

POSTPARTUM CARE GUIDE

All new parents have hopes and dreams about the birth of their baby. They also have ideas about how their life will change after the baby arrives. This is an exciting time and most mothers envision a relaxing time, away from the pressures and time schedules of their jobs, to get to know the baby. However, the reality of the first few weeks postpartum is, for many new parents, not as carefree as they may have imagined. It is a time of adjustment, learning, adapting to an often demanding little person, and coping on less sleep than usual. Emotions may range from total joy and love to desperately wondering how to get through the rest of the day. Since it may be difficult to think clearly during this time, we recommend that you read and learn as much as possible.

Several suggestions:

Read this guide.

If possible, arrange for help with cooking, cleaning, and housework during the first few weeks.

Childbirth education classes cover the postpartum period and newborn care. Look back on the material you may have received.

Read books and watch videos.

BREASTFEEDING

We are very happy that you have chosen to breastfeed! We wish to support and help you in any way we can to ensure a successful experience. The early weeks are a learning time for mother and baby. If difficulties arise, they can almost always be resolved within the first few weeks. We will attempt to answer the most commonly asked questions here, but please do not hesitate to call with questions.

Many early breastfeeding problems begin as a result of mother and babies being separated in hospitals. You have eliminated that possibility by choosing to deliver at the Birth Center. In the event of a transfer to the hospital, do request full rooming-in, if at all possible.

Early and frequent feeding (every 1.5-3 hours) are essential for good milk production. Breast milk is produced on a supply and demand system, which is triggered by the milk ducts being emptied regularly, even during the first few days prior to milk production. Sleeping babies need to be awakened for feedings every 3 hours. One longer stretch of 4-5 hours at night is allowable. Newborns need 8-12 feedings every 24 hours. If you have a particularly sleepy baby, refer to the handout included in your postpartum packet called "Gentle Waking for Sleepy Newborns."

Length of feedings may vary. It is best to nurse thoroughly (about 15-20 minutes) on one breast and then offer the other breast until the baby is satisfied. Start the next feeding on the breast that you ended with for the previous feeding.

Watch for signs of feeding readiness: sucking on fists, rooting and looking for the nipple, squirming, increased alertness.

Proper latch-on with a wide-open mouth is essential for prevention of sore nipples and for efficient extraction of milk from the breast. We will teach you how to position the baby at the breast and help the baby latch on shortly after the birth. We will review this again at your 24-72 hour visit.

Output is a good indicator of input. By the 4th day, your baby should have 2-4 yellow milk stools (looks like a mixture of mustard and cottage cheese), and should have 6 well-soaked diapers in 24 hours. If you aren't sure if a disposable diaper is wet, put a strip of paper towel in the next diaper.

Your baby will appear healthy, his/her color will be good, his/her skin will be firm, he/she will be filling out and growing in length and head circumference will be alert and active and will seem satisfied after feedings. If you are concerned that your baby is not getting enough milk, please do not hesitate to bring the baby to the office for a weight check. (Please call to verify an appropriate appointment time.)

Most of the time you will feel reassured that your baby has gained weight. Breastfed babies normally lose up to 7% of their birth weight during the first few days of life. By the 4th day, they should begin to gain an average of 1 ounce per day.

A few key points to remember:

All babies have fussy times when they want to nurse frequently. This does not necessarily mean you are not producing enough milk. Note the output!

Babies typically have growth spurts around 2 weeks and again around 6 weeks. They get very demanding for a few days, nurse a lot, and once they increase your milk production, they are happy again.⁵

Babies comfort themselves by sucking. If you are tempted to offer a pacifier, try to wait until after the 2-week check-up. A pacifier can interfere with a baby's learning to suck effectively at the breast, and can substitute non-nutritive sucking for nutritive sucking at the breast, causing slower weight gain. Also, there is evidence that babies who suckle pacifiers have more ear infections.

SORE NIPPLES

When the baby latches on, make sure he is well back on the areola. Pain should subside within a minute or two. If not, release the baby's suction with your finger and start over.

To relieve soreness:

Allow nipples to air dry after each feeding by leaving the flaps down on your bra, or do not wear a bra.

Rub a few drops of breast milk on nipples for a good natural lubricant.

Pure lanolin is excellent. This does not need to be removed prior to nursing.

Tea bags (black) can also be helpful. Steep two tea bags in a teacup of hot water. Allow to steep until the water cools. Remove the tea bags and apply them directly to the nipples. Moisten the tea bags prior to removing them (they may stick) and gently rinse your nipples before the next feeding to remove any residue of tannic acid that remains on the skin.

Try a hydrogel dressing on your nipples. A product called "Soothies" can be bought over the counter at the drug store.

If your breasts are engorged, hand express some milk to soften the nipple and make it easier for the infant to latch on properly.

Try different positions for nursing.

**Call us for help if soreness is severe, cracks develop, or pain lasts longer than 2 weeks.

ENGORGEMENT

You will secrete colostrum which is rich and nutritious for the first few days following the birth. On the 2nd to 4th day you will start to produce milk, and your breasts may swell and become uncomfortable. This is temporary and will resolve itself within 24 to 48 hours. Most of the swelling is simply fluid that will reabsorb into your bloodstream.

Nurse frequently to empty the milk ducts, soften the breast, and encourage good milk production. Warm, moist soaks and hot showers will help relieve the swelling. Ice packs and ibuprofen can also be helpful.

Believe it or not, cabbage leaves are very helpful. Buy a head of green cabbage, cut off the bottom, remove and discard several outer leaves to remove pesticides. Refrigerate, and once cool, tear off two large leaves. Apply them to the breasts (they will fit nicely) and leave them on for 20 minutes or until they wilt and smell like they are cooking. Do this every 4 hours. Many women describe instant and amazing results. You may run a low-grade fever (100 degrees) during engorgement.

BREAST INFECTIONS

If you are experiencing a sore lump on your breast, or notice a red, very tender area, you may have a clogged duct. This is simply thickened milk in the duct that is preventing milk flow.

To relieve a clogged duct:

Apply warm compresses to the area every 3 hours.

Nurse frequently on the sore breast.

While nursing, gently massage the sore area to express the lump out towards the nipple.

Get rest and drink plenty of fluids. If you develop a fever and muscle aches and pains, you may have a breast infection, or mastitis. Follow the same instructions and also call us. You may need to take antibiotics. This is not a reason to stop breastfeeding.

To prevent further episodes:

Avoid any pressure on any area of the breast, such as from a bra or from sleeping on the breast

Nurse in various positions to facilitate emptying all the ducts

LACTATION SUPPORT

The staff at NBBC is interested in helping you have a successful breastfeeding experience. Therefore, lactation support is an integral part of your postpartum care at the Birth Center. We are happy to provide you with contacts for professional lactation consultants, as well.

BOTTLEFEEDING

Your milk may not come in for 3 or 4 days. We no longer use medications to suppress milk flow because of their high failure rate. Instead, if your breasts become full and sore, bind them tightly with a snug-fitting bra, or with a towel fastened with safety pins. Do not try to express milk as this will just make more milk. Use ice packs to reduce swelling and take Tylenol (2 regular strength tablets every 3-4 hours) or Ibuprofen (800mg every 8 hours) for discomfort. The fullness will pass in a few days. Cabbage leaves will also help to reduce milk supply and swelling.

UTERUS

After birth, the uterus contracts in order to slow bleeding from the placental site. Breast-feeding stimulates uterine contractions ('afterbirth pains') and helps this process. Check your uterus several times a day for firmness. It should feel like a grapefruit, just below the navel. If you cannot feel it, empty your bladder, lie down flat and try again. If you still cannot feel it, call us.

CRAMPING ("AFTERBIRTH PAINS")

To ease the cramps, make sure you empty your bladder frequently, even if you don't feel the urge to go. A heating pad or ice pack on your stomach may help. It is okay to take Ibuprofen or Tylenol for cramps, if necessary. The cramps are worse the more babies you have. Let the midwife know if the Ibuprofen or Tylenol isn't working. Do NOT take aspirin. The cramps will usually last 2-3 days.

LOCHIA

For the first few days after the birth of your baby, there is usually a moderate amount of bleeding from your vagina called lochia. When you stand up from a reclining position, red blood that has collected in your upper vagina will come out. There may be some clots. When you nurse your baby, your uterus contracts and may cause a gush of blood. In the first few days, the flow should not be more than a heavy period. By 10 days, it is usually just a light whitish, pinkish, or brownish discharge. It will have the odor of your menstrual period. If your discharge slows and lightens in color and then turns bright red again, you may be overdoing it. You should slow down, rest, and nurse frequently.

HEAVY BLEEDING

You should not bleed heavier at home than you did at the birth. If you are:

Changing your pad more than once an hour, or

Passing blood quickly from your vagina, or

Passing clots the size of lemons or larger or tissue, Lie down and massage your uterus firmly by pushing in on your belly and rubbing in a circular motion. CALL US IMMEDIATELY

PERINEUM

After birth, minor tears of your perineum and vagina usually heal spontaneously. Your perineum may feel generally sore, and may burn even if you have no tears or episiotomy. It may take as long as 2-6 weeks to heal. If you had stitches, they will be absorbed and do not need to be removed.

During and after urinating, use the warm spray from a squirt bottle to help decrease burning and keep your perineum clean. Use an ice pack to relieve discomfort and swelling during the first 24 hours. Helpful hint: we soak a pad in water, fold it in half and freeze it.

After the first day, warmth is best to heal your perineum. We recommend the following:

Sitting in a warm bath 2-3 times a day speeds healing

Comfrey and other herbal compresses are fine to use

Air drying the stitches will help with healing.

Vitamin E in your diet or directly applied in oil to stitches is helpful

Tucks pads or witch hazel compresses against the perineum may provide comfort. The stitches may be annoying. They may become itchy when they start to heal (in about a week) but they shouldn't cause sharp pain. With or without stitches any extreme discomfort should be checked. Do Kegel exercises several times a day. The stitches dissolve in 2-3 weeks.

INFECTION

Uterine, bladder, and breast infections occasionally occur in the postpartum period. If you have any of the following symptoms, call the midwives:

Temperature greater than 100.4 degrees.

Chills and sweating

Foul-smelling vaginal discharge or pus in discharge

Feeling overall tired, achy muscles, weakness, or just feeling unwell

Uterine tenderness, other than the cramping

Breasts with red streaks, swelling, or pain (other than initial engorgement)

Bladder: low abdominal or back pain or pain with urination

DIET

You will likely be very thirsty following birth. Be sure to drink at least 3 quarts of fluid a day to replace the fluids lost during birth. Eat when you are hungry the first few days, and as you resume your normal eating pattern, remember that while nursing you should eat a healthy, balanced diet like you did when you were pregnant. This means plenty of protein, calcium, fruits, and vegetables daily. Milk is an excellent weight simply by nursing, and later by exercise. By the time you come for your 6-week check-up, you will probably have lost 15-25 lbs.

The ideal diet for a nursing mother provides roughly 500 calories more than her pre-pregnancy diet, including 65 grams of protein. We also recommend that you take a multi-vitamin with folic acid. An alternative to the current USDA Food Guide Pyramid follows on page 11.

ELIMINATION

Urinate frequently. It is important to keep your bladder empty to allow your uterus to contract. Drink plenty of fluids to promote kidney function.

You should have a bowel movement within a few days after the birth. Hemorrhoids may cause discomfort. Straining to have a bowel movement may make hemorrhoids worse. Increased fluids, fiber, fresh fruits, and vegetables will help keep stools soft. If you are having difficulty with hard stools and diet doesn't correct the problem, try using a stool softener such as Colace (over the counter). The same remedies that will help stitches will help hemorrhoids.

ACTIVITIES

The work of childbearing is equal to a 50-mile hike in one day. So, plan to rest well the first week after birth and then gradually increase your activities.

A mother who is sleep-deprived is more prone to postpartum depression, infection, bleeding, and breastfeeding problems. Your baby will sleep, and you must sleep when the baby does. Since family and friends will all be anxious to hear the exciting news, we highly recommend a detailed birth announcement on your answering machine as soon as you get home (or on your cell phone(s)). Callers will be satisfied as long as they know you are both safe, and the weight and sex of the baby. You can call them back when you have the time and energy to talk.

If you have other children, we suggest that family and friends assume your daily household responsibilities for at least one week after birth. Rest and quiet with our newborn is of utmost importance. Many women who are accustomed to running a busy household, working, and handling many tasks simultaneously, have difficulty accepting offers of help. Please resist those urges to attempt to do it all right now, and let friends bring casseroles, run errands, or watch your other children while you nap.

EXERCISE

Postpartum exercises hasten recovery by strengthening the muscles of the back, pelvic floor, and abdomen. Exercises also increase blood circulation, thereby helping to prevent complications. Exercising may also start you on the road back to your pre-pregnancy size and shape. Suggestions include:

Kegel Exercises:

Kegels will speed the healing of the perineum by increasing the blood flow to the area and restoring the elasticity of the perineal muscles. Do this simple tightening and releasing exercise as often as you think of it. You may start as soon as you like after birth.

Tighten the muscles you use when trying to hold back urine.

Hold for a count of 3

Release

Repeat 5 times. Try not to tighten your buttocks when doing the Kegels

Leg Slides:

Leg slides can be done as soon as you like. They tone abdominal and leg muscles. 1. Lie flat on your back with your knees bent.

Inhale and slide your left leg away from you until it is straight.

Exhale and slide your left leg back to the bent position.

Repeat with your right leg

Do 3-5 repetitions with each leg several times a day.

Head Lifts:

Head lifts can be done as soon as you like. They will tone abdominal and neck muscles. Do the head lift slowly, without jerking.

Lie on your back with your knees bent.

Inhale and relax

Exhale slowly while lifting your head off the floor or bed

Inhale slowly and let your head back down

Repeat 5 times. As your muscles get stronger, try to keep your head raised for a slow count of 3.

When your abdominal muscles no longer tremble with the head lift, you'll be ready for ready for the shoulder lift.

Shoulder Lifts:

This exercise tones the abdominal and neck muscles

Lie on your back with your knees bent

Inhale and relax

Exhale slowly while lifting your head and shoulders off the bed or floor (approximately 8 inches)

Hold the position for a count of 3

Inhale slowly and let your head back down

Other suggestions include: join a postpartum exercise class or take a brisk 30-minute walk daily, gradually increasing the length of time. Swimming is also a good and safe exercise.

SEX

After your bleeding stops, it is okay to have intercourse again as soon as it feels comfortable for you. During the postpartum period, you may find that your vagina is dry and tender and your response to sexual stimulation may be slower than it was during pregnancy. With arousal or orgasm, milk may flow from your breasts. Relaxation before love-making along with a body massage and the use of a water soluble lubricant like K-Y jelly will help. If intercourse is resumed before 6 weeks, be sure to use contraception. Foam and condoms are effective.

Although you may feel physically okay, your desire to make love may be dormant for a varying length of time. Some women feel this way for as long as they are breastfeeding, whether 2 months or 2 years. This may be due to the physical contact of breastfeeding or to the altered hormone levels. Many women feel all of their energy going to the baby, and their partner ends up feeling neglected. The woman may feel that because she does not want to make love, she must avoid physical affection. Touching may be forgotten. All these changes can cause great stress in the relationship, especially if there is no communication on the topic. Communication is essential to understanding and accepting each other's needs. With knowledge of what to expect, both people can be free to express their affection in whatever way is comfortable for both of them.

POSTPARTUM BLUES AND DEPRESSION

Many women experience the "baby blues" during the days after giving birth. Despite your lovely newborn and all the joy he brings, your body is experiencing a rapid hormonal shift after birth and as breastfeeding is being established. This can lead to rapidly changing emotions which can be experiencing, such as after birth pains or engorgement. Women report feeling down, being easily upset, and frequent crying for unknown reasons. Some women also feel a sense of physical loss after giving birth, as they are no longer pregnant. These are all normal feelings but if these feelings persist, are intense, and/or are accompanied by feelings of harm to yourself or others (including your baby), you may be experiencing postpartum depression. This is a serious condition and needs to be evaluated by your midwife quickly.

NEWBORN CARE GUIDE

TEMPERATURE

Keep your baby warm, dry, and out of drafts. Babies usually feel comfortable wrapped rather securely. Generally, they need one more layer of clothing than you do. The head is a large surface area, so keep a hat on your baby's head in cool weather, as body heat can be lost rapidly.

Check your baby's temperature twice a day for the first 2 days life. You can check the temperature by holding the thermometer under the baby's armpit for 3 minutes (or until a digital thermometer beeps). The temperature should be between 97 and 100 degrees. If it's low, wrap the baby well and cuddle him/her, then recheck in 30 minutes. If high, unwrap the baby and make sure he/she is not too warm. If the temperature is still abnormal please the on-call midwife or your pediatrician.

BREATHING

A newborn's coughing, sneezing, and crying all help to clear out the baby's lungs. It is normal for babies to gag up as much as a couple of tablespoons of mucous. If necessary, you can help remove it with a bulb syringe.

It is recommended that you leave your baby sleeping on his back (with his side as an alternate), to reduce the risk of SIDS (Sudden Infant Death Syndrome).

Generally a newborn's breathing will be irregular, and it may even look like the baby has stopped breathing. Between 30 and 60 breaths per minute is normal for a sleeping infant. If there is a constant, sustained, respiratory rate over 60 breaths per minute, or if the baby is gasping or grunting (breathing with a mewing sound), or if the baby's color is blue or gray, see a doctor or call the birthing center immediately.

Babies are nose-breathers and do not know how to breathe through their mouths. They often sound stuffy due to mucous, dust, or lint in their nasal passages, and they may sneeze. These babies do not have colds. The condition is normal and will clear itself. Also, the nose may be temporarily flattened or pushed to one side from birth. This is normal and will quickly right itself.

JAUNDICE

Check your baby for jaundice (yellow-looking skin or eyes) under natural light conditions. A deep orange or yellow color extending to the arms and legs at any time should be medically evaluated. Jaundice and lethargy combined could be serious. Mild jaundice is normal and common, especially around the 3rd and 4th day.

Prevention:

Feed the baby frequently as this helps to prevent dehydration and move the meconium out.

Feed the baby in the sunniest window you have.

Place the baby's bed near a closed, sunny window while he sleeps. Be sure to protect the baby's eyes from direct sun. The sunlight helps the body clear the yellow color, which is caused by bilirubin deposited in the skin.

Newborn screening ("PKU")

The newborn screening test is also called the "PKU". It is a blood test to determine whether or not your baby has a disease which interferes with protein metabolism. If left undiagnosed and untreated, it can lead to mental retardation. This condition is very rare. The newborn screening also tests for many other inborn errors of metabolism (thyroid, sugar problems, etc.). We will complete this test at the 3 day postpartum visit. The results of the test are sent to our office 2 weeks after the test is done.

BATHING

Babies are naturally clean and do not need to be cleaned every day. Vernix (the creamy white coating on the baby's skin) can be allowed to absorb into the skin. Meconium can be washed off with warm water, or oil will remove it easily if it is dried on the skin. When bathing, use a mild soap like unscented dove. Be sure to rinse well and dry the baby right away. Give the baby sponge baths until the cord falls off. Be sure to clean in the skin folds and creases of the thighs and neck and behind the ears. Sometimes a baby's skin gets very dry and cracks around the ankles and wrists. Weleda or Burt's Bees baby oil are both nice natural products. Olive oil or cooking oil will also work. If all of the above fail, over the counter Eucerin cream can be tried.

CORD CARE

The cord should be kept about the diaper (fold it down in front to keep the belly clean and dry). Apply rubbing alcohol to the cord once a day. The cord stump has no nerve endings and this will not hurt your baby. The stump should fall off within two weeks.

Call us if the cord has any of the following:

Starts to smell bad

Has a discharge

Redness develops around it

EYES

Most babies have bluish-gray eyes at birth. It sometimes takes 6 months before the true color is apparent. Babies are able to see immediately and see best at a distance of approximately 12 inches. Studies have shown that the newborn prefers to look at the human face. A newborn held in a parent's arms will look right at the face. Babies sometimes will appear cross-eyed until 6 months of age. Newborns often develop discharge from their eyes. To clean the eyes, gently wipe from the outer to the inner part of the eye with a soft wet cloth. Gentle pressure on the upper portion of the nose can also release additional discharge from its source, the lacrimal duct. If you have any questions, please call the office.

DEHYDRATION

Remember to be aware of urine output and by the 4th day you should be able to count 6 wet diapers in 24 hours. Consult the midwife on-call immediately if you suspect signs of dehydration, or if you are having difficulty feeding your baby.

Signs of dehydration include:

Few wet diapers (to be sure a disposable diaper is wet, place a piece of paper towel in it with each change)

The skin around the baby's eyes looked wrinkled

The eyes appear sunken

The eyes seem to protrude

WET DIAPERS

If your baby has not had his first wet diaper by the time you leave the birth center, we will ask you to watch for the first void. Please call the midwife if your baby has not peed within the first 24 hours of life. Wet diapers may be infrequent during the first 3-4 days. It is also very common to see a smear of pink substance (looks like brick dust) in the diaper during the first few days. These are uric acid crystals and they should disappear after you start producing milk and your baby begins to have more wet diapers. Please call the midwife if you are still seeing pink smears in the diaper after the 4th day. Note: This is different from the bloody discharge sometimes experienced by female babies.

STOOLS

A newborn's first stools, called meconium, are the color and texture of tar and have no odor. Within a few days the stool will change to a lighter green with milk curds in it, and then to a loose, yellow, mustardy texture. By the 4th day, breastfed babies should have 2-4 stools started, but if the stool is loose, this is not a sign of constipation. Constipation is pellet-like, small hard balls (like rabbit poop).

Formula-fed baby stools soon change to a paste-like, more formed stool with an odor. Formula-fed babies should have a daily bowel movement.

CIRCUMSION

This is no longer a routine procedure, and it is considered optional by the American Academy of Pediatrics. If you decide to have your son circumcised, we can refer you to a pediatric urologist in your area.

GENITALS

Males:

The foreskin covers the glans of the penis and is not retractable. It should not be forced. If the baby is not circumcised, the foreskin will gradually stretch as the baby grows. Only 4% of boy's have foreskins you can pull back at birth. By 3 or 4 years of age, 90% of them will pull all the way back. If the foreskin is loose and retractable, wash the penis daily, pulling the foreskin back as far as it will go. Use soap and water then rinse thoroughly.

Females:

The labia may appear puffy and swollen from the mother's hormones. A slight mucous or bloody discharge from the vagina may occur during the first week. This is caused by the mother's hormones. Don't be alarmed if you see it in the baby's diaper.

Breasts of both males and females may be enlarged due to the mother's hormones. Usually this disappears with time.

SKIN

Babies usually have very soft, pink, smooth skin. Some babies have blue hands and feet due to sluggish circulation after birth. Keeping the baby warm will help this. Babies who are overdue may develop dry, flaky skin with lots of peeling. They may even crack and bleed in the creases of the hands and feet. It may look alarming to the parents, but rest assured that after the peeling has ended, it will be soft and pink. A light application of oil in the cracks may help dry skin.

Newborn rash

Many babies develop what we call newborn rash. It typically looks like mosquito bites, and the red spots often have a white spot in the center. The spots will come and go spontaneously and do not need to be treated. Be assured this is not an allergic reaction and will go away on its own.

Milia

Milia are tiny white dots that often appear on the nose and face. They resemble little whiteheads and will also disappear without treatment.

Mongolian spots

Mongolian spots are irregularly shaped, bruise-like spots that may be present on the lower back and buttocks of dark-complexioned babies. This is due to the presence of pigment in deep skin layers. It usually disappears by about 4 years of age.

GROWTH SPURTS

Typical growth spurts occur at 2 weeks, 6 weeks and 3 months. The baby will be very hungry and fussy, but not sick.

STIMULATION

Infants enjoy music and need to get used to sound. They are attracted to contrasting colors like black and white. If you have a red ball of yarn or a red ball, hold it 12 inches from the infant's face and see how far he/she eyes will track the ball. It is never too early to begin reading to your baby. The American Academy of Pediatrics recommends that parents discourage television viewing in children less than two years and encourages interactive activities such as talking, playing, singing and reading.

To awaken a baby, try rubbing the soles of the feet and the palms of the hands.

HEARING SCREEN

Babies learn best by listening. If a baby can't hear, speech and language will not develop normally during the most critical years from birth to age 3. Since babies cannot tell us that they cannot hear, a hearing screen is necessary.

The method used is called ALGO. The test is performed while the baby is sleeping and takes approximately 15 minutes.

Starting on July 17, 2013 we will begin hearing screens in our office. This will be done after birth and if needed at the 3 day postpartum visit.

NEWBORN CARE PROVIDERS

We strongly recommend that you interview the health care provider of your choice during the prenatal period. It is imperative that you feel comfortable with your child's care provider. This may be a Family Practitioner, Pediatrician, or Nurse Practitioner. We are happy to discuss your preferences with you and make a recommendation.

YOUR CONTINUING RELATIONSHIP WITH US

It is an awesome and wonderful feeling knowing you have created a whole new person, but sometimes the responsibility of parenting is overwhelming. If you are feeling exhausted, frustrated, or generally depressed, please remember that we can offer support, and practical suggestions for your parenting.

Many mothers have expressed feeling sad at their 6-week check-up that their frequent contact with us had come to an end. Please know that we do not feel that the relationship has ended. We would like to provide you with primary women's health care for many years. We see women from teens through menopause and we are always willing to answer questions as your baby grows. We all enjoy seeing you and your baby now and then if you have a minute or two to stop by the office. We may not always have a lot of time to chat, but we do love to see you.

FEEDBACK

We are always interested in feedback about our services and we do respond to your comments by making changes in our routines. You will have access to an online survey through our website under Reviews. We enjoy positive feedback, but we also want to know if there was something you were not happy about and/or any suggestions you may have for improvement.

DANGER SIGNS IN THE NEWBORN

Call the nurse-midwife at any time if your baby has any of the following:

Temperature under 97 or over 100.3 Take the temperature under the arm for 3 minutes. Try an extra blanket or less covering first. Recheck the temperature in 30 minutes

Weak, lethargic(hard to wake up), limp or stiff

Has difficulty breathing or is making grunting sounds with each breath

Difficult to arouse, i.e. doesn't wake up and cry or move about when you change the diaper

Weak or high-pitched cry

Refuses to feed or throws up repeatedly

Appears wrinkled or hollow-eyed All of the above are potential signs of illness in the newborn. Mothers who tested positive for Group B Strep during pregnancy should be particularly aware of these signs. However, babies can become infected even when mom tested negative. If you cannot reach the nurse-midwife, call your baby's physician, if you have one, or take the baby to the Hospital Emergency Room.

On-Call Midwife 704-761-8077

DANGER SIGNS IN THE MOTHER

Call the nurse-midwife at any time of day or night if you experience any of the following:\

Severe headache unrelieved by Tylenol or Ibuprofen, rest and fluids

The following symptoms may be related to a uterine, bladder, or breast infection: oo Temperature greater than 100.4 F

- o Chills and sweats

- o Foul-smelling vaginal discharge or pus in discharge

- o Feeling overall tired, achy muscles, weakness, or just feeling unwell

- o Breasts with red streaks, lumps or pain (other than initial engorgement) o Low abdominal or back pains or pain with urination

Heavy vaginal bleeding. You should not bleed heavier at home than you did at the birth. If you are:

- o Changing you pad more than once an hour, or

- o Passing blood quickly from your vagina, or

- o Passing large clots or tissue (lemon size or larger)

Lie down and massage you uterus firmly by pushing in on your belly and rubbing in a circular motion. CALL US IMMEDIATELY

Severe perineal discomfort, regardless if you have stiches or not.

The following symptoms may be related to blood clots deep in your circulatory system: o Warmth, redness, firmness, pain/tenderness in your calves

- o Chest pain

- o Shortness of breath