

Nascentia Health

TOMORROW'S HEALTHCARE TODAY

Healthy Moms



Patient Name _____ Clinician Name _____

Things I'd like to discuss with my clinician:

Maternal Health S.M.A.R.T Goals

Specific **M**easurable **A**ttainable **R**elevant **T**imely

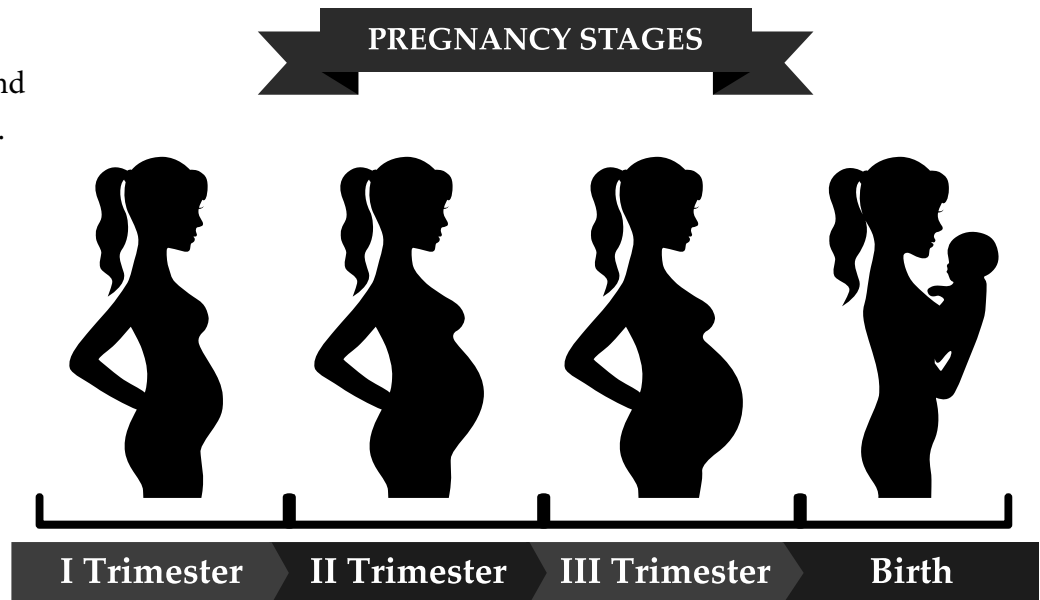
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Before your baby arrives

You're Having a Baby!

A normal pregnancy lasts around 10 months and has 3 trimesters.

The first trimester begins when your baby is conceived and lasts for 13 weeks, or three months. Month one spans from week one to week four of pregnancy; month two begins at week five and lasts until week eight; and the third and final month of the first trimester spans weeks nine through 13.



Prenatal Care

Prenatal care is the health care you get while you are pregnant. It includes your checkups and prenatal testing. Prenatal care can help keep you and your baby healthy. It lets your health care provider spot health problems early. Early treatment can cure many problems and prevent others.

Get Regular Prenatal Checkups

You'll need many checkups with your doctor or midwife during your pregnancy. Don't miss any of these appointments—they're all important

Common Signs of Pregnancy

Pregnancy symptoms vary from woman to woman. A woman may experience every common symptom, just a few, or none at all. Some signs of early pregnancy include:

- **Slight bleeding.** 25% of pregnant women experience slight bleeding or spotting that is lighter in color than normal menstrual blood. This typically occurs at the time of implantation of the fertilized egg (about 6 to 12 days after conception) but is common in the first 12 weeks of pregnancy.
- **Tender, swollen breasts or nipples.** Women may notice this symptom as early as 1 to 2 weeks after conception. Hormonal changes can make the breasts sore or even tingly. The breasts feel fuller or heavier as well.
- **Fatigue.** Many women feel more tired early in pregnancy because their bodies are producing more of a hormone called progesterone, which helps maintain the pregnancy and encourages the growth of milk-producing glands in the breasts. In addition, during pregnancy the body pumps more blood to carry nutrients to the fetus. Pregnant women may notice fatigue as early as 1 week after conception.

Before your baby arrives

- **Headaches.** The sudden rise of hormones may trigger headaches early in pregnancy.
- **Nausea and/or vomiting.** This symptom can start anywhere from 2 to 8 weeks after conception and can continue throughout the first trimester. Commonly referred to as “morning sickness,” it can actually occur at any time during the day. This may re-occur toward the end of pregnancy.
- **Food cravings or aversions.** Sudden cravings or developing a dislike of favorite foods are both common throughout pregnancy. A food craving or aversion can last the entire pregnancy or vary throughout this period.
- **Mood swings.** Hormonal changes during pregnancy often cause sharp mood swings. These can occur as early as a few weeks after conception.
- **Frequent urination.** The need to empty the bladder more often is common throughout pregnancy. In the first few weeks of pregnancy, the body produces a hormone called human chorionic gonadotropin, which increases blood flow to the pelvic region, causing women to have to urinate more often.

Braxton Hicks Contractions

Braxton Hicks contractions are the “false” labor pains that a pregnant woman might have before “true” labor. They’re your body’s way of getting ready for the real thing—the day you give birth—but they are not a sign that labor has begun or is getting ready to begin.

Some women describe Braxton Hicks contractions as tightening in their belly that comes and goes. Many say they feel like mild menstrual cramps. Braxton Hicks contractions may be uncomfortable, but they don’t cause labor or open your cervix.

Braxton Hicks contractions:

- Usually aren’t painful
- Don’t have a regular pattern
- Don’t get closer together
- Don’t last longer as they go on
- Don’t get stronger over time
- May stop when you change activities or positions
- Are felt only in your belly
- Taper off and disappear

You may have Braxton Hicks contractions during your third trimester or as early as your second trimester. They’re normal and nothing to worry about. If unsure, you may lay down on your left side and drink plenty of water and see if it improves or gets worse.

(UTI) Urinary Tract Infection

A UTI is a bacterial infection in the urinary tract. You may have a UTI if you have:

- Pain or burning when you use the bathroom.
- Fever, tiredness, or shakiness
- An urge to use the bathroom often
- Pressure in your lower belly
- Urine that smells bad or looks cloudy or reddish
- Nausea or back pain
- Contractions
- Pre-term labor

If you think you have a UTI, it is important to see your health care provider. He/she can tell if you have a UTI by testing a sample of your urine. Treatment with antibiotics to kill the infection will make it

Before your baby arrives

better, often in one or two days. Some women carry bacteria in their bladder without having symptoms. Your health care provider will likely test your urine in early pregnancy to see if this is the case and treat you with antibiotics if necessary.

Shortness of Breath

As your pregnancy progresses, you may start to feel winded even after minimal physical exertion. Pregnancy hormones are to blame for taking your breath away. Although mild breathlessness can be uncomfortable, it's totally normal. It's also completely safe for your baby, who remains continually well-oxygenated via your placenta. Shortness of breath often starts during the second trimester of pregnancy. In the third trimester, breathlessness may increase as your baby continues to grow.

If you experience shortness of breath that's sudden, severe, or associated with chest pain or a faster pulse, call your Nascentia nurse first at 315-477-4663.

Vaginal Discharge/Spotting/Irritation

Changes to the cervix during pregnancy also affect vaginal discharge. As the cervix and vaginal wall soften, the body produces excess discharge to help prevent infections.

Abnormal discharge may be a sign of infection as well as a complication in your pregnancy.

It's important to let your healthcare provider know about any abnormal discharge, as it could be a sign of an infection or a problem with your pregnancy. Here are some signs of abnormal discharge:

- Yellow, green, or gray color
- Strong and foul odor

- Accompanied by redness or itching, or vulvar swelling

It is very important to call your healthcare provider immediately if you have bright red discharge that exceeds an ounce. This could be a sign of placenta previa or placental abruption.

Healthy Vaginal Discharge	Abnormal Vaginal Discharge
<ul style="list-style-type: none">• Clear or whitish in color• Slight odor that isn't strong smelling• Can leave a yellowish tint on your underwear• Changes in consistency throughout menstrual cycle	<ul style="list-style-type: none">• Changes in consistency• Appears yellow, green, or gray• Resembles cottage cheese in color and consistency, and you have vaginal itchiness• Looks foamy or frothy• Has a strong smell of fish, yeast, or another odor• Is brown or blood stained

Vaginal and Pelvic Pressure

As your pregnancy progresses, your little one gets all the more snugly against your organs, hips, and pelvis. That puts more stress on everything! Another likely reason for all that pelvic pressure in the later months of pregnancy is the hormone relaxin. It helps loosen your ligaments as you move closer to childbirth, but it can affect your pelvic joints, too. Some women experience pain near their pubic bone and the sensation of shaky legs.

Vaginal pressure in this area can feel similar to the ache you experience with a bowel movement. You might also notice aching in your lower back.

Pain in your pelvic region is hard to mistake for pressure. When you're experiencing pain in this area, it's usually sharp enough that you'll have a hard time

Before your baby arrives

walking or even talking through it. In that case, you should contact your doctor right away.

Other reasons to call your doctor immediately include:

- Pelvic pain so intense that you can't walk or talk
- Severe headache
- Dizziness
- Sudden swelling of your hands, face, feet

Go to the emergency room or call 911 if you're experiencing vaginal or pelvic pain in addition to other symptoms, including a fever, chills, or vaginal bleeding.

Leg Veins and Swelling

Weight gain from pregnancy can cause your legs and ankles to swell. The problem can be worse with extra fluid retention, so make sure to drink plenty of water and avoid salty foods. The extra pressure in your lower extremities may lead to spider veins and varicose veins. Take pressure off of your legs by resting with your feet up when you can.

Rapid and painful swelling in your legs and ankles could be a cause for concern. Tell your doctor about any sudden swelling, so they can rule out a potentially life-threatening condition called preeclampsia. It's marked by extremely high blood pressure, protein in the urine, and sometimes headache and upper-right abdominal pain.

Preeclampsia

Preeclampsia is a serious condition that makes regular prenatal visits even more important. The condition typically occurs after 20 weeks of

pregnancy and can cause serious complications for mom and baby. Teenagers, women 35 and older, and women pregnant with their first baby are at a higher risk. Black women are at higher risk.

Seek emergency medical treatment if you have rapid swelling in the feet and legs, hands, or face. Other emergency symptoms include:

- Headache that doesn't go away with medication
- Visual disturbance or change
- "Floaters" in your vision
- Severe pain on your right side or in your stomach area
- Easy bruising
- Decreased amounts of urine
- Shortness of breath

These signs may suggest severe preeclampsia.

Baby's Movement

One of the most exciting experiences in your pregnancy is feeling your baby move for the very first time. Suddenly, it all becomes real: There's really a baby in there!

Those first few fluttery movements are sometimes called quickening. At the very beginning, you might feel something and then second guess yourself: Did I really feel something? These early fetal movements might feel like a gentle fluttering, or it might feel like bubbles. Some people even mistake them for gas.

In general, you can expect to start feeling them during your second trimester, usually between 16 and 22 weeks of your pregnancy. However, if it's your first pregnancy, you're more likely to start feeling

Before your baby arrives

them later, perhaps between 20 and 22 weeks. If you've been pregnant before, you might start noticing them earlier, perhaps around the 16-week mark.

As your baby grows, it can't stretch and move quite as freely anymore. Being squeezed into an increasingly smaller space means your baby might not move as much as you'd expect, but you should still continue to feel movement.

Fetal Movement

- When can I feel it?
 - Any time between 16 to 25 weeks, but most commonly between 16 and 22 weeks
- What does it feel like?
 - Initially: subtle flutters and wiggles
 - Later: kicks, punches, and rolls
- How frequent is it?
 - Varies from baby to baby
 - Vigorous kicks until 32^d week
 - Afterward, changes to rolls

Baby Kick Count

- When to start counting
 - After 28 weeks of pregnancy



- How often
 - Twice daily or more
 - At the same time each day
- How to count baby kicks
 - Sit comfortably or lie on a side
 - Record time of 1st movement
 - Count until 10 movements
 - Record time of 10th movement
 - Should feel 10 movements in 2 hours or sooner

Seek help if you notice sudden changes in movement

When You Are in Labor



You have mucus or bloody discharge

This is sometimes called a “bloody show,” and it happens when you pass the mucus plug that sealed off your uterus during pregnancy to protect your growing baby. It’s one of the steps your body goes through to prepare for delivery, and it could mean labor is about to begin. However, sometimes it happens 2 to 3 weeks before your baby is really ready to arrive.

You have contractions

If your contractions are 5 minutes apart, lasting for 1 minute, for 1 hour or longer, it’s time to head to the hospital. (Another way to remember a general rule: If they’re getting “longer, stronger, closer together,” baby’s on their way!)

Your water breaks

This usually means labor will start within a day. If your water breaks or if you think you might be leaking fluid, call your labor and delivery department and they will tell you what to do.

After Your Baby Arrives

Afterbirth Pains

Afterbirth pains are caused by the uterus constricting after delivery as it begins converting to its normal size (around the size of a lemon). The constriction of the uterus helps prevent postpartum bleeding. Afterpains are usually strongest on the second and third days following delivery, and when you are breastfeeding. In the hospital, your nurse massaged your uterus for the first few days after delivery. This is done by placing your hand on your uterus and slowly rubbing in a circular motion. This procedure was done to stimulate contractions and make your uterus become firm. By two weeks postpartum, the uterus (fundus) shouldn't be palpable any longer and should be back into its normal position behind the pubic bone. Afterpains may persist through the early postpartum period but are typically decreased by 3 to 5 days postpartum.

Afterbirth pain can be relieved in a few ways:

- Take ibuprofen or prescribed medication as needed
- The same relaxation and breathing techniques used during labor can help alleviate afterpains too
- Start walking soon after delivery
- Keep your bladder empty
- Frequent breastfeeding, starting immediately after birth, may cause cramping

Lochia

Lochia is a combination of blood, mucous, and tissue discharged from uterine lining. For the first 2 hours after birth, it should be like a heavy period.

Lochia continues for two to six weeks after delivery. The first several days after delivery, bleeding is

usually heavy and bright to dark red in color. Some clots as large as a small tangerine are normal. If you are expelling many large clots or experiencing an unusually heavy flow (soaking through a large pad in an hour or less), call your nurse while you are in the hospital, or your physician or midwife once you are home.

Bleeding can be described as:

- Rubra: red/brown bleeding for 1–3 days after birth. Grape size or smaller clots are normal
- Serosa: pink/brown tinged, usually days 3–10
- Alba: yellow/white for 10–14 days but may continue for up to 6 weeks or more

A return to bright red bleeding or passing of large clots once your bleeding has slowed may signify excessive activity on your part. It is your body's way of reminding you to rest and take it easy. Signs of late postpartum hemorrhage include prolonged or excessive bleeding, soaking one pad in an hour, foul smelling lochia, egg-size or larger clots, fundus at higher level than normal for time postpartum and palpable beyond 7–10 days after birth, tenderness of fundus, increased bleeding after activity. The risk for post-partum hemorrhaging may occur for up to two weeks after delivery.

Menstrual Cycle After Birth

Your first period after pregnancy is also called a postpartum period. When it occurs depends on whether or not you breastfeed. Mothers who breastfeed all the time usually don't get their period again until they stop nursing. They may also get their periods if they stop nursing partially, especially at night.

After Your Baby Arrives



Your breasts start making milk about 2 to 5 days after your baby is born. (Before that, they make colostrum, which contains important nutrients that your baby needs right after birth.) It's normal for your breasts to feel heavy, warm, and swollen when your milk "comes in." This early breast fullness is from the milk you make and extra blood and fluids in your breasts. Your body uses the extra fluids to make more breast milk for your baby.

When you breastfeed full-time, your body produces more prolactin—the hormone that helps you produce milk for your baby. That hormone also stops your period from coming.

Even if you don't get your period after giving birth because you're breastfeeding, there's a small chance you can get pregnant because you might still ovulate during this time. The risk is between one and five percent.

Parents who bottle-feed, or do a combination of breastfeeding and bottle feeding, may get their periods as soon as five weeks after giving birth.

Breast Engorgement

Breast engorgement means your breasts are painfully overfull of milk. This usually occurs when a mother makes more milk than her baby uses. Your breasts may become firm and swollen, which can make it hard for your baby to breastfeed.

Symptoms:

- Breast swelling, tenderness, warmth, redness, or throbbing
- Breast hardness and stretching of the skin around your breast
- Flattening, tightening, and hardening of your nipple
- A low-grade fever, which can be confused with a breast infection

Treatment: If engorgement is making it hard to breastfeed, use the following steps. They can relieve your symptoms and keep your milk flowing.

- Soften your breasts before feedings. You can apply a warm compress for a couple of minutes before you breastfeed. Or you can use your hands or use a pump to let out (express) a small amount of milk from both breasts.

After Your Baby Arrives

- Try to breastfeed more often. Pump your breasts if your baby won't breastfeed. Take care to empty your breasts each time.
- Take ibuprofen (such as Advil or Motrin) to reduce pain and swelling. Ibuprofen is safe for breastfeeding moms when taken as directed but you should check with your doctor before you take any kind of medicine while breastfeeding.
- If your breasts still feel uncomfortable after nursing, try a cold compress to reduce swelling. You can use a frozen wet towel, a cold pack, or a bag of frozen vegetables. Apply it to your breasts for 15 minutes at a time every hour as needed. To prevent damage to your skin, place a thin cloth between your breast and the cold pack.



If you are not breastfeeding, use one or more of these steps to relieve discomfort:

- Do not pump or remove a lot of milk from your breasts. If your breasts are very painful, it's okay to remove just a little bit to make you more comfortable.
- Apply a cold pack to your breasts for 15 minutes at a time every hour as needed. To prevent damage to your skin, place a thin cloth between your breast and the cold pack.
- Take ibuprofen (such as Advil or Motrin) in addition to using non-medicine treatments. Be safe with ibuprofen. Read and follow all instructions on the label.
- Wear a bra that fits well and provides good support.

Blocked Milk Ducts

Milk ducts may become blocked from a constricting bra, incomplete breast emptying, going too long between feedings, or sometimes overabundant milk supply.

Symptoms: Pain in a specific area of the breast; swollen, tender lump in the breast; engorgement; and slower milk flow on affected side.

Overcoming it:

- Frequent feedings
- Begin feeding on affected breast
- Point nose / chin toward plugged duct
- Hot packs, warm shower
- Massage breast before and during feedings
- If it persists, milk stasis may lead to mastitis

Mastitis

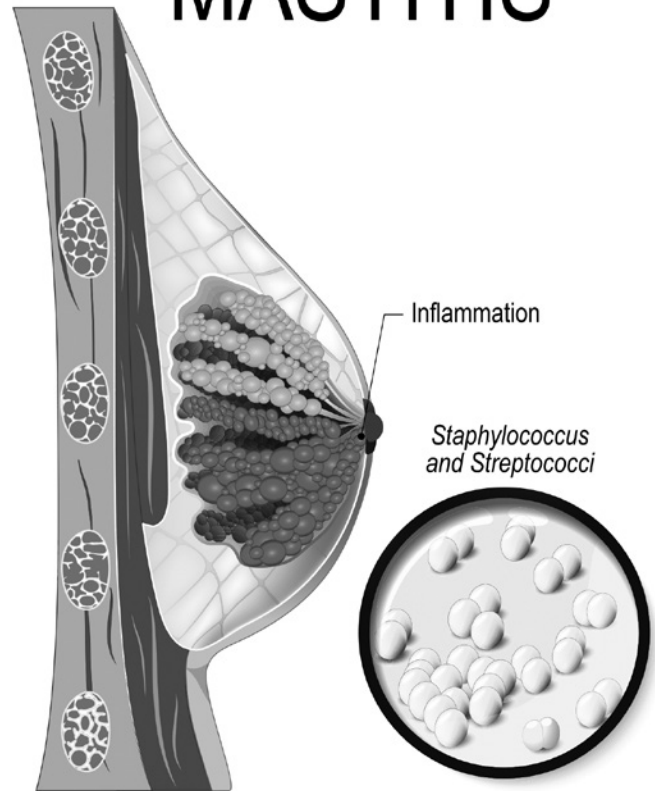
This condition is often associated with a blocked milk duct, which can happen when too much milk builds up in the breast. Causes of excess milk in the breast can include:

- Poor latch-on. If your baby is not latched onto the breast properly, he or she may not empty your breast completely while breastfeeding.
- Allowing too much time between feedings.
- Wearing a bra or other clothing that is too tight. This puts extra pressure on the milk ducts so milk does not flow through them well.
- Milk remaining in the breast because it is overfilled (engorged).
- Stress and fatigue.
- Mastitis can also be caused by a bacterial infection. Bacteria may enter the breast tissue through cuts, cracks, or openings in the skin near the nipple area. Cracks in the skin are often caused when your baby does not latch on properly to the breast.

Signs and Symptoms of Mastitis

- Swelling, redness, tenderness, and pain in an area of the breast. This usually affects the upper part of the breast, toward the armpit region. In most cases, it affects only one breast. In some cases, it may occur on both breasts at the same time and affect a larger portion of breast tissue.
- Swelling of the glands under the arm on the same side
- Fatigue, headache, and flu-like muscle aches
- Fever
- Rapid pulse

MASTITIS



Treatment

Immediately contact your physician if you have symptoms. Your health care provider may choose to wait 24 hours after first seeing you to decide whether treatment is needed. Treatment may include:

- Strategies to manage breastfeeding. This includes continuing to breastfeed or pump in order to allow adequate milk flow, using breast massage, and applying heat or cold to the affected area
- Self-care such as rest and increased fluid intake
- Medicine for pain
- Antibiotics to treat a bacterial infection. This is usually taken by mouth.

Breastfeeding

Benefits of Breastfeeding

Benefits for your baby:

- Your first milk (colostrum) helps your baby's digestive system to function better.
- Special cells in your milk (antibodies) help your baby to fight off infections.
- Breastfed babies are less likely to develop asthma, allergies, obesity, or type 2 diabetes. They are also at lower risk for sudden infant death syndrome (SIDS).
- Nutrients in breast milk are better able to meet your baby's needs compared to infant formula.
- Breast milk improves your baby's brain development.

Benefits for you:

- Helps to create a very special bond between you and your baby.
- Breastfeeding is convenient. Breast milk costs nothing and is always available.
- Makes your uterus return to its pre-pregnancy size faster. It also slows bleeding (lochia) after you give birth.
- Lowers your risk of developing type 2 diabetes, osteoporosis, rheumatoid arthritis, cardiovascular disease, and breast, ovarian, uterine, and endometrial cancer later in life.



Signs from your baby that he or she is done with a feeding:

- Gradual decrease in the number of sucks or will completely stop sucking
- Falling asleep
- Body will relax
- Retains a small amount of milk in his or her mouth
- Letting go of your breast by himself or herself

Signs from your body:

- Breasts that have increased in firmness, weight, and size 1–3 hours after feeding
- Breasts that are softer immediately after breastfeeding
- Increased milk volume, as well as a change in milk consistency

Breastfeeding

Signs that your baby is getting enough milk:

- Wetting at least 1–2 diapers during the first 24 hours after birth
- Wetting at least 5–6 diapers every 24 hours for the first week after birth. The urine should be clear or pale yellow by the age of 5 days.
- Wetting 6–8 diapers every 24 hours as your baby continues to grow and develop
- At least 3 stools in a 24-hour period by the age of 5 days. The stool should be soft and yellow
- At least 3 stools in a 24-hour period by the age of 7 days. The stool should be seedy and yellow
- No loss of weight greater than 10% of birth weight during the first 3 days of life
- Baby should return to birth weight by two weeks, then ½ to 1 ounce gain per day after that.
- Consistent daily weight gain by the age of 5 days, without weight loss after the age of 2 weeks
- After a feeding, your baby may spit up a small amount of milk. This is normal.

Breastfeeding Frequency and Duration:

- Frequent feeding will help you make more milk and can prevent sore nipples and extremely full breasts (breast engorgement). Breastfeed when you feel the need to reduce the fullness of your breasts or when your baby shows signs of hunger. This is called “breastfeeding on demand.”

Signs that your baby is hungry include:

- Increased alertness, activity, or restlessness
- Movement of the head from side to side
- Opening of the mouth when the corner of the mouth or cheek is stroked (rooting)

- Increased sucking sounds, smacking lips, cooing, sighing, or squeaking
- Hand-to-mouth movements and sucking on fingers or hands
- Fussing or crying
 - Best to nurse before totally awake or fussy

General guidelines:

- You may choose to use a pacifier. Research has shown that pacifier use during the first year of a baby’s life decreases the risk of sudden infant death syndrome (SIDS) and, in premature babies, pacifiers can help increase muscle tone.
- Milk production is regulated by supply and demand. Your body replaces the milk that was removed—the more milk that was removed, the more your body will produce to replace it to keep up with your growing baby’s needs.
- Allow your baby to feed on each breast as long as he or she wants. When your baby unlatches or falls asleep while feeding from the first breast, offer the second breast. Because newborns are often sleepy in the first few weeks of life, you may need to awaken your baby to get him or her to feed.
- Breastfeeding times will vary from baby to baby. However, the following rules are a guide to help you make sure that your baby is properly fed:
 - Newborns (4 weeks of age or younger) may breastfeed every 1–3 hours
 - Newborns should not go without breastfeeding for longer than 3 hours during the day or 5 hours during the night
 - You should breastfeed your baby a minimum of 8 times in a 24-hour period

Breastfeeding: Positioning

- Find a comfortable place to sit or lie down, with your neck and back well-supported.
- Place a pillow or a rolled-up blanket under your baby to bring him or her to the level of your breast (if you are seated). Nursing pillows are specially designed to help support your arms and your baby while you breastfeed.
- Make sure that your baby's tummy (abdomen) is facing your abdomen.
- Align baby's nose with your nipple.
- Baby's neck should be extended, and mouth open wide. Aim nipple toward the roof of his mouth. Once baby opens wide, gently bring him or her toward the breast.
- Holding your baby skin to skin can be helpful

Latching

Teaching your baby how to latch onto your breast properly is very important. An improper latch can cause nipple pain, decreased milk supply, and poor weight gain in your baby. Also, if your baby is not latched onto your nipple properly, he or she may swallow some air during feeding. This can make your baby fussy. Burping your baby when you switch breasts during the feeding can help to get rid of the air. However, teaching your baby to latch on properly is still the best way to prevent fussiness from swallowing air while breastfeeding.

BREASTFEEDING POSITIONS



CRADLE POSITION



CROSS-CRADLE POSITIONS



FOOTBALL HOLD



LAID BACK POSITIONS

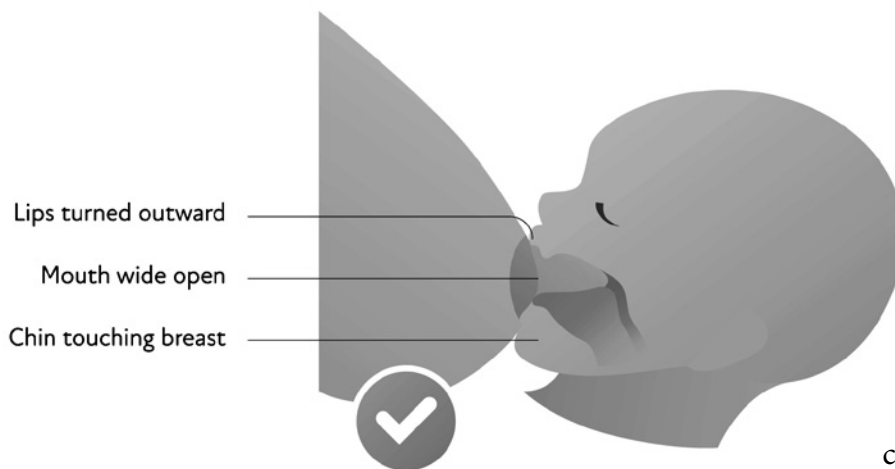


SIDE LYING

Signs that your baby has successfully latched onto your nipple:

- Silent tugging or silent sucking, without causing you pain. Infant's lips should be extended outward (flanged).
- Swallowing heard between every 3–4 sucks once your milk has started to flow (after your let-down milk reflex occurs).
- Muscle movement above and in front of his or her ears while sucking.
- Entire nipple and most of areola are in baby's mouth

Breastfeeding



Good Latch-on

Signs that your baby has not successfully latched onto your nipple:

- Sucking sounds or smacking sounds from your baby while breastfeeding.
- Nipple pain
- If you think your baby has not latched on correctly, slip your finger into the corner of your baby's mouth to break the suction and place it between your baby's gums. Attempt to start breastfeeding again.

Breast Pumping

If you are breastfeeding, there may be times when you cannot feed your baby directly. Returning to work or going on a trip are common examples. Pumping allows you to store breast milk and feed it to your baby later.

You may not get much milk when you first start to pump. Your breasts should start to make more after a few days. If you pump at the times, you usually feed your baby, you may be able to keep making enough milk to feed your baby without also using formula. The more often you pump, the more milk you will produce.

When you are away from your infant for several hours, pump for about 15 minutes every 2–3 hours. Pump both breasts at the same time if you can.

Make sure the suction cup (flange) on the breast pump is the right size. Place the flange directly over the nipple. If it is the wrong size or placed the wrong way, it may be painful and cause nipple damage.

If pumping is uncomfortable, apply a small amount of purified or modified lanolin to your nipple and areola. If you are using an electric pump, adjust the speed and suction power to be more comfortable.

Breast Milk Storage

You can store your milk to use later. Pumped breast milk can be stored in a sealable, sterile container or plastic bag. Label all stored breast milk with the date you pumped it. Milk can stay out at room temperature for up to 4–6 hours (at 66–78 degrees F). You can store your milk in the refrigerator for up to 8 days (at 39 degrees F or lower). You can store your milk in the freezer for 6–12 months (at 0–4 degrees F). Thaw frozen milk using warm water. Do not put it in the microwave. Use thawed breastmilk within 24 hours (keeping it refrigerated in the meantime)

Before feeding, warm breastmilk using warm water. Never microwave breastmilk. Once milk is warmed, use it right away.

Formula Feeding

Formula Feeding

- Iron-fortified infant formula is recommended
 - Formula can be purchased as a powder, a liquid concentrate, or a ready-to-feed liquid. Powdered formula is the cheapest way to buy formula. Powdered and liquid concentrate should be kept refrigerated after mixing. Once your newborn drinks from the bottle and finishes the feeding, throw away any remaining formula.
 - Refrigerated formula may be warmed by placing the bottle in a container of warm water. Never heat your newborn's bottle in the microwave. Formula heated in a microwave can burn your newborn's mouth.
 - Clean tap water or bottled water may be used to prepare the powdered or concentrated liquid formula. Always use cold water from the faucet for your newborn's formula. This reduces the amount of lead which could come from the water pipes if hot water were used.
 - Well water should be boiled and cooled before it is mixed with formula.
 - Bottles and nipples should be washed in hot, soapy water or cleaned in a dishwasher.
 - Bottles and formula do not need sterilization if the water supply is safe.
 - Newborns should be fed no less than every 2–3 hours during the day and every 3 hours during the night. There should be a minimum of 8 feedings in a 24-hour period.
- 
- Awaken your newborn for a feeding if it has been 3 hours since the last feeding.
 - Newborns often swallow air during feeding. This can make newborns fussy. Burp your newborn halfway through feedings
 - Water, juice, or solid foods should not be added to your newborn's diet until directed by his or her caregiver. Rice cereal should never be added to a bottle.
 - Contact your newborn's caregiver if your newborn has feeding difficulties. Feeding difficulties include not completing a feeding, spitting up a feeding, being disinterested in a feeding, or refusing 2 or more feedings.
 - Contact your newborn's caregiver if your newborn cries frequently after a feeding

Elimination

Constipation

Hemorrhoids and constipation, which can be aggravated by the pressure of the enlarged uterus and fetus on the lower abdomen veins, are both quite common in pregnant and postpartum women. Over-the-counter ointments and sprays, accompanied by a diet rich in fiber and fluids, usually can help reduce constipation and the swelling of hemorrhoids. Warm sitz baths followed by a cold compress also can offer some relief. An inflatable, donut-shaped pillow, which can be purchased at any drugstore, can help ease discomfort caused by sitting.

Do not use laxatives, suppositories, or enemas without asking your doctor, especially if you've had an episiotomy or have stitches in the perineal area.

Perineal Tear or Episiotomy

During childbirth, the perineum stretches and occasionally tears. A perineal tear is a cut (laceration) in the tissue between the opening of the vagina and the anus (perineum). Some women naturally develop a perineal tear during a vaginal birth. This can happen as the baby emerges from the birth canal and the perineum is stretched. If the tears are small, you may experience some uncomfortable swelling and stinging. If the tear is large, you will experience more pain and will have stitches.

Occasionally, an episiotomy (a surgical incision that enlarges the vaginal opening) is performed to facilitate the birth of the baby. The amount of pain following an episiotomy or deep tear varies among individuals. It is caused by the swelling of the tissues surrounding the vagina as well as by the incision or deep tear. Swelling and discomfort usually peak on the second or third day after delivery, but it is difficult to predict how long the discomfort will persist. Some

women experience little or no discomfort, while others experience dull, aching pain for some time. This is normal and eventually subsides.

Helpful Hints for Care of the Perineum:

- Always wash hands well before and after cleaning the vaginal area.
- In the first 24 hours after delivery, freeze your maxi pads and place on your perineum to reduce swelling and pain. At home, you may use an ice pack wrapped in a towel.
- When sitting, position yourself squarely on the bed or in the chair, tightening the perineum, buttocks, and thigh muscles. (Sitting only on one hip may pull your stitches.) Start gentle perineal exercises.
- After urination or bowel movements, cleanse your stitches by squirting warm water from the top of the stitches back toward the rectum. At home, continue to use your peri bottle. Pat dry with a clean tissue, again from front to back. If you have burning over your stitches when you urinate, pour warm water over this area to dilute the urine as you go.
- Apply a clean sanitary pad from the front to back. Some women find it soothing to soak a clean sanitary pad with witch hazel first, then wrap in tin foil and place in freezer.
- Twelve hours after your baby's birth, you can start taking sitz baths. Your nurse will instruct you in how to use a sitz bath. When you go home, you may also use your bathtub, filled with several inches of warm water. Sitz baths may be done several times a day for 20 minutes and may be continued as needed for comfort.

Edema

Edema (swelling) can be part of the postpartum period. Swelling will decrease as excess fluid is shed via increased urine output, sweating, etc., after delivery.

To help, elevate legs above the heart and decrease salty food intake. Compression stockings can also be beneficial (only use if your physician orders them).

Swelling, pain, tenderness, warmth, or redness in the arm or leg (typically calf) may indicate a blood clot. Contact your healthcare provider immediately if this occurs.



C-Section Delivery

Caesarean Delivery

Driving Restrictions

- Do not drive or operate heavy machinery while taking prescription pain medicine

Lifting Restrictions

- Do not lift anything that is heavier than your baby or 10 lb. (4.5 kg) as told by your health care provider

Activity

- After cesarean birth, abdominal exercises should be postponed for 4 weeks
- Rest as much as possible. Try to rest or take a nap while your baby is sleeping.
- Ask your health care provider when you can engage in sexual activity

Incision Care

- Leave stitches (sutures), skin staples, skin glue, or adhesive strips in place. These skin closures may need to stay in place for 2 weeks or longer. If adhesive strip edges start to loosen and curl up, you may trim the loose edges. Do not remove adhesive strips completely unless your health care provider tells you to do that.
- Check your incision area every day for signs of infection. Notify physician with any redness, swelling, pain, temperature greater than 100.5°, warmth, pus, or a bad smell.

Shower/Bathing

- Do not take baths, swim, or use a hot tub until your health care provider approves. Ask your health care provider when you can take showers



Resuming Sexual Intimacy

Sexual intercourse may be resumed after your vaginal bleeding has stopped and any stitches are healed. Usually, you will have recovered within four to six weeks following delivery. You and your partner should decide together, with the advice of your health care provider, when to resume sexual intimacy.

Before resuming intimacy, couples should remember that there are other ways to show affection, such as cuddling or kissing. Both partners need to be patient and understanding of one another's needs and reactions.

Partners should understand that while a woman's physical ability for sexual intimacy may have returned, other factors, such as lack of sleep, may affect her emotional interest. Many women feel that they are so tired by the demands of being a new mother, that they have little time for their partners. Also, motherhood—especially in breastfeeding moms—can be so physically demanding, that sex seems like another physical demand on her body, not a time of emotional connection with her partner. Likewise, fear of pregnancy may also be an inhibiting factor.

Physically, you or your partner may notice a change in the size and shape of your vagina after the birth. It typically returns to near its normal size six to eight weeks following delivery. Also be aware that for the first few times, sex following birth may be painful. Use a lubricant and try positions that allow the woman to be in control of penetration.

Breastfeeding moms may feel that their breasts are “off limits” as long as they are nursing. Also, be aware that many women experience “let down” during sex and may leak breast milk. There is no way to avoid this—just keep a good sense of humor and be aware it may happen.

Remember that you can become pregnant again even before you have your first period, and that breastfeeding is not a form of birth control. Contact your health care provider to find the best form of birth control for you.

Most of all—remember that continuing a sexual relationship after a new baby is usually a gradual process. Just be patient with yourself and your partner, and desire will eventually return.

Baby Blues & Postpartum Depression

The postpartum period begins right after birth. During this time, there is often a great amount of joy and excitement. It is also a time of many changes in the life of the parents. Regardless of how many times a mother gives birth, each child brings new challenges and dynamics to the family. It is not unusual to have feelings of excitement along with confusing shifts in moods, emotions, and thoughts. All mothers are at risk of developing postpartum depression or the “baby blues.” These mood changes can occur right after giving birth, or they may occur many months after giving birth.

The baby blues or postpartum depression can be mild or severe. Additionally, postpartum depression can go away rather quickly, or it can be a long-term condition.

What increases the risk?

If you have any of the following risks for the baby blues or postpartum depression, know what symptoms to watch out for. Risk factors include:

- Having a personal or family history of depression
- Having depression while being pregnant
- Having premenstrual mood issues or mood issues related to oral contraceptives
- Having a lot of life stress
- Having relationship conflict
- Lacking a social support network
- Having a baby with special needs
- Having health problems, such as diabetes



Baby Blues

- As many as 80% of new mothers may experience “baby blues”
- Brief changes in mood, such as going from extreme happiness to sadness
- Trouble concentrating
- Difficulty sleeping or sleeping too much
- Crying spells, tearfulness
- Irritability
- Anxiety
- Excessive concern or lack of concern for the baby
- Feelings of guilt or hopelessness
- Usually resolves in about 1-2 weeks without treatment
- Social support is often all that is needed. You will be encouraged to get adequate sleep and rest. Occasionally, you may be given medicines to help you sleep.

Baby Blues & Postpartum Depression

Postpartum Depression

- 10–20% of new mothers experience postpartum depression (PPD)
- Typically begins within the first 3 months after birth, but can occur anytime in the first year
- If your depression is combined with lack of interest in the baby, suicidal or violent thoughts, hallucinations or abnormal behavior, get immediate medical attention. These symptoms could indicate a more serious condition called postpartum psychosis
- Seek help from healthcare provider right away if you are experiencing these feelings:
 - Intense feelings of sadness, anxiety, or fatigue causing you to have trouble functioning and coping with daily tasks
 - Difficulty sleeping or excessive sleepiness
 - Marked weight loss
 - Agitation
 - Feelings of worthlessness
 - Lack of interest in activity or food
 - Fear, anxiety, anger
 - Rejection of infant
 - Unable to care for self or baby
- Treatment may include individual or group therapy, medicine, or both to address any social, physiological, and psychological factors that may play a role in the depression.
- Regular exercise, a healthy diet, rest, and social support may also be strongly recommended.



Prevention

- Get as much rest as you can. Nap when the baby sleeps.
- Exercise regularly. Some women find yoga and walking to be beneficial.
- Eat a balanced and nourishing diet.
- Do little things that you enjoy. Have a cup of tea, take a bubble bath, read your favorite magazine, or listen to your favorite music.
- Avoid alcohol.
- Ask for help with household chores, cooking, grocery shopping, or running errands as needed. Do not try to do everything.
- Talk to people close to you about how you are feeling. Get support from your partner, family members, friends, or other new moms.
- Try to stay positive in how you think. Think about the things you are grateful for.
- Do not spend a lot of time alone.
- Only take over-the-counter or prescription medicine as directed by your health care provider.
- Keep all your postpartum appointments.
- Let your health care provider know if you have any concerns—you are not alone!

Edinburgh Postnatal Depression Scale¹ (EPDS)

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

16. Word Search

W	T	E	Z	M	A	L	O	C	H	I	A	D	R	W	H	E	B
B	Q	L	E	P	I	S	I	O	T	O	M	Y	T	K	W	N	N
R	G	I	N	A	U	O	L	B	U	L	A	T	C	H	F	G	M
E	K	M	I	N	T	I	M	A	C	Y	P	W	Z	E	P	O	V
A	H	I	Z	X	P	O	S	T	P	A	R	T	U	M	B	R	R
S	E	N	S	V	U	U	Y	O	A	D	E	D	E	M	A	G	E
T	P	A	T	J	Z	X	M	E	N	S	T	R	U	A	L	E	S
F	U	T	R	Q	P	O	S	I	T	I	O	N	V	G	N	M	T
U	M	I	I	A	F	T	E	R	B	I	R	T	H	Z	G	E	L
A	P	O	Z	P	E	R	I	N	E	A	L	T	E	A	R	N	T
F	C	N	S	F	T	I	N	F	O	R	M	U	L	A	N	T	Y
S	N	A	S	C	E	N	T	I	A	B	L	U	E	S	L	R	X

NASCENTIA

PUMP

PERINEAL TEAR

EDEMA

ENGORGEMENT

POST PARTUM

POSITION

AFTER BIRTH

BLOCKED MILK DUCTS

INTIMACY

ELIMINATION

EPISIOTOMY

BREAST

REST

BLUES

LOCHIA

LATCH

MASTITIS

FORMULA

MENSTRUAL

CAESAREAN

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