



Montana Birth and Midwifery

H O M E B I R T H S E R V I C E S

POSTPARTUM CARE AND NORMAL NEWBORN

General Activity – In general mothers who give birth at home feel really good quite quickly and want to be active. We encourage 3 days in bed, 3 days around the bed and 3 days around the home. This doesn't mean you cannot get up at all indeed you should, but for those first few days relax and drink in your newborn. **Eat, nurse, sleep repeat!** These are precious hours and days. Do your very best to rest, recover and enjoy your family.

MOM

Uterus – Your uterus should feel firm below your belly button. If you are bleeding more than you have been reach down and gently massage your uterus. Your team will have shown you and your spouse how to do this. Your uterus, fairly noticeable now, will begin to descend toward your pubic bone a little more each day, approximately 1 finger breath per day. By your 2 week visit it should be tucked back behind your pelvic bone.

Bleeding – Keep your bladder empty. The first few days will be similar to your period. If you soak more than 1 pad in 1 hour (this means soaked through and dripping) massage your uterus and call your midwife. It is likely you will see a few clots, this is normal, and more likely to occur if you have been lying down. Large clots, the size of a golf ball are not normal, if this occurs call your midwife. You may also have a surge of bleeding if you have been lying down, this is also okay and means blood as pooled while lying down. You will notice the bleeding be bright red the first few days and generally decreasing in amount as well changing to pink and later brown. Your bleeding should never smell foul. Period blood has a distinct earthy odor and postpartum bleeding should smell similar. If your bleeding increase with activity then you are doing to much. Go back to bed.

Perineum –Use the herbal pads your birth team placed in the freezer or use the herbal rinse in the peri bottle to wash your vaginal and perineal area after voiding your bladder. If you had a repair be sure to gently wipe front to back after voiding. Move cautiously and keep legs together so tissues remain approximated.

Bowels and Bladder – You will likely have already voided prior to your birth team leaving your home. Use your peri bottle to rinse off after voiding. Do not delay in having a bowel movement, and be sure to wipe front to back. The longer you wait the more uncomfortable it may be. Drink plenty of water.

Breasts and Breastfeeding – Breastfeeding calls for good carbs. Be sure to eat whole foods and drink plenty of fluids in the first days after birth. Nourish yourself and you will be readily able to nourish your baby. Nurse on cue, the more you nurse the more milk you will make. Keep in mind your milk will most likely come in by the fourth day. If it does not come in by day four, call your midwife. Babies generally eat 10-12 times per day. They may tank up in the first 24 hours and then take a short break in the next 24 hours. This is acceptable. Remember, they too worked hard in birth.

An Optimal Latch – Contrary to what we often hear breastfeeding should not be painful. Call the midwife prior to your nipples being cracked or traumatized. Be sure to place your baby's nose to your nipple. Point the nipple up to the roof of their mouth and towards the back of the throat. A good latch will take nipple and a large portion of the areola into the mouth, lips will be flanged and will more of a rocking motion rather than a suck, suck, suck motion.

Sex – You know your body. You may return to sexual activity when you are comfortable and ready. For some women this is near 6 weeks and for others it will be much later. If you had a repair, you will want to wait longer. Be sure your midwife has assessed your repair prior to sexual activity. Be sure to use sufficient imbrication. Breastfeeding hormones can cause some dryness. Keep in mind you can become pregnant again in the weeks following birth. If you are exclusively breastfeeding you should be protected through breastfeeding amenorrhea, but be cautious and aware that ovulation is still possible, even prior to the periods return.

When to Call the Midwife:

Excessive bleeding

Breast, uterine, vaginal, perineal tenderness

Fever

Or at any time where you are concerned something is no longer normal.

BABY

Warmth – Babies cannot regulate their temperature. It is important to keep them skin to skin for the first 72 hours. This means baby in diaper and on mom's bare chest. A mother will regulate her core, between the breast to meet the temperature needs of her newborn. A baby should maintain an axillary temperature of 96° -99° . Remember, when taking a temperature under the arm always add 1° .

Breathing – A baby will breath 30 - 60 breaths per minute. Their breathing will be irregular. Be sure to listen for one full minute when counting their breaths. A baby should never struggle to breath or be labored. Flaring nostrils, or skin that wraps around sinks between the ribs is not normal and you should call the midwife. Sneezing is normal.

When to Call the Midwife:

Baby's temperature is less than 96° and greater than 99°

The umbilical cord is red or smelly

Baby is grunting, laboring to breath or has nasal flaring

Baby does not take to the breast and will not nurse