

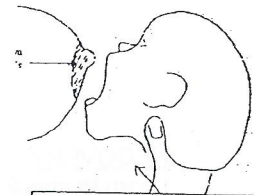
# POSTPARTUM INFORMATION

## THE BABY

### BREASTFEEDING

The baby may or may not suck right away, but we suggest you put her to the breast every 2 – 3 hours so that breastfeeding can be established. Some babies are quite "sleepy": especially in the first 24 hours, but they should not sleep for more than 3 – 4 hours without being woken to feed. In general the baby should be woken to feed every 2- 3 hours, but can sleep once in a full day (24 hours) for a 4-5 hour stretch.

Sometimes when you have fed and changed your baby, she will still be "fussy." This may be gas in her stomach (which may be relieved by rubbing her back, rocking or walking with the baby). When baby is fussy, find a quiet calm space for you and she to be together. Lying in bed with baby skin to skin is sometimes helpful, and let her nurse as often as she wants. Bundling a baby in a receiving blanket may also make the baby feel more secure and less fussy.



Push base of hand firmly against baby's shoulders keeping baby's "uncurled", chin coming in first.

### CORD CARE

The cord should be kept clean and dry. It should be out of the diaper and the diaper folded down enough in front to keep the belly button free of it. The cord should not bleed actively. Once it falls off (usually 5-7 days), you may see a small amount of blood where the diaper or clothing rubs. Alcohol or other cleaning agents are not necessary.

### FIRST FEW DAYS

If the baby is bleeding from anywhere (besides a tiny spot of blood with the first urine, or with a girl, a small amount of blood coming from the vagina soon after birth) you should contact your midwife.

At first a newborn's stool is the colour and texture of tar. Within a few days the baby's stool changes to a very loose, mustard yellow and be "seedy" or "curdy" looking. 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 eating only breastmilk. If the baby has not urinated or passed meconium after the first twenty-four hours, contact your midwife. As it is difficult to assess urination when using disposable diapers, place a paper towel or tissue in the diaper as a liner, which will get wet when the baby pees.

Day 1 – 3	Day 3 – 4	Day 5 - 6
2 – 3 Diapers	3 – 4 Diapers	5 – 6 Diapers

### CONTACT YOUR MIDWIFE

If the baby becomes at all jaundiced (yellow-looking skin or whites of eyes) within the first twenty-four hours of life, contact your midwife. Most babies become jaundice on day 3 or 4. This is a normal process and should gradually resolve after this time. Frequent breastfeeding and exposing the baby to diffused sunlight are recommended to assist with this process.

### SLEEPING POSITIONS

Leave the baby on her back or slightly tilted to the side to sleep. Both positions are safe for healthy full term infants. The current advice is to avoid letting the baby sleep on their stomach or tilted enough to roll onto their stomach.

### BREATHING

The baby's breathing will occasionally be irregular. Coughing, sneezing and crying help clear the baby's lungs the first few days. However, if the baby has a fever, or is gasping and grunting with each breath, or its colour is not pink, or breathing over 60 times a minute contact your midwife.

When awake, the baby should have good muscle tone (flexed arms and legs, grasping hands). If the baby is lethargic, i.e. floppy hands and legs when awake, contact your midwife.

Be careful in choosing commercial baby products. Mineral oils e.g. "baby oil" will absorb vitamins from the skin, olive or vegetable oils will not. It is normal for the baby's skin to peel the first week.