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## ***Important Postpartum Information For You and Your Baby***

### **The Baby**

Most babies will show an interest in latching on to the breast within the first hour after birth when they are in an alert state. During the first 24 hours after birth the baby may be quite “sleepy” and one sleep of 4 or 5 hours is common. You should try to keep the baby skin-to-skin as much as you can. Encourage the baby to nurse every 2-3 hours. Nursing times vary from 5-60 minutes per feed. Log all feeds and feeding attempts. In the first 24 hours nursing is not about volume. A baby’s stomach is only the size of a chick pea. It is about “imprinting” (seeing the nipple, smelling you and the milk, touching, latching, and hearing your heartbeat).

Sometimes after being fed and changed, a baby may still be “fussy”. This may be caused by gas in the stomach and may be relieved by rubbing the baby’s back while supported over your shoulder, sitting or lying across your lap. Sometimes babies just want to be held. On Day 2 babies can be very fussy and on Day 3 they are more content. Please see the “Baby’s Second Night” sheet for more information.

The cord should be kept out of the diaper and the diaper folded down in front. The cord does not need any special care - just keep it dry. It is normal for the cord to smell as it decays. If the belly skin around the navel looks red or infected, inform your midwife.

At first a newborn’s stool is the colour and texture of tar. We recommend putting olive oil on the baby’s bottom to stop the stool from sticking. Within a few days, the baby’s stool changes to a very loose, mustard yellow. The frequency of bowel movements in a breastfed baby varies a great deal from many times a day to once every week. Both are normal if the baby is drinking only breastmilk. If the baby has not urinated or passed meconium within the first twenty-four hours, contact your midwife. The general rule of thumb is: 1 wet diaper on Day 1, 2 on Day 2, 3 on Day 3 and on Day 4, 4 wet diapers or more. We recommend putting a tissue in the diaper to help you know if your baby has voided. If you have a baby girl you may notice blood or mucous from her vagina. This is related to your hormones and is normal. Both baby girls and boys may have orange/brick dust coloured staining in their diaper. This is from concentrated urine. Tell your midwife at your next visit if this is seen.

If a baby becomes at all jaundiced (yellow-looking skin or whites of eyes) especially within the first twenty-four hours of life, contact your midwife. Many babies will develop a mild-moderate degree of jaundice around the third day. This can be normal and will gradually disappear if the baby is feeding well. Call your midwife if your baby is jaundiced AND lethargic.

If the baby’s eyes look irritated or have a pussy discharge, most times it is a blocked tear duct, which is normal in infants up to 1 year of age. Clean it with warm water on a cotton ball as needed. Putting some expressed breast milk in the eye can also help keep it from getting infected. To help clear tear ducts, massage the inner corner of the eyes 4 times a day. If discharge persists, contact your midwife.

When your baby is in the cot/crib, the safest position to prevent Sudden Infant Death Syndrome (SIDS) is on his/her back to sleep. The current advice is to avoid a face down position.

A normal temperature for a baby is 36.5-37.5 degrees C. This can be checked with a digital thermometer underneath the arm. Ear thermometers are not to be used on newborns. Varying seasons can make choosing clothing a challenge. Generally babies are comfortable in one more layer than what you are comfortable wearing. Babies lose 70% of their heat through their heads, therefore we recommend that a hat be on for the first 48 hrs of life. Baths should also be delayed for 24 hrs or more to help with temperature stability.

It is normal for a baby's hands and feet to appear bluish for the first couple of days, but babies should be centrally pink on their chest and around their mouth. If you have any concerns regarding your baby's colour, please page your midwife.

In general, the baby's breathing will occasionally be irregular. Coughing, sneezing, and crying help clear the baby's lungs in the first few days. In the first 24 hours a baby may be mucousy and be like a cat with a furball, hacking and gagging. If this happens put the baby on its side, head lower than the body, and pat the back. However, if the baby has a fever, or is gasping and grunting with each breath or breathing over 60 times a minute, contact your midwife.

Be careful when choosing commercial baby products. Powders are not recommended. Olive oil is a good choice to moisturize the skin. It is normal for baby's skin to peel the first week or two.

## **Baby's Second Night – Some Food for Thought By Jan Berger**

You've made it through your first 24 hours as a new mom. Maybe you have other children, but you are a new mom all over again... and now it's your baby's second night.

All of a sudden, your little one discovers that he's no longer back in the warm and comfortable – albeit a little crowded – womb where he has spent the last 8-9 months – and it is SCARY out here! He isn't hearing your familiar heartbeat, the swooshing of the placental arteries, the soothing sound of your lungs or the comforting gurgling of your intestines. Instead, he may be in a crib, swaddled in a diaper, a T-shirt, a hat and a blanket. All sorts of people have been handling him, and he's not yet become accustomed to the new noises, lights, sounds and smells. He has found one thing though, and that's his voice... and you find that each time you take him off the breast where he comfortably drifted off to sleep, and put him in the bassinet – he protests, loudly!

In fact, each time you put him back on the breast he nurses for a little bit and then goes to sleep. As you take him off and put him back to bed – he cries again... and starts rooting around, looking for you. This goes on – seemingly for hours. A lot of moms are convinced it is because their milk isn't "in" yet, and the baby is starving. However, it isn't that, but the baby's sudden awakening to the fact that the most comforting and comfortable place for him to be is at the breast. It's the closest thing to "home" he can get. It seems that this is pretty universal among babies – lactation consultants all over the world have noticed the same thing.

So, what do you do? When he drifts off to sleep at the breast after a good feed, break the suction and slide your nipple gently out of his mouth. Don't move him except to pillow his head more comfortably on your breast. Don't try and burp him – just snuggle with him until he falls into a deep sleep where he won't be disturbed by being moved. Babies go into a light sleep state first, and then cycle in and out of deep sleep about every half hour or so. If he starts to root and act as though he wants to go back to breast, that's fine... this is his way of settling and comforting.

Another helpful hint... his hands were his best friends in utero... he could suck his thumb or his fingers anytime he was the slightest bit disturbed or uncomfortable. And all of a sudden, he's had them taken away from him and someone has put mittens on him! He has no way of soothing himself with those mittens on. Babies need to touch – to feel – and even his touch on your breast will increase your oxytocin levels which will help boost your milk supply! So take the mittens off and loosen his blanket so he can get to his hands. He might scratch himself, but it will heal very rapidly – after all, he had fingernails when he was inside you, and no one put mittens on him then!

By the way – this might happen every once in a while at home too. Don't let it throw you – sometimes babies just need some extra snuggling at the breast.

Modified from Jan Barger, RN, 2001  
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## **The Mother**

After birth, rest. Then gradually increase your active hours each day. Many women have found that if they don't rest at first, they end up having to do it later.

Initial latching is important. Initial nipple tenderness can be normal but nursing should not be painful for the entire feed. Breasts may be soft for the first 1-3 days as the milk establishes. While nursing, after pains/uterine tightening can worsen. We recommend Ibuprofen (Advil) and/or Acetaminophen (Tylenol) for pain relief. When your milk comes in, your breasts may feel uncomfortably full and hard. Sometimes a hot towel applied to the breasts will speed the let-down of milk. Cabbage leaves are helpful with engorgement as well. If you feel hard lumps or red-hot painful areas in your breasts warm compresses, massage, bedrest, and keeping the baby nursing are all beneficial. Page your midwife if you have red-hot painful areas or fever.

Your breasts do not need to be washed more often than the rest of your body. It is much more important to wash your hands after going to the bathroom or before handling your breasts.

If you have any problems or questions around breastfeeding, or would like breastfeeding and mothering support, please remember to call or attend your local La Leche League group. Local breastfeeding clinics are also available in conjunction with midwifery care to support breastfeeding.

Nursing makes your uterus contract and you may have a gush of blood. Whenever you stand up, any blood that has collected in the back of the vagina will come out. If more than one pad is completely soaked in half an hour you should contact your midwife. Expect moderate bleeding on Day 1, which will decrease over time, but may increase with increased activity. Clots can be normal.

Your whole perineal area should be kept clean, even if you don't have any tears. Many women find that soaking in a clean warm shallow (3-4" deep) bath, once or twice a day, eases the discomfort of abrasions or stitches. A herbal bath package is available through our office. A cold pack applied after birth will help ease the swelling. A helpful hint is to take a pad, put 1/3 cup of water on it, and freeze it in a cupped shape and use this as an ice pack. The ice is soothing and as it melts there is no mess. Always wipe front to back. Try to keep your bowels loose by eating lots of fruits and fibres and drinking well. A full bladder can compete for space with your uterus and increase your bleeding. Drink a lot, but pee a lot. Spraying with lukewarm water from a squeeze bottle will minimize the stinging when you urinate, as well as cleansing the area.

You may choose to take your temperature in the week following birth. If above 38.0 C, this could indicate infection. Please contact your midwife. Your lochial discharge (bleeding) should smell like a period. If it smells foul, or if there is any pus in the discharge, you may have an infection and you should contact your midwife.

Being teary or emotional happens to 85% of new moms and is sometimes called "baby blues" but for some women the emotional changes last greater than two weeks and affect sleep, life enjoyment, and mood and can be postpartum depression. This can happen up to a year after the baby's birth. If you are concerned at all, please talk with your midwife or family physician and know that the Women's Health Concerns Clinic through St. Joseph's Hospital is a great resource.