baby is well positioned with his/her cheek resting on the breast. Wait until baby turns to the nipple and baby's mouth is wide open so they can grasp the entire nipple and a good portion of the areola, especially at the bottom. Hold the baby close to your body, bring the baby up to the breast and let the baby 'take the breast'. Don't be too directive and try to stuff the breast in baby's mouth. Do not continue to nurse if the nipple feels pinched.

Air-dry your nipples often and rub a little breast milk onto your nipples after each nursing. It is not necessary to wash your nipples with anything but warm water. Check your breasts once a day to identify any tender areas or lumps. Be sure to call us with any breastfeeding questions or problems. If you are having difficulties do not try to tough it out, we can likely make it easier. See breastfeeding handouts for more breastfeeding information.

Key Points:

- Take time to get in a good, comfortable position for nursing
- Be patient about getting a good latch, let baby "take the breast"
- Do not nurse with an uncomfortable latch, or on very sore nipples
- If you have a hot, red, tender area or tender lump on your breasts call the midwife
- Call us early with breastfeeding difficulties

CARE OF 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 having 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 it is not a problem. It usually sounds worse than it is and the baby will cough and sneeze it 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°C - 37.5°C or 97.5°F - 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 about 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 breast milk 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 not to nurse for up to 4 hours during a 24 hour period. If your baby has been nursing regularly then stops, or, if your baby becomes disinterested in nursing or hard to wake up for feedings, **call your midwife**. Generally, your baby should nurse at least 8 times, for about 20 minutes in a 24 hour period.

Jaundice

We will be checking on the baby's colour during the postpartum home visits. 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 haemoglobin 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 breastfeed often. In a few babies jaundice is high enough to require 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's foot.

"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 black tea solution. Make a cup of black tea, soak a cotton ball and wipe across the baby's eyes, (one wipe per cotton ball).

Cover the tea cup, (make a fresh cup every day) and repeat 4 -5 times/day for 24 -72 hours, or when the eyes are sticky.

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 baby 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 sleepy
the baby does not suck well
do not give formula without consulting a 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

Color 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 a rash within the first few days

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

POSTPARTUM CHECK LIST

How well are you doing?

Answer "yes" or "no" to the following questions.

1. Do you take time to have a leisurely bath or shower?
2. Do you take time to brush your teeth?
3. Do you have three distinct meals a day?
4. Do you sit down during those meals?
5. Do you eat without a child or baby on your lap?
6. Do you rest or nap while your baby/child sleeps?
7. When your partner or friend offers to help, do you accept?
8. Do you ask for help when you need it?
9. Do you have someone watch your baby/child so you can go out and do something you really enjoy?
10. Do you allow yourself to sit without worrying about all the work that needs doing?
11. Do you talk to friends (and not just about their problems)?
12. Do you buy things for yourself (and not just for baby/child)?
13. Do you read a magazine or book, just for *pleasure*?
14. Do you say yes or no to sex because it is what you want?

If you have a low number of "YES" answers you may want to look at how you take care of yourself. This is not meant to be a "Should-do List" for you. It is just food for thought.

What helps?

- Being gentle and compassionate with yourself, nurturing yourself
- Getting breaks away from baby/children
- Physical exercise - walking, yoga, swimming
- Relaxation techniques - meditation, relaxation tapes, breathing exercises
- Support system - family, friends, professionals, support group
- Accepting painful feelings (grieving, anger, despair), talking them out
- Keeping a journal: writing about your feelings and/or your experience
- Take note of good feelings
- Acknowledging feelings of depression/thoughts of self-harm - seek help and support
- Refocusing - validate what you are getting done as opposed to what there is left to do
- Ask yourself what you need - ask for help in meeting your needs
- Ask yourself what you like to do: e.g. What did I used to do for fun?
- Eating nutritiously
- Ensure that your expectations of yourself and others is realistic
- Medication can be useful in some circumstances - talk to your physician or midwife

Pacific Postpartum Support Society Phone: 604-255-7999/604-255-7995

