

# CARING FOR YOUR Newborn & Yourself

Presented by your postpartum  
support professionals:



*Because they don't come with instructions...*

# Congratulations on the birth of your baby!

As new parents, you are embarking on an amazing adventure...

Baby's first year is filled with many exciting firsts – smiles, steps and trips to the park. It is also filled with many questions!

As you adjust to your new role as a parent, you will experience a variety of physical and emotional changes. The experience, while wonderful, can be extremely overwhelming.

We hope this booklet helps to answer some of the most frequently asked questions, provides reassurance and serves as a strong supplement to your personal postpartum support system and family health care practices.

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# 1.

# Welcome Baby!



## Newborn Care and Characteristics

### Newborn Procedure in the Hospital

After your baby is born, the nursing staff will assess Baby's overall appearance and health. Much of this assessment can be done with Baby right on Mom's chest.

An **Apgar score** is a tool used to assess a newborn's need for medical assistance. This assessment is done at one minute and five minutes after birth and checks Baby's heart rate, respiration, muscle tone, reflex and color. A "perfect" score is 10. However, it is unusual for even a completely healthy baby to receive the highest score. A low score does NOT indicate immediate or future health problems.

## APGAR SCORING SYSTEM

	0 Points	1 Point	2 Points	Points totaled
<b>Activity</b> (muscle tone)	Absent	Arms and legs flexed	Active movement	↓
<b>Pulse</b>	Absent	Below 100 bpm	Over 100 bpm	
<b>Grimace</b> (reflex irritability)	Flaccid	Some flexion of Extremities	Active motion (sneeze, cough, pull away)	
<b>Appearance</b> (skin color)	Blue, pale	Body pink, Extremities blue	Completely pink	
<b>Respiration</b>	Absent	Slow, Irregular	Vigorous cry	
			Low	0-3
			Moderate	4-6
			Normal	7-10

## The Golden Hour

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At some point Baby will be weighed, measured and bathed. She will also likely be given an injection of **Vitamin K** to help her blood clot and to prevent unexpected bleeding. Baby will also likely receive some **eye ointment** to prevent infections. It is recommended that healthy, term infants have all of these normal procedures delayed for the first hour of life and that babies not be bathed until they have maintained a stable body temperature for at least 2 hours. These delays allow the mother and infant to remain skin to skin and begin breastfeeding as soon as possible. There are no risks to delaying these procedures and research has confirmed many benefits for Baby – stabilization of body temperature and blood sugars, improved breastfeeding success and improved bonding.

If your baby is born via Cesarean or you are separated from Baby for another reason, encourage your partner or an immediate relative to be skin to skin with Baby as much as possible until you are able to do so.



## Baby's Appearance at Birth

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A full term newborn usually weighs between 5.5 and 9.5 pounds and is between 18 and 21.5 inches long.

Baby may appear red and puffy and his hands and feet may appear bluish in color. Baby's head may be temporarily molded from the pressure of birth. The bones of Baby's skull are not connected and two **fontanels**, or soft spots, are apparent. The smaller fontanel appears at the back of the head – or posterior – and closes at 2 - 3 months. The larger appears on the top of the head, near the front – or anterior – and closes at 12 - 18 months.

Baby's back and shoulders may be covered in a soft, downy hair called **lanugo**. This hair is produced late in pregnancy and is usually shed just before or right after birth. If Baby is born early, he may have more lanugo. A creamy, cheesy protective covering called **vernix** may be present. This substance protected Baby's skin in the watery environment of the womb. Once the vernix is washed off, Baby's skin will become dry and may peel. This requires no treatment and will subside in time.

Due to maternal hormones received before birth, Baby's genitals may have a swollen appearance and baby girls may have a mucous or even blood-tinged discharge. This is normal. Both baby girls and baby boys may have swollen breast tissue and their nipples may even leak a small amount of milky substance. As the maternal hormones are processed and released from Baby's body, these characteristics will fade.

## Jaundice

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**Jaundice** is a yellow discoloration of the skin and the whites of the eyes. It is the result of too much bilirubin in the blood. Bilirubin is a substance formed when the body breaks down old red blood cells. The liver processes and removes the bilirubin from the blood.

Jaundice in newborn babies usually occurs when a normal increase in red blood cell breakdown meets an immature liver not yet fully adept at removing bilirubin from the bloodstream. As the breakdown of red blood cells slows down and the baby's liver matures, the jaundice disappears. When jaundice is caused by these factors alone, it is called **physiologic jaundice**. Physiologic jaundice is considered normal and rarely requires treatment.

Other causes of jaundice may mean that a baby needs treatment under UV lights to help the body break down the bilirubin faster.

**Neonatal jaundice** is the result of an incompatibility between the unborn baby's blood type and the mother's. In such cases, the mother's body will produce antibodies that attack the unborn baby's blood cells. This causes a breakdown of the red blood cells and an increased release of bilirubin.

A **cephalohematoma** on the head – a fluid-filled swelling from the birthing process – may intensify jaundice. A cephalohematoma is essentially a bruise, or a collection of clotted blood just beneath the skin's surface. As the body naturally breaks down this clotted blood, a large amount of bilirubin is released at once.

## The First Night Home

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Newborns are born fully nourished and are often not very hungry or alert during the first 48 hours of life. Their tummies are tiny and need only small amounts of the mother's first milk, called **colostrum**.

By about day three, Baby's tummy has doubled in size. She is now alert and feeling hungry! By this time, most families are going home, if they've had a hospital birth. That first night home can feel very overwhelming for new parents as they learn to read Baby's cues.

The hungry baby will want to be at the breast often, which encourages the mature milk to come in. Most mothers' mature milk arrives between three and five days after Baby's birth. Your baby will be getting your first milk, colostrum, in small concentrated amounts until then.

If intending to breastfeed, don't be tempted to supplement with a bottle of formula unless instructed to do so by your care provider. Time away from the breast will increase the length of time it takes for Mom's milk to come in and can affect overall milk supply. Instead, allow Baby to feed as often as she likes – which might be as much as every hour before the mature milk comes in. If you have questions or concerns about your milk supply or about Baby's feeding habits, contact your care provider or a lactation specialist.





## Reflexes

Babies are born with many reflexes. Some of these reflexes helped them be born and some help them breastfeed. You may notice the **rooting reflex**, in which Baby will turn his head to the side, especially in response to something brushing against his cheek. This helps Baby find the breast and is also a feeding cue. Sucking is behavior that is reflexive but becomes voluntary after about 4 months of age.

Your baby also has a startle reflex, called the **Moro Reflex**. Baby will have a “startled” look and the arms will fling out sideways with the palms up and the thumbs flexed. Swaddling can help calm this reflex during sleeping hours and might make Baby feel more secure.

## Bathing and Cord Care

Bathe your baby every three days or so. Until the circumcision heals and the umbilical cord stump falls off, newborns should be given a sponge bath.

Avoid bathing your baby in anything other than plain water for the first four days of life. After that, use a mild baby body wash. Always test bath water with the inside of your wrist. Do not use soap on Baby’s face. Wash Baby’s hair last and cover her head with a towel as soon as possible to avoid chilling.

Keep the umbilical cord – which will fall off within two to three weeks – exposed to air. You may notice oozing of old blood as the cord starts to fall off. This is perfectly normal.

Please call your pediatrician if you notice foul smelling drainage or a red circle around the cord area.



## Circumcision

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**Circumcision** is the surgical removal of the skin covering the tip of the penis. Circumcision is fairly common for newborn boys in certain parts of the world, including the United States. If you choose to have your newborn son circumcised this will usually be done no earlier than his second day of life and no later than 10 days of life.

To care for a circumcision, your baby's doctor may instruct you to use petroleum jelly around the tip of the penis to prevent infection and drying. Circumcisions take about 1 week to heal. Call your care provider if Baby shows signs of infection including fever, pain, excessive redness, swelling, a foul odor, pus or other discharge.

If you choose to leave your baby's penis intact, do not retract the foreskin when diapering or bathing. The foreskin remains adhered to the tip of the penis (the glans) until your child is approximately three to five years of age.

## Diapering

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Your baby will go through at least 8 - 12 diapers per day! Try to change Baby frequently, as soon as the diaper becomes soiled or wet, to prevent discomfort and rashes. Always wipe Baby's bottom with a wet wipe from front to back, cleaning between the folds of skin. It is not necessary to use creams and ointments after every diaper change unless Baby already has a rash or is prone to diaper rash.



## Thrush

**Thrush** is a yeast infection occurring in infants and breastfeeding mothers. Sometimes the condition is mild, with no symptoms. If your baby has symptoms of thrush, they may include the following:

- White patches that look like cottage cheese or milk curds in the mouth and on the tongue. Unlike excess milk or formula, thrush patches are not easily wiped away. When wiped, the patches may bleed.
- Baby may seem to have a sore mouth and/or difficulty swallowing.
- Baby may refuse to eat, which can be mistaken for lack of hunger or poor milk supply. If Baby is unable to eat because of a sore mouth or throat, he will likely act fussy.
- Baby may develop a diaper rash, as the yeast that causes thrush will be present in the stool.

A breastfeeding mother may get a **yeast infection** on her nipples if her baby has thrush. This can cause sore, red nipples and severe, burning pain during and after nursing.

There are anti-yeast topical products available to aid in the treatment of thrush. The more natural, the better, as some level of product will be ingested by Baby. Eliminating sugary foods, bread and alcohol from the diet may help control thrush. The use of probiotics for both Mom and Baby can help restore yeast-bacteria balance to the infected area.

## Cradle Cap

**Cradle cap** is an oily, yellow crusting on Baby's scalp and is both common and easily treated. The condition is caused by the buildup of sticky skin oils, scales and sloughed skin cells. Cradle cap is not harmful to your baby and usually goes away by the first birthday. You can treat it by rubbing gentle oils, such as apricot or coconut oil, into Baby's scalp before using a fine-toothed comb to gently pull up the crusting. After combing, wash Baby's hair with a gentle shampoo.

## Fever, Illness and Rashes

Recognizing illness in a newborn isn't always easy. The best indicators are temperature and behavior. In a newborn under 8 weeks old, a rectal temperature of 100.4 or higher is considered a fever and needs immediate attention by medical professionals.

When ill, newborns may become agitated and more fussy than usual – or they may become listless and lethargic. If you notice that your baby has diminished appetite, shows a lack of interest in feeding, has foul smelling diapers, diarrhea, vomiting, fever or a rash associated with fever, contact your pediatrician.



## Lotions and Creams

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Lotion, oils or powders can be dangerous if inhaled by an infant. Gentle lotions can be used at parents' discretion.

Your baby will encounter some interesting skin changes as he adapts to life outside the womb! Expect everything from scaly scalps to peeling feet, baby acne to diaper rashes. Consult the family doctor or pediatrician if you are concerned about skin changes in your baby. Most of the time these changes are normal and do not require treatment, lotions or creams.

## Essential Oils Safety

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There are many factors that influence the safety of essential oils. These include the quality of the oil, chemical composition, method of application, dosage, dilution and the overall health and integrity of the skin. Infants, toddlers, and young children are more sensitive to the potency of essential oils. Child safety is a question for the nursing mother's use of essential oils as well.

Discuss the use of essential oils with your family doctor or pediatrician. Furthermore, consult a homeopath for advice on proper use, dosage and dilution.

## Baby Equipment

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Always use baby equipment per the manufacturer's guidelines. Never use equipment that encourages positions that Baby cannot achieve independently. Bouncers and swings should be used sparingly to prevent a lack of tummy time.

## Tummy Time

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Most babies lay on their back muscles A LOT. Sleep, car seat, swing, bouncy seat, bath – it adds up to 20 hours or more per day! This can result in muscle asymmetry and a flat head – both of which can cause other developmental problems down the road.

**"Tummy Time"** is more than just placing Baby belly-side down on a blanket and refers to all positions that engage Baby's muscles.

From 0 to 4 months, Tummy Time is achieved through handling techniques such as baby-wearing, feeding in certain positions, carrying Baby and burping.





## Crying

### Soothing Techniques

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Always respond to your baby's cries. There is a reason for every infant behavior, including crying. Your baby is communicating that she needs you!

No matter how you respond, know that your baby will physiologically calm down sooner than she will stop crying. Her heart rate and breathing will slow down, her stress hormones will lower and she will FEEL better sooner than she will actually stop crying.

Once you have ruled out hunger, dirty diapers and general discomfort, try soothing techniques. Most babies respond favorably to touch and movement (such as rocking, swinging, bouncing or swaying).

Sucking is an instinctive way for newborns to self-soothe. Baby may want to nurse, suck on your finger or use a pacifier.

Swaddling, wearing and holding your baby all help her to become more "organized" and may reduce crying.

Your voice is soothing to your child! Talk, sing or read to Baby. You might also try giving a bath or going outside for a change of scenery.

Feeling burnt out and frustrated after many attempts at soothing a fussy infant? It happens. Never hesitate to take a break to regroup and refresh. Let someone else give it a try! Different soothing methods and different caregivers have different success rates on any given day!

## Colic – The Period of P.U.R.P.L.E. Crying

From: <http://www.purplecrying.info/what-is-the-period-of-purple-crying.php>

The acronym PURPLE is used to describe characteristics of infant crying during a specific phase – beginning at about 2 weeks and continuing until about 3 to 4 months of age – and to let parents and caregivers know that what they are experiencing is normal. Although frustrating, this is simply a

stage in the child’s development. It is during this time that some babies can cry a lot and some far less, but **they all go through it.**

When babies are going through this period they seem to resist soothing. Nothing helps. During this phase, a baby can cry inconsolably for hours and still be considered healthy and normal.

### Colic and the Period of Purple Crying

#### The Letters in PURPLE Stand For

<b>P</b>	Peak of Crying:	Your baby may cry more each week, the most in month 2, then less in months 3-5.
<b>U</b>	Unexpected:	Crying can come and go and you don’t know why.
<b>R</b>	Resists Soothing:	Your baby may not stop crying no matter what you try.
<b>P</b>	Pain-Like Face:	A crying baby may look like they are in pain, even when they are not.
<b>L</b>	Long Lasting:	Crying can last as much as 5 hours a day, or more.
<b>E</b>	Evening:	Your baby may cry more in the late afternoon and evening.

The word **PERIOD** means that the crying has a beginning and an end.

## Bonding

### Babywearing

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Wearing your baby in a sling or wrap is a wonderful way to promote bonding, soothe Baby and help Baby use his energy store more efficiently. Babywearing is scientifically proven to offer many benefits for both parents and babies!



- **Babies cry less.**  
Babywearing for at least 3 hours per day reduces infant crying by approximately 50%!
- **Babies learn more.**  
Less time fussing = more time learning!
- **Babies are better organized biologically.**  
The babywearing parent provides an external regulating system that balances the irregular and disorganized tendencies of the developing baby.

Carried babies become more aware of their parents' faces, walking rhythms and scents. Baby learns from the facial expressions, body language, voice inflections, breathing patterns and emotions of the caregiver.

To safely wear your baby, make sure you read the instructions on your infant carrier. Most carrying products require that Baby face inward to protect his spine. Make sure that Baby is carried high enough on your chest to kiss the top of his head easily. Pay attention to the position of Baby's legs – they should stay flexed.

### Skin to Skin

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Enjoy skin to skin contact with baby, especially during feedings! Babies feed better with the best possible physical contact, even when bottle-fed. If breastfeeding, babies who feed skin to skin transfer more milk and gain weight faster. Your warmth helps regulate body temperature and heart rate. Skin to skin offers a boost to Baby's immune system as well!

# Infant Feeding

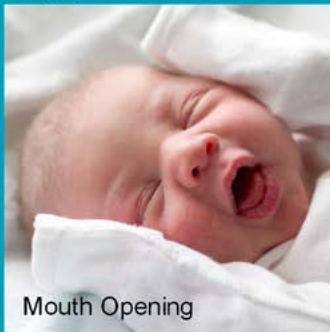
## Hunger Cues

Feeding Baby at the earliest possible cue will make feeding easier and ensure that Baby gets enough milk throughout the

day. Sometimes Baby's cues are subtle, but tend to get progressively obvious as she becomes hungrier. Parents, pay attention to these cues as you get to know your baby over the early days and weeks!

### INFANT FEEDING CUES

#### Early Feeding Cues or "I'm hungry."



#### Mid Feeding Cues or "I'm really hungry!"



#### Late Feeding Cues or "I'm upset, please calm me."





## Breastfeeding Basics

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The first milk mothers make is called **colostrum**. It is yellow, sticky and comes in small amounts. Most babies only take one to two teaspoons of colostrum per feed.

Women usually experience their milk “coming in” between two and five days postpartum. The more frequently Baby is put to breast, the sooner the milk will come in.

## Benefits of Breastfeeding

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### FOR BABIES:

- Easily digested
- Perfectly matched nutrition
- Mother’s antibodies transfer to child
- May boost IQ
- Skin to skin bonding benefits
- May reduce risks of ear infections, obesity, diabetes, asthma and SIDS

### FOR MOTHERS:

- **Involution** (or shrinking) of uterus to pre-pregnancy size
- Convenience
- Economics
- Reduced risk of breast cancer, ovarian cancer, uterine cancer, osteoporosis and cardiovascular disease

### PROPER LATCH:

- Baby positioned with all of the nipple and most of the areola in her mouth
- Asymmetric latch – or more of the areola seen below than above
- Lips turned out – or flared – at a wide angle
- Chin against the breast with the nose barely touching or not touching at all

### POSITIONS:

- Cradle
- Cross Cradle/Transitional
- Football/Clutch
- Side-lying
- Laid-back

Log your baby’s feeding frequency for the first week or so. This will ensure that Baby is feeding 8 - 12 times in 24 hours.

## Is Baby Getting Enough?

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There are many signs that Baby is getting enough at the breast and is thriving on your milk.

- Baby should eat every 1.5 - 3 hours day and night (or about 8 - 12 times in 24 hours).
- After the first 5 days of life, Baby should have at least 6 wet diapers per day and several dirty ones.
- Baby will seem relaxed and satisfied after most feeds (growth spurts might mean a temporary exception to this rule).
- Baby should gain approximately ½ ounce to 1 ounce daily.

## Vitamin D

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Human breast milk typically contains a vitamin D concentration of 25 IU or less per liter. The American Academy of Pediatrics recommends a supplement of 400 IU per day of vitamin D for all breastfed infants.



## Bottle-feeding

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When bottles are used, overfeeding is more likely (regardless of WHAT is in the bottle). This can lead to excessive gas and/or reflux.

- Follow Baby's feeding cues.
- Cuddle Baby close (skin to skin).
- Let Baby pace the feed (**Paced Bottle Feeding**).
- ALTERNATE sides to mimic natural breastfeeding positions and to help Baby develop symmetrical muscles and eye gaze.
- Burp between and after feedings.

## PACED BOTTLE FEEDING INSTRUCTIONS:

- Hold Baby semi-upright.
- Feed Baby with the bottle in a horizontal position.
- Let Baby suck to work the milk out of the bottle.
- Break the seal every 20 seconds to allow for breathing and swallowing; also allow for rooting reflex.
- When halfway through the bottle, burp Baby and switch sides. Continue feeding until Baby no longer "roots."
- Bottle-feeding should take almost as long as a breastfeeding session.

Discard ANY leftover formula. Leftover breast milk may be stored in the refrigerator until the next feed.



## Infant Sleep

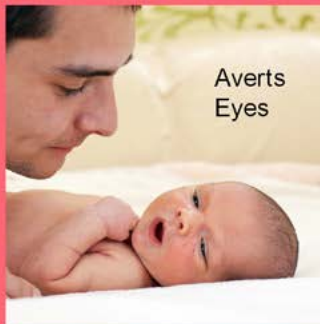
### Sleep Cues

Sleep cues, like feeding cues, often occur in a predictable order. They can also be subtle and easily missed. Catching cues late often

results in an overtired baby who has a hard time settling down and staying asleep. Consistent routine ensures that Baby is put to sleep at the earliest possible cue and also helps develop healthy sleep habits.

### INFANT SLEEP CUES

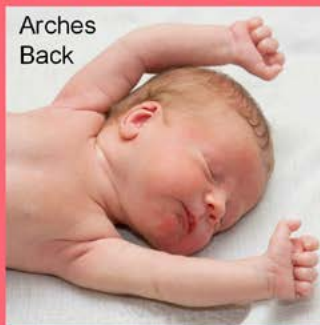
#### Phase One - "I'm a little sleepy."



#### Phase Two - "Ready for bed now!"



#### Phase Three - "Overtired!"





## Typical Newborn Sleep Expectations

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The life of a newborn revolves around one thing: *feeding!*

Newborn sleep patterns are shaped by the length of time it takes to feed, digest and become hungry again. The longest stretch of sleep a newborn will take – day or night – is 3 to 4 hours.

Newborns haven't yet developed the **circadian rhythms** that regulate the hormones cortisol and melatonin. As these hormones are responsible for sleep biology, it is inappropriate to expect your baby's sleep habits to mirror your own.

Contrary to popular belief, keeping Baby awake during the day does NOT help Baby sleep better at night. Research shows that sleep begets sleep! The better Baby sleeps during the day, the better Baby will sleep at night.

The short, frequent and unpredictable newborn naps will begin to coalesce into longer, less frequent and more predictable naps after 7 months or so. To help establish routine, make sure Baby naps at the same time and in the same place most of the time.

**Remember! Always place your newborn on his BACK to sleep!**

# 2.

# Mom



## Postpartum Recovery

### Physical Changes and General Healing

**Involution** is the process of the uterus returning to pre-pregnancy size and shape. The full transformation takes approximately 6 weeks.

Postpartum bleeding and discharge after either vaginal or Cesarean birth is called **lochia** and is caused by involution. Bleeding can be heavy in the days just after birth. It is normal to shed blood clots the size of a quarter, or even a little larger. Use only sanitary napkins during this time. Using tampons or menstrual cups is not recommended and can lead to a postpartum infection.

Do not have sexual intercourse until after your final check up with your care provider, which happens at about 6 weeks.

Try to take a daily bath for at least 15 minutes in clean warm water to aid in healing and hygiene. In the days and weeks immediately after birth, a **Sitz Bath** – or a bath in which you sit in warm shallow water, just up to the hips – might be recommended. The addition of chamomile tea bags, lavender leaves, calendula and comfrey can ease pain and swelling of the perineum.

Pay attention to the amount of bleeding you experience after you give birth. Your lochia should diminish over time, the way your period does. If you do too much activity too soon you may see your bleeding increase and return to bright red. This is your cue to slow down and rest. If you are soaking a sanitary pad or more per hour, seek medical attention.



## Incision and Stitches

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If you have stitches due to tearing, **episiotomy** or Cesarean incision, your care provider will provide direction for home care. Call your care provider as directed or if you experience a fever, increased pain at the stitches site or other signs of infection.

### STITCHES HEALING:

- Episiotomy stitches should dissolve within 5 – 7 days.
- Incision stitches should dissolve within 2 – 3 weeks.

### CARE FOR PERINEAL STITCHES:

- Change sanitary pad often.
- Use peri bottle after elimination instead of wiping.
- Apply hemorrhoid pads as needed.
- Take stool softener as directed.
- Enjoy a daily bath in clean, warm water.

## Breast Health

Tenderness and engorgement of the breasts is normal as your body prepares to breastfeed. Even if you choose to formula feed your baby, your body will still make milk.

About two to five days after birth, your mature milk will come in. You may experience some discomfort as your breasts become full of milk. If you are breastfeeding, frequently feeding your baby will alleviate this pressure. The level of engorgement will improve over time as your body adjusts to your baby's needs.

If you are not breastfeeding, it will take 7 - 10 days for your body to stop producing milk. You may find it helpful to wear a supportive bra and take Advil or Tylenol as directed by your care provider.



Do not bind your breasts, as this may cause mastitis or plugged ducts. Do not express or pump milk – this will encourage your body to produce more milk. If you must express very small amounts to alleviate discomfort, do so sparingly. Applying cold compresses or icepacks will help with tenderness, over production and pain.

Cracked or chapped nipples may occur as your baby learns to breastfeed. Contact a lactation specialist if your nipples are cracked and bleeding and/or breastfeeding is painful. This is usually due to a baby nursing with a poor latch. When your nipples are chapped and dry, express a little breast milk and rub it onto the nipple and areola. Do not wash your breasts with soap (rinsing with water is fine) and allow plenty of time to air-dry after feeds. Change your breast pads often to avoid chapping.

A **plugged milk duct** occurs when milk is produced but not properly drained during feeds. The affected area usually presents as a lump and is tender. A plugged duct will typically feel more painful before a feeding and less tender afterward. The area will usually feel less lumpy – or smaller – after nursing. Frequent feedings in a variety of positions and breast massage can help drain the duct.

### WHEN TO CALL THE DOCTOR:

- If you have pain, fever or redness – signs of possible infection
- If you have a plugged duct along with flu-like symptoms
- If the lump does not go away within a reasonable amount of time



## Nutrition and Hydration

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Busy and exhausted new mothers often find it difficult to eat well and stay hydrated. If you are breastfeeding, your body requires 300 - 500 extra calories per day. Additionally, you should drink at least 13 eight-ounce glasses of water per day.

It is important for all new mothers to eat well and often. Small, frequent, nutritious snacks are easy to make and will help keep your body energized for healing and recovery, as well as for breastfeeding. Continue to take your prenatal vitamins and any other supplements, as recommended by your care provider.

## Complications and Infection

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### YEAST INFECTION:

Call your care provider if you notice symptoms of **thrush** (yeast) in either yourself or your baby. Vaginal yeast infections are common during the postpartum period, especially if you or your breastfeeding baby are diagnosed with thrush.

### URINARY TRACT INFECTION:

This is an infection in any part of your urinary system — your kidneys, ureters, bladder and urethra. Most infections involve the lower urinary tract, which includes the bladder and the urethra.

Infection limited to your bladder can be painful and annoying. Serious consequences can occur if a **UTI** spreads to your kidneys.

UTIs are a common postpartum complication, especially if you had a bladder catheter during the birth. Symptoms include:

- A strong and persistent urge to urinate
- A burning sensation during urination
- Passing frequent, small amounts of urine
- Urine that appears cloudy
- Urine that appears red, bright pink or cola-colored – a sign of blood in the urine
- Strong-smelling urine
- Pelvic pain

If you suspect a possible UTI, contact your primary physician. Antibiotics are often prescribed, but rest and increasing your fluid intake will also help facilitate recovery.

### POSTPARTUM PAIN:

Giving birth – either vaginally or via Cesarean – can result in a variety of sources of pain that are considered normal and manageable. Muscle soreness, tenderness in your perineal region, backache, minor headaches and incision soreness are all common sources of pain after giving birth. Follow your care provider's instructions for taking over the counter or prescription medications, especially while breastfeeding.

## Hormonal Changes

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Fluctuations in your hormones after pregnancy and birth can result in a variety of physical and emotional changes. Frequent mood swings in the first ten days after birth occur in about 80% of new mothers. You may find yourself feeling weepy or sad, anxious or overwhelmed. You may also notice changes in your body such as hair loss, profuse sweating, acne or dry skin. Most of these changes are normal. Contact your care provider if you experience changes that concern you or last longer than the expected time period.

## Exercise

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The American College of Obstetricians and Gynecologists (ACOG) recommends gradually resuming exercising as soon as you feel up to it, though your doctor or midwife may want you to wait until your six-week postpartum checkup.

If you exercised throughout your pregnancy and had a normal vaginal delivery, you can safely do light exercise – such as walking and stretching – within days of giving birth. Start slowly and go low-impact. As you regain strength, you can increase your level of activity.

If you had a C-section, check with your doctor first and expect to wait until you recover from your operation before beginning an exercise program. An incision from a C-section takes several weeks to heal. Walking at an easy pace is encouraged because it promotes healing and helps prevent blood clots and other complications.



## Breastfeeding

### Nipple care

Breastfeeding mothers do not need to do anything prior to birth to prepare them for breastfeeding their baby.

### Thrush

A breastfeeding mother may get a yeast infection of her nipples called **thrush**. Baby's mouth may become infected as well, causing the nursing pair to pass the yeast back and forth. Thrush can cause sore, red nipples and severe burning pain. Thrush often needs to be treated medically, but it is not a serious condition.

### Mastitis

**Mastitis** is an infection of the breast tissue that occurs most frequently during the time of breastfeeding. It can occur when bacteria enters a milk duct through a crack in the nipple.

Breast infections most commonly occur one to three months after the delivery of a baby but can occur any time, especially in lactating women. Only 1 - 3% of breastfeeding mothers develop mastitis.

Engorgement and incomplete breast emptying can contribute to the problem and make the symptoms worse. Signs of mastitis include pain, redness and warmth of the breast, along with the following symptoms:

- Tenderness and swelling
- Body aches
- Fatigue
- Breast engorgement
- Fever and chills
- Abscess

Sometimes a **breast abscess** can complicate mastitis. Noncancerous masses such as abscesses are often tender and frequently feel mobile beneath the skin. The edge of the mass is usually regular and well defined. Indications that a serious infection has occurred include the following:

- Tender lump in the breast that does not get smaller after breastfeeding a newborn
- Pus draining from the nipple
- Persistent fever and no improvement of symptoms within 48 - 72 hours of treatment.

**\*If you are nursing, call your doctor if you develop any symptoms of breast infection so that treatment may be started promptly.**



## Alcohol Use and Breastfeeding

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Current research says that occasional, light use of alcohol (1 - 2 drinks) does not appear to harm a nursing child. Mothers who ingest moderate amounts of alcohol can generally return to breastfeeding as soon as they feel neurologically normal. In other words, if you are safe to drive, you should feel safe to breastfeed.

- The American Academy of Pediatrics Section on Breastfeeding notes “the ingestion of alcoholic beverages should be minimized and limited to an occasional intake but no more than 0.5 grams alcohol per kg body weight, which for a 60 kg mother is approximately 2 oz. liquor, 8 oz. wine or 2 beers. Nursing should take place 2 hours or longer after the alcohol intake to minimize its concentration in the ingested milk.”
- Many experts recommend against drinking more than 1 - 2 drinks per week.
- There is no need to pump & dump milk after drinking alcohol, other than for Mom’s comfort – pumping & dumping does not speed the elimination of alcohol from the milk.



## Medication and Breastfeeding

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Always check with your healthcare provider or a lactation specialist if you have questions or concerns about the use of medication while breastfeeding.

## Postpartum Emotions

### Baby Blues

The **baby blues** occur during the first two weeks postpartum due to hormone changes, physical recovery after birth, and sleep deprivation. Many women (up to 80%) will experience the baby blues and may:

- Have mood swings
- Feel sad, anxious or overwhelmed
- Experience frequent crying spells
- Lose appetite
- Have trouble sleeping

*The baby blues are NOT a mood disorder and most often go away within a few days or a week.*

### Postpartum Mood Disorders

Postpartum mood disorders (**PPMDs**) refer to acute mental health issues that occur during pregnancy and throughout the first year after Baby's birth. They include depression, anxiety, OCD and psychosis.

#### THE FOLLOWING FACTORS CONTRIBUTE TO INCREASED RISK:

- A previous history of depression or anxiety
- A history of severe PMS or premenstrual dysphoric disorder
- Extreme mood shifts during puberty
- Medical complications for Mom or Baby
- Traumatic childbirth
- Relationship difficulties
- Lack of support from family or friends
- Being a teen parent

#### 1 IN 5 NEW MOTHERS EXPERIENCE POSTPARTUM DEPRESSION AND/OR ANXIETY. SYMPTOMS MAY INCLUDE:

- Frequent sadness or crying
- Changes in appetite
- Insomnia or hypersomnia
- Intense fatigue with low mood
- Emotional numbness
- Feelings of helplessness and despair
- Irritability, surges of anger
- Feelings of inadequacy, guilt or shame
- Difficulty concentrating
- Indecisiveness
- Anxiety and panic
- Repetitive fears, thoughts or images
- Over-concern for the baby
- Decreased libido
- Lack of feelings for the baby
- Exaggerated highs and lows
- Dramatic changes in feelings ranging from sadness to thoughts of suicide

*Symptoms last longer and are much more severe than with the typical baby blues. PPMDs can begin anytime within the first year after childbirth.*





## Edinburgh Depression Scale

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One of the most commonly used screening tools for postpartum depression is the **Edinburgh Postnatal Depression Scale**, which can easily be completed and scored at home. While the Edinburgh Scale is NOT meant to provide an actual diagnosis for postpartum depression (Mom still has to see her health care provider for that), it IS considered an exceptionally accurate indicator.

If a mother scores high enough on the Edinburgh Scale, there is a high likelihood that she IS suffering from postpartum depression or another postpartum mood disorder.

### CALL A DOCTOR IF:

- Baby blues don't go away after 2 weeks
- Symptoms of depression get more and more intense
- Symptoms of depression begin any time after delivery, even many months later
- It is hard for you to perform tasks at work or at home
- You cannot care for yourself or your baby
- You have thoughts of harming yourself or your baby

Postpartum mood disorders are often treated with counseling and medication and/or hormone replacement. Some antidepressants can be used during breastfeeding with little risk of side effects for your baby. Medication use after diagnosis of a postpartum mood disorder is often temporary.

# Edinburgh Postnatal Depression Scale<sup>1</sup> (EPDS)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Your Date of Birth: \_\_\_\_\_

Baby's Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

Here is an example, already completed.

I have felt happy:

- Yes, all the time
- Yes, most of the time      This would mean: "I have felt happy most of the time" during the past week.
- No, not very often      Please complete the other questions in the same way.
- No, not at all

In the past 7 days:

- |  |   |
|--|---|
| <p>1. I have been able to laugh and see the funny side of things</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> As much as I always could</li> <li><input type="checkbox"/> Not quite so much now</li> <li><input type="checkbox"/> Definitely not so much now</li> <li><input type="checkbox"/> Not at all</li> </ul> <p>2. I have looked forward with enjoyment to things</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> As much as I ever did</li> <li><input type="checkbox"/> Rather less than I used to</li> <li><input type="checkbox"/> Definitely less than I used to</li> <li><input type="checkbox"/> Hardly at all</li> </ul> <p>*3. I have blamed myself unnecessarily when things went wrong</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes, most of the time</li> <li><input type="checkbox"/> Yes, some of the time</li> <li><input type="checkbox"/> Not very often</li> <li><input type="checkbox"/> No, never</li> </ul> <p>4. I have been anxious or worried for no good reason</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> No, not at all</li> <li><input type="checkbox"/> Hardly ever</li> <li><input type="checkbox"/> Yes, sometimes</li> <li><input type="checkbox"/> Yes, very often</li> </ul> <p>*5 I have felt scared or panicky for no very good reason</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes, quite a lot</li> <li><input type="checkbox"/> Yes, sometimes</li> <li><input type="checkbox"/> No, not much</li> <li><input type="checkbox"/> No, not at all</li> </ul> | <p>*6. Things have been getting on top of me</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes, most of the time I haven't been able to cope at all</li> <li><input type="checkbox"/> Yes, sometimes I haven't been coping as well as usual</li> <li><input type="checkbox"/> No, most of the time I have coped quite well</li> <li><input type="checkbox"/> No, I have been coping as well as ever</li> </ul> <p>*7 I have been so unhappy that I have had difficulty sleeping</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes, most of the time</li> <li><input type="checkbox"/> Yes, sometimes</li> <li><input type="checkbox"/> Not very often</li> <li><input type="checkbox"/> No, not at all</li> </ul> <p>*8 I have felt sad or miserable</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes, most of the time</li> <li><input type="checkbox"/> Yes, quite often</li> <li><input type="checkbox"/> Not very often</li> <li><input type="checkbox"/> No, not at all</li> </ul> <p>*9 I have been so unhappy that I have been crying</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes, most of the time</li> <li><input type="checkbox"/> Yes, quite often</li> <li><input type="checkbox"/> Only occasionally</li> <li><input type="checkbox"/> No, never</li> </ul> <p>*10 The thought of harming myself has occurred to me</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes, quite often</li> <li><input type="checkbox"/> Sometimes</li> <li><input type="checkbox"/> Hardly ever</li> <li><input type="checkbox"/> Never</li> </ul> |
|--|---|

Administered/Reviewed by \_\_\_\_\_ Date \_\_\_\_\_

<sup>1</sup>Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786 .

<sup>2</sup>Source: K. L. Wisner, B. L. Parry, C. M. Piontek, Postpartum Depression N Engl J Med vol. 347, No 3, July 18, 2002, 194-199

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## Edinburgh Postnatal Depression Scale<sup>1</sup> (EPDS)

Postpartum depression is the most common complication of childbearing.<sup>2</sup> The 10-question Edinburgh Postnatal Depression Scale (EPDS) is a valuable and efficient way of identifying patients at risk for “perinatal” depression. The EPDS is easy to administer and has proven to be an effective screening tool.

Mothers who score above 13 are likely to be suffering from a depressive illness of varying severity. The EPDS score should not override clinical judgment. A careful clinical assessment should be carried out to confirm the diagnosis. The scale indicates how the mother has felt **during the previous week**. In doubtful cases it may be useful to repeat the tool after 2 weeks. The scale will not detect mothers with anxiety neuroses, phobias or personality disorders.

Women with postpartum depression need not feel alone. They may find useful information on the web sites of the National Women’s Health Information Center <[www.4women.gov](http://www.4women.gov)> and from groups such as Postpartum Support International <[www.chss.iup.edu/postpartum](http://www.chss.iup.edu/postpartum)> and Depression after Delivery <[www.depressionafterdelivery.com](http://www.depressionafterdelivery.com)>.

### SCORING

#### QUESTIONS 1, 2, & 4 (without an \*)

Are scored 0, 1, 2 or 3 with top box scored as 0 and the bottom box scored as 3.

#### QUESTIONS 3, 5-10 (marked with an \*)

Are reverse scored, with the top box scored as a 3 and the bottom box scored as 0.

Maximum score: 30  
Possible Depression: 10 or greater  
Always look at item 10 (suicidal thoughts)

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### Instructions for using the Edinburgh Postnatal Depression Scale:

1. The mother is asked to check the response that comes closest to how she has been feeling in the previous 7 days.
2. All the items must be completed.
3. Care should be taken to avoid the possibility of the mother discussing her answers with others. (Answers come from the mother or pregnant woman.)
4. The mother should complete the scale herself, unless she has limited English or has difficulty with reading.

<sup>1</sup>Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786.

<sup>2</sup>Source: K. L. Wisner, B. L. Parry, C. M. Piontek, Postpartum Depression N Engl J Med vol. 347, No 3, July 18, 2002, 194-199

## Postpartum Sexuality

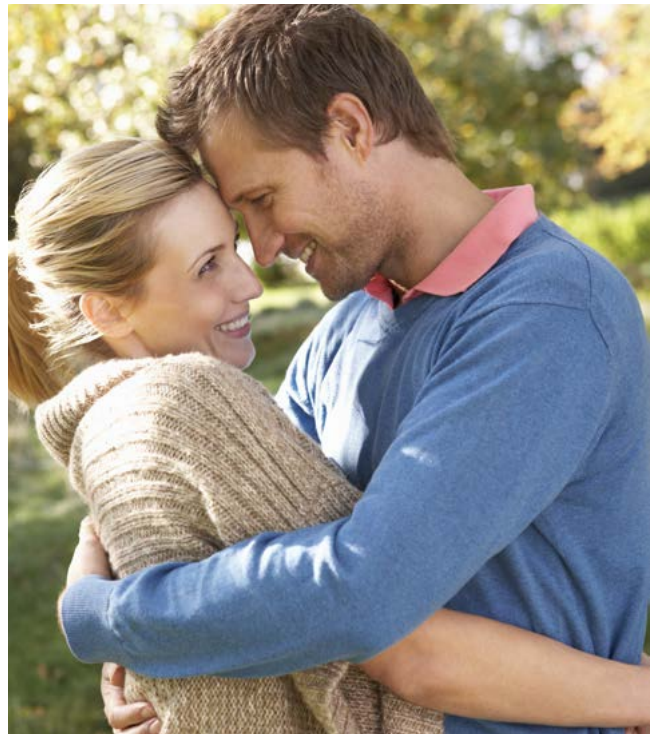
Sexuality in the postpartum period is strongly influenced by a woman's culture, her experience before pregnancy, her physiology and her emotional state of being.

Changes in sexual feelings, desire and self-esteem are NORMAL.

### FACTORS THAT MAY AFFECT POSTPARTUM SEXUALITY:

- Women who undergo episiotomy or laceration and repair may be less comfortable resuming intercourse than those who have not.
- Women who have Cesarean birth may encounter discomfort with intercourse. Cesarean birth does not appear to have protective effects on sexual functioning.
- Breastfeeding may affect sexual desire. Estrogen levels decline during breastfeeding. Decreased estrogen may indirectly affect sexual interest by decreasing vaginal lubrication, which can lead to pain with intercourse. A water-based lubricant can be helpful.

Most researchers report a gradual return to pre-pregnancy levels of sexual desire, enjoyment and frequency of intercourse within a year.



- Remind male partners that for most women, sexual response requires the entire brain.
- Do Kegel exercises to tone the weakened pelvic floor muscles.
- Physical contact with your partner every day is crucial! Hold hands, kiss and hug. This slow, loving and mindful foreplay will make sexual intercourse seem less "scary" in the months to come.

Leaking breasts, intense hormones, sleep deprivation and the major life change that is parenthood can really strain a relationship. Make time for one another, be patient and keep in mind that you're in this together.