Bringing Home Baby!

Baby:

Sleep: When babies are born they often have their days and nights reversed. They are awake the most at night and sleep more during the day. This means as parents you also have to sleep during the day. Try to limit the number of visitors you plan to have come over and sleep anytime the baby is sleeping. It is also important not to have too many visitors immediately after the birth because this is often when your baby gives you the longest stretch of sleep. In the first week, you should try to spend most of your time in bed establishing feeding, resting and feeding yourself healthy foods. Expect to be feeding your baby every 2-3 hours (timed from start to start), with feeds typically lasting about an hour both at night and during the day.

Snuffly baby/Cold: It is normal for babies to have stuffy noses. You can help them clear their nose using a bulb syringe or nosefrida from the drug store, by taking them into a steamy room or by using a saline nose rinse. If you think your baby might be sick, you can take the baby's temperature. It should be between 36.4-37.6. If it is outside this range, call your midwife or bring the baby to a Hospital for assessment.

Sneezing: sneezing is the way babies clear their noses. It is normal for babies to sneeze.

Hiccups: Completely normal and don't require any special care.

Spitting up: Most babies spit up. Some babies spit up at every feed. The sphincter at the top of a baby's stomach is immature and their stomach contents easily come up. Staying upright after a feed can help some babies spit up less. Spitting up is not harmful for the baby. If your baby's spit up is bright green or projectile (hitting the wall across the room), page your midwife.

Latching: latching is a learned skill for both mother and baby. In the first week it is common to feel tenderness in the nipples when the baby begins to suck. If there is pain when the baby nurses, double check that the baby is latched on well. A good latch is when the baby has as much breast/chest as possible in their mouth, their lips are flipped open and they have more of the bottom part of the breast/chest in their mouth than the top. One way to obtain a good latch is to aim the baby's nose for your nipple, get their bottom lip under your breast/chest and then quickly roll the nipple into the back of their mouth, where the roof of the mouth is highest and the nipple will not get pinched. For more tips, check out this video: https://www.youtube.com/watch?v=GeTI_bZxIQ0

Once breastfeeding/chestfeeding is well established, it is good to vary the positions used for nursing as this encourages complete drainage of different areas of the breast/chest. As a general rule, the area toward which the baby's chin is pointing is the area which is being drained the most. Try to help the baby get more breast tissue into their mouth by making a "sandwich" out of your breast, making it narrower in the direction of the baby's mouth. It is also good practice to drink when your baby drinks. When you sit down, try to have a glass of water or juice handy.

Frequency of feeds: In the first 12 hours babies are often sleepy. The goal is about 6 feeds in the first 24 hours. You should sleep whenever the baby is sleeping. If there is anyone else who can help, do not do any housework, laundry or cooking for at least a week. The breast/chestfeeding person's only job should be to feed the baby. Babies need to feed every 1-3 hours from the start of one feed to the start of the next feed. Feeds should last 15-90 minutes. If the baby is not actively sucking and it has been less then 15 minutes, you can take the baby off, burp them or change their diaper and try again. The normal suck pattern of a baby is to suck fast for 4-10 sucks, then pause for a few seconds to swallow. The pause does not mean they are asleep, they just need a few seconds to swallow and decide to go again. If the latch is not good and you are experiencing pain you can take the baby off by placing your pinky finger in the corner of the baby's mouth and breaking the suction before taking them off the breast/chest. If breast/chest feeding is painful for longer than 1 minute at the start of a feed, you should take the baby off and try to get a deeper, more comfortable latch. The more of your breast/chest that is in the baby's mouth, the more comfortable feeding will be. Aim the baby's nose at your nipple and try to get more of the bottom of your breast into the baby's mouth than the top.

Bathing: Babies do not need to be bathed very often. Their skin can dry out easily from soap or too frequent washing. You can wash the creases of the baby with a warm washcloth to keep them clean. When you bath your baby, you want to support their head out of the water, use warm water only or a mild baby soap and make sure you dry the baby soon after taking them out of the tub to keep them warm. If you do not have a baby bath, you can use a regular bath tub or the kitchen sink.

Dry skin: Most babies will get dry, cracked, peely skin. You don't want to put anything on your baby that you would not be okay with feeding to them. A baby's skin is absorbent so anything you apply to the skin is absorbed into the bloodstream. This is why food grade products such as Coconut or Olive Oil are recommended instead of baby lotion.

Warmth & clothing: As a general rule, the baby should wear one more layer of clothes than you need to wear to be comfortable and warm. Babies loose lots of heat out of their head, so a hat can help keep a baby much warmer. It is normal for babies hands and feet to be cold but their chest should feel warm.

Umbilical cord: Try to keep the umbilical cord out of the diaper to keep it clean. You do not need to do anything else to care for the umbilical cord. It will fall off on its own within 2 weeks of the birth. Sometimes you might find small drops of blood on your baby's clothes from the umbilical cord. If it is actively bleeding like a fresh cut, or has a red ring around the base, notify your midwife.

Jaundice: Most babies get jaundice in the first week of life. Your midwife will be looking for signs and symptoms of jaundice that needs treatment. If your baby turns yellow in the first 24 hours, this is not normal and you need to page the midwife right away. If your baby is over 24 hours old and looks yellow, seems lethargic/sleepy and too tired to feed, let your midwife know.

Lethargy: It is normal for a baby to be sleepy in the first few days after birth. It is also normal for babies to be sleepy after a feed. Call the emergency phone line if you are unable to wake your baby to feed for over 6 hours.

Crying: Sometimes it can be hard to decipher why your baby is crying and sometimes there might not be a reason at all. It is ok to put your baby down in a safe place and walk away when they are crying and you need a break. Before going back, ask yourself if you are calm and ready to manage the emotions you might feel if the baby will not settle.

Pooing/peeing: Babies should pee roughly the number of times as days they are old. For example, if your baby was 3 days old, you would expect 3 pees in that 24 hours. In the first few days your baby's poos will be dark and sticky like tar. You can put cream on your baby's bum to prevent the poo from sticking to their skin. The color of your baby's poo should transition to green and then by day 6 it should be mustard colored and sometimes seedy in consistency.

Birthing Person:

Two things to buy: You will need extra large maternity pads on hand for bleeding after the birth. Do not buy Always pads or anything that says "dry weave mesh" on

the package because these can make your perineum very sore and catch on stitches. Get the cheapest, thick, fluffy, cotton pads you can find. No tampons or devices like dixi cups should be used in the first few months after having had a baby. You will also likely want Tylenol and Ibuprofen/Advil at home.

Bleeding: If you are filling a pad in less than an hour or pass a clot larger than the size of your fist, followed by an increase in bleeding, call your midwife on the urgent line. If you are getting cramping and bleeding when you breastfeed, try taking Ibuprofen.

After birth, your uterus begins to undergo changes that will return it to its pre-pregnant condition. This whole process may take anywhere from 2 to 10 weeks. The vaginal discharge you are having is the normal response of your body to these changes.

- Right after birth, the discharge (lochia) will be red and heavier than your usual menstrual period but will decrease rapidly in the first week. It is normal to pass clots, which form from pooled blood in your vagina while sitting or lying down. If the clot is larger than your fist, call the urgent line.
- Over the first few weeks the discharge will change to pink or brownish in color and become thinner.
- Eventually the discharge may turn yellowish or cream colored.
- Between days 7 and 14 many women have an episode of increased flow. This happens when the blood that formed a type of wet scab called eschar is passed. This scab covered the area where the placenta was implanted.
- Often an increase in the amount of discharge is your body's way of telling you to get more rest. Lying down or relaxing will help to decrease the flow.
- If you are worried about your bleeding, take these actions:
    1. Empty your bladder
    2. Lie down with your feet up
    3. Massage your uterus to make it firm
    4. Nurse your baby

Call your midwife on the urgent line if:

There is an extremely foul or fishlike odor to the discharge
You are completely soaking a pad in an hour or less
You pass a clot larger than your fist, followed by an increase in bleeding

Bowel movements: Prior to having your baby, your body goes through hormonal changes that encourage your bowels to empty completely. After the baby comes, most women go several days without their first bowel movement. Eat lots of fibre rich foods to make the first bowel movement softer. If you have stitches and are worried about pushing during the bowel movement, try taking a wash cloth with warm water on it and supporting your stitches while you have a bowel movement.

Medications: When breast/chest feeding, it is safe to take most over the counter pain medications. Do not take Tylenol 3 or any medication with Codeine.

Vaginal sutures/Perineum care: If you have vaginal sutures, they will dissolve on their own in 2-4 weeks. Sometimes the sutures can get itchy as they dissolve. To help with healing, you can do sitz baths with Epsom salts. You can also take anti-inflammatory pain medications such as Ibuprofen. If you are worried about healing, ask your midwife to examine your perineum at your next visit. Pee in the shower/bath if urination causes stinging. Pads with water and witch hazel frozen over an upside down metal bowl can be helpful to have on hand. Put the metal bowl in the freezer with the dome side up and place the wet pads on top of it so that when you remove them, they are shaped like the curve of your underwear. Pee in the shower/bath if urination causes stinging. Do NOT sit on a hemorrhoid or "donut" pillow, which can cause stitches to tear out.

Chest/nipple care: If your nipples are sore, try expressing milk on them and letting it air dry. Milk has antimicrobial and antibacterial properties which can help your nipples heal faster. Lanolin after feeds can also help with healing and comfort and is safe for ingestion by the baby.

Milk: In the first few days the birthing person produces colostrum, which is high in antibodies and is an essential part of establishing the baby's immune system. The baby's stomach starts out the size of a chickpea and they do not need very much volume. They will want to feed often and the few drops they receive is exactly what they need in the first few days after birth. Babies often act like they are starving and are frantic to feed. This is normal and is part of establishing your milk supply. Babies need to feed often in the first week in order for the birthing person to establish their milk supply. Family often want to be helpful by taking the baby so that the birthing person can sleep. There is a small window of time in the first week for the hormonal process of establishing a milk supply to occur and if the birthing person and baby are separated, it can negatively impact milk supply. The hormones of milk production make the birthing person need less sleep and if the birthing person chooses to feed their milk to the baby, the hormones can make the nights easier. If the birthing person is able to latch the baby or pump often enough to stimulate the hormones necessary, by day 3-5 your milk will start to come in. The milk is thinner and is higher in volume. By this time the baby's stomach has started to expand and they can drink more. You might notice that your chest feels fuller when your milk comes in. Feed often during this time so that your breasts do not become too full and painful.

Plugged ducts: If you notice a lump in your breast, try using heat before a feed and then massaging the lump towards your nipple as the baby feeds. If the lump does

not clear and you start to develop flu like symptoms, or you have shooting pain in your breast throughout the whole feed, call your midwife on the urgent line.

Links:

Breastfeeding tips: http://www.breastfeedinginc.ca/

LactMed (Drugs while breastfeeding)
https://toxnet.nlm.nih.gov/newtoxnet/lactmed.htm

OVER-THE-COUNTER MEDICATIONS APPROVED BY THE AAP FOR USE DURING LACTATION

ANALGESICS
Motrin, Advil, Ibuprofen
Aleve (naproxen sodium)
Tylenol (acetaminophen) 325mg

ANTACID
Gaviscon
Tums
Lactaid
Maalox
Mylanta
Rolaids

ANTIDIARRHEAL PREPARATION
Imodium A-D***
Kaopectate
Pepto-Bismol

LAXATIVE
Colace
Citrucel
Fibercon
Fiberall
Metamucil
Phillips Milk of Magnesia
Surfac

COUGH/COLD LOZENGES
Celestial Seasoning Soothers
Cepacol Lozenges
Cepacol Anesthetic Lozenges
Halls Mentho-Lyptus
Halls Maximum Strength Plus
N'ICE Lozenges
Vicks Chloroseptic Sore Throat Lozenges
Vicks Chloroseptic Cough & Throat
Vicks Cough Drops
Vicks Extra Strength Cough Drops

COUGH/COLD/ALLERGY PREPARATIONS

Actifed*/**
Actifed Allergy Daytime**
Actifed Allergy Nighttime*/**
Allerest Maximum Strength*/**
Benedryl Allergy*
Benedryl Allergy Decongestant*/**
Benylin Cough Syrup*
Benylin Adult Formula*
Benylin Expectorant*
Chlor-Trimeton 4 hour*
Chlor0Trimeton 4 hour Allergy/Decongestant*/**
Claritin**
Dimetapp*/**
Drixoral Cough Liquid Caps*
Robitussin
Robitussin-DM
Robitussin-PE
Robitussin Severe Congestion Liqui-Gels**
Robitussin Maximum Strength Cough Suppressant*
Tavist-D*
Triaminic*/**
Triaminic Expectorant**
Triaminic AM Decongestant Formula*
Triaminic Cold Tablets*/**
Vicks 44 Dry Hacking Cough*
Vicks 44 E*

NASAL DECONGESTANT SPRAY
Afrin Saline Mist
AYR Saline Mist & Drops
NaSal Moist
NaSal Spray & Drops
Neo-Synephrine Spray & Drops
Nostril Nasal Decongestant**
Ocean Mist
St. Joseph Nasal Decongestant**
Saline NaSal Mist & Drops

* Monitor Infant for possible drowsiness
** Monitor for possible decrease milk production - Mother should drink extra fluids
*** Do not take medication for more than 2 days