

# **You and Your Baby**



## **The First Month**



**Five Hills Health Region**



## ***BIRTH REGISTRATION***

A REGISTRATION FORM WILL BE GIVEN TO YOU IN THE HOSPITAL.

The following information is required:

- Baby's name
- Mother's full name, birthplace, birth date
- Father's full name, birthplace, birth date
- Land location, if a rural residence
- Street address, if a town residence

The Registration form must be completed before leaving the hospital.

Birth Certificate and Child tax forms will be given to you during your hospital stay.

Please ask if you do not receive these forms or require any help filling them out.

## **MATERNITY VISITING PROGRAM**

All of our mothers and newborns receive follow-up care after discharge from hospital. A nurse will call and visit you within the first week following the birth of your baby. If you need to talk to the nurse before she contacts you, please call your nearest Community Health Services office. There is no charge for Community Health Services.

- Breastfeeding Clinic Support Group – Tuesdays and Thursdays
- Chat Group on Fridays 10 – 11 am

## **SELF-CARE FOLLOWING BIRTH**

For the past nine months, you have experienced many changes in your body. Now that your baby has arrived, you will continue to experience changes, especially during the first six weeks following delivery, known as the post-partum period. To help you understand some of these changes, we include the following information:

# SIGNS OF ILLNESS

## Report any of these signs to your nurse or physician:

- Fever over 38°C (100°F) taken two times at least two hours apart or fever over 39°C (102°F) taken one time.
- Vaginal flow increased to soaking one maximum absorbent pad per hour.
- Pain or difficulty passing urine. Superficial tears are often associated with a burning pain in the skin. Urinary infections are associated with a burning while urinating and may also be associated with lower abdominal pain.
- Redness and/or discomfort swelling in the leg.
- Unexplained shortness of breath.
- Headache or difficulty with vision, i.e. blurring, spots in front of your eyes.
- Fainting or dizziness.
- Tender, red area on breast not relieved by a warm, moist towel.
- Painful, cracked or bleeding nipples.
- C-Section incision that is hot, swollen, separated, draining, or has increasing redness or pain.
- Episiotomy that becomes increasingly painful or hot, swollen and firm to touch. Vaginal flow that is foul smelling.

# GENERAL CARE

## Involution (Descent of the uterus)

Involution is the gradual reduction in size of the uterus or womb. The uterus begins to return to its normal size immediately after delivery and decreases about one finger width per day until it can no longer be felt by five to ten days after delivery. You should feel your uterus as a hard “ball” in your lower abdomen. If it feels soft, massage it in a circular motion until it becomes firm.

## After pains

After pains are cramp like pains that occur after childbirth due to contractions of the uterus as it returns to its normal size. They are more common in women who have had more than one child. The pains tend to be more powerful during breastfeeding as your milk “lets-down”. Sitting cross-legged or applying heat to your abdomen (warm towel from the dryer) may help this pain. Mild pain relievers may be used if necessary.

## Lochia (Vaginal Flow)

Lochia is the vaginal discharge which is made up of blood, debris and mucous from the uterus or womb. It should not contain large clots or have an offensive odor. Immediately after delivery, the discharge is bright to dark red and can remain this color for up to four days.

After this time, the flow changes gradually from pink to white or yellowish-white until it ceases between three to six weeks. Any clots larger than a loonie or foul odor should be reported to your nurse or doctor as they may indicate infection on pieces of retained placenta.

You might notice an increase in flow or return of bright to dark red, heavy flow while you are breastfeeding or when you come more active. If this heavy flow continues after resting and massaging your uterus, see a doctor. Soaking more than one maximum absorbent pad per hour is abnormal and requires medical attention.

## **Episiotomy/Perineal Tear**

An episiotomy is an incision of the tissue between the vagina and the rectum. A tear is a naturally occurring break in the perineal tissue that may occur during birth. The doctor will repair the episiotomy/tear with stitches that will dissolve in approximately six weeks. Your perineum may be tender and have some swelling for several days. No discharge, foul odor, or hardness should be present.

Ice can be applied to the perineum to reduce swelling and relieve pain.

Pelvic floor (Kegel) exercises will also help increase the circulation and help with the healing.

## **Perineal Care**

Proper perineal care is important for your cleanliness and comfort. It also promotes healing and helps prevent infection of your episiotomy/tear.

- Take your peri-bottle home with you and continue to use it until your flow stops. A perineal wash (peri-care) should be done after every urination, bowel movement or pad change. Fill your peri-bottle with lukewarm tap water. While sitting on the toilet, spray perineum (area between your legs) from front to back, using toilet paper.
- A detachable shower head (telephone shower) can also be used for perineal comfort and cleanliness. Direct the stream of water from the shower head toward your peri area (front to back) for approximately five minutes.
- You may also use your bathtub filled with warm water and relax in it for fifteen minutes. Avoid use of bath oils and bubble baths.
- It is most important that the perineal area is dry after showering or bathing. A hair dryer on low may be used, or the perineum may be air-dried by lying down for ten to fifteen minutes with the perineum exposed before getting dressed.
- Change your pad at least every two to three hours for the first two to three days and cleanse the perineum well before putting on a fresh pad. Wear cotton underwear instead of nylon, as cotton “breathes” and will keep your bottom drier.

## **Bowel Movements**

Regular bowel movements decrease the strain on your perineum. The well balanced diet of your pregnancy should be continued. A high fibre diet (bran and cereals) with fresh fruits and vegetables and a lot of fluids should be taken to ensure regular bowel movements and greater comfort. Exercise may also be helpful.

## **Hemorrhoids**

Hemorrhoids are enlarged veins of the rectal area. They may be caused by constipation, pregnancy and pressure from the delivery.

Relief measures include:

- Use of a shower head or tub bath three or four times per day
- Hemorrhoid creams or TUCKS applied to the anal area
- Maintain a side lying position when possible
- Avoid prolonged sitting
- A stool softener may be taken. Ask your pharmacist to recommend one. Pain relievers may be taken as necessary. Be careful not to take too much Codeine as it is constipating for some people.

Hemorrhoids will usually shrink in size in a few weeks after delivery.

## **Incisional Care**

C-Section mothers should shower daily.

- Cotton underwear is best
- Stitches or staples should be removed in three to seven days
- Steri-strips will fall off on their own – approximately one week after they were put on.

See medical advice if you notice any:

- Swelling
- Redness
- Discharge
- Warmth when touched
- Gaping areas

## **Edema (Swelling)**

Some swelling of your hands and feet after delivery is normal. Most swelling will disappear in seven to ten days.

To decrease swelling:

- Rest
- Elevate (raise) your feet above the level of your heart
- Foot and ankle exercises (see page 9)

You should be concerned and seek medical advice if you also have:

- Headache and blurred vision
- Redness or discomfort in your leg

## AFTER CARE - EXERCISE

### How to exercise following the birth of your baby

- **Natural Birth – Start these exercises within 1-2 days of delivery, or when you feel comfortable. STOP IF ANY ARE VERY PAINFUL.**
- **C-Section – Start these exercises 7-10 days, or when your incision is healed and your stitches are removed. We recommend that you do not do any other abdominal exercises until 6 weeks or your doctor gives you permission.**
- The most important exercise that you should do is the **kegel** or **pelvic floor exercise**.
- Your pelvic floor muscles are the ones that you squeeze when you hold back urine. Tightening these should feel like pulling everything up inside your pelvis, rather than pushing down. They may be hard at first, but will get easier with more practice.
- Your pelvic floor muscles get stretched during birth, so doing kegel exercises help build them up again so you don't have trouble with leaking urine when you cough or sneeze.
- These exercises also increase blood flow to the area and help with healing.
- Lie down on your back with knees bent and feet shoulder width apart, or sit or stand comfortably.
- Activate your pelvic floor muscles by trying to stop the flow of urine or think of lifting a tampon if it were inside of you.
- Hold contraction for 3 seconds. Repeat 10 times, 3 times per day. Work up to 50-100 kegels each day.
- You will know you are stronger when you can sneeze or cough without leaking urine. Keep exercising!
- **DO NOT** do this exercise with a full bladder or while emptying your bladder. **Get your deep abdominals working**
- These muscles should contract automatically before you move to support your spine. After being pregnant, this does not always work in this way. You need to think about using these muscles so that you can protect your spine and prevent and/or decrease low back pain.
- Lie down on your back with your knees bent and feet shoulder width apart.
- Place your fingers on the inside of your pelvic bones (this is where you will feel this muscle turn on).

- To make the muscle work think of the following images:
  - \* Draw your belly button to your spine
  - \* Draw your hip bones together
- If you feel a bulge into your fingers with this exercise, decrease your effort and work towards a pulling away from your fingers.



- Hold for 10 seconds (if you can), then relax. Repeat 5 times.
- Try to use these muscles while standing, sitting, walking or lifting your baby. You can't do this exercise too much – eventually these muscles will work without you having to think of them at all!!

### **Pelvic tilts**

- This exercise will help you exercise your low back and tummy muscles together, providing better support for your spine.
- Lie on your back with your knees bent.
- Try to flatten the curve of your back into the floor by tightening your tummy and buttock muscles.
- If you have trouble with this, put your hand in the curve and try to press your back into your hand.
- Hold for 5 seconds. Repeat 10 times.

### **Heel Squeezes**

- This exercise will help you get the muscles in your low back working better and help to prevent and/or decrease any back pain you are experiencing.
- Lie on your belly with pillows supporting your belly and forehead.
- Bend knees and gently squeeze heels together. Do not use the muscles on the back of your thighs; just use your butt muscles.
- Hold for 5 seconds, repeat 10 times.



## **Protecting your back**

- Try to remember to get as close as possible to the surface you are working on – if you are bathing baby, kneel close to the tub rather than bend at your waist to reach the baby
- Use a change table or use the floor rather than leaning over a bed.
- When feeding your baby, support your baby and your arm on a pillow; consider using a nursing pillow so you don't have to hold baby up.
- When standing, keep at least one knee higher than your hips to prevent arching your back. Try using a stool or put your foot in your cupboard (if you are washing dishes).
- Always try to bend at the knees rather than bend at the waist.
- When lifting, try to get as close as possible to what you are lifting. Use your legs rather than lifting from the waist.
- When moving an object, try pushing rather than pulling. Use your legs, not your back and arms.

## **Returning to activity**

- You should begin gentle activity such as walking as soon as you are able to, usually one week after delivery.
- Generally, at four or six weeks, your doctor will give his or her approval to begin more strenuous postpartum exercise. At this point, you can do brisk walking, swimming, bicycling or other exercises.

## **How do I know if I am doing too much exercise?**

- A sure sign that you are doing too much exercise is if your vaginal discharge (called lochia) turns bright pink or red. If you notice any changes, slow down.
- Notify your doctor if your flow starts again after it has tapered off
- It is normal for your flow to increase slightly with activity – a color change is the best indicator of new bleeding. If you have any questions, consult your doctor.

# **OTHER CONCERNS**

## **Nutrition**

This is not the time to diet! You need to continue to follow Canada's Food Guide as you did during your pregnancy. If you are breastfeeding, you need adequate calories and nutrients to produce milk for your baby. A gradual weight loss of two to four pounds per month will occur naturally with breastfeeding. All new mothers need balanced diets to provide the nutrients for healing and the energy for parenting. Drink fluids to satisfy your thirst – approximately six to eight glasses per day.

## **Rest and Sleep**

Caring for yourself is just as important as caring for your baby. Your body needs time, rest and proper care to restore its strength and energy and it is your job to see that this happens. You might want to be the “perfect mother” immediately, which may result in frustration and fatigue. It is difficult to be totally prepared for the changes a baby brings. It takes time to develop new skills. Meanwhile, relax and enjoy your baby – your baby will thrive on your loving care. Take this opportunity to let others help you with household chores. Rest is vital in the early weeks following delivery. Plan to take two definite rest periods daily – morning and afternoon – BEFORE you are tired. Plan to gradually resume your household and social activities over several weeks.

## **The Father’s Role**

Today’s new style of fathers are involved in taking care of and playing with their children. They are also deeply involved in the emotional growth of their child. They have the advantage of witnessing their baby’s birth. This is an emotional time when special ties start to form between parent and child.

Lifestyle changes will occur after the birth of your baby. Some fathers may feel left out of the intimacy and bonding between mother and baby. He can develop a close relationship with his new baby through lots of physical contact. He can cuddle, change, bathe or play with the baby. A father may benefit from talking to other new fathers about their feelings when their new baby arrived or to anyone he may find supportive.

Fathers play an important role of support for the mother. The mother’s body goes through many physiological changes. These changes often result in a short period of postpartum “blues”. These blues usually appear on the third day after delivery. The mother has many emotions ranging from anxiety to inadequacy of being a mother. These feelings are often made worse by fatigue. This is when a father can be kind, loving and supportive. Fathers can assist with such things as household chores and limiting visitors and telephone calls.

## Postpartum Emotions

Postpartum “blues” is a term used to describe feelings such as crying, mood swings, anxiety, tiredness or an inability to think clearly. These feelings have an early beginning, usually between two to ten days following delivery and have little effect on the new mother’s daily routine.

Blues are thought to be caused by a temporary “hormone imbalance” following childbirth and will last for only a few days. Specific periods of rest and relaxation, avoiding anxiety or stressful situations, a simple “daily” schedule (doing only what must be done) and taking breaks from routine are ways in which a new mother may help herself to feel better.

## Postpartum Depression

Do not be ashamed or afraid. If you need help or information email [info@thesmilingmask.com](mailto:info@thesmilingmask.com) or contact KidsFirst (306) 694-8336

## Sexuality/Family Planning

You are no longer pregnant and your body is returning to its pre-pregnancy state. If you are not breastfeeding, you can expect your first menstrual period between six to eight weeks after delivery.

Breastfeeding causes the return of the menstrual cycle to vary widely from one woman to another. Some women have a regular period at two months postpartum and some moms do not resume menstruation until their infant is weaned.

- Discuss birth control methods with your partner, your Public Health Nurse and your Physician.
- Resume sexual activity when you are comfortable
- Exclusive breastfeeding may delay ovulation but it is not a reliable method of birth control.
- You can become pregnant even though you have not had a period following your delivery.

# Getting Started

## The first 7 days: learning together Breastfeeding is meant to feel good

Babies **breastfeed**, not nipple feed. They need a big mouthful of breast to be able to get your milk.

Massage and express milk on to your nipple.



Massage



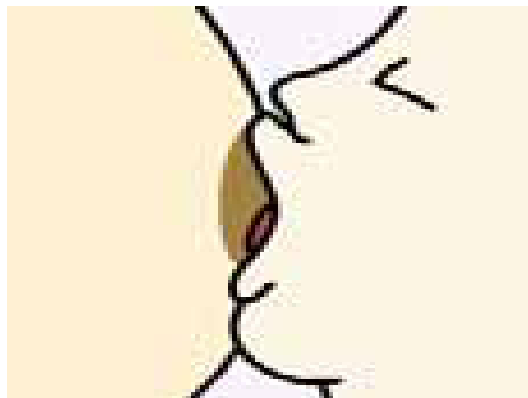
Hand Express

Help your baby to latch using both hands. One hand will support and lead the baby in. The other hand will support and sandwich the breast.

Place your baby so her nose is across from or level with your nipple. Turn her so her body faces yours, tummy to tummy. Support her back and head with one arm and hand. Turn your other hand into a U Shape to cup from under the breast. Your fingers and thumb need to be well away from the areola (see picture below).

Tickle her lip gently with your nipple until she willingly opens her mouth wide. Follow baby's lead.

When her mouth is wide open (but not during a yawn or a cry) with your supporting hand on her back, bring her body in quickly to the breast. Her chin comes on first and her nose may rest on the breast or be slightly away from the breast. Don't worry, if she sounds "stuffy", pull her bottom closer to your body.



## Your Baby will Learn to Latch

Learning to latch takes practice, be patient and ask for help when you need it. Your baby needs to latch deeply for you to be comfortable. Your baby can then get the milk your breasts make.

Pain is a warning. Break the suction immediately if your baby's latch hurts. To do this, put your finger into the corner of your baby's mouth. Do not pull her from the breast until she lets go or your nipples will get sore. Now you are ready to start again.

Good positioning is the key to prevent sore nipples.



Cradle Hold



Cross Cradle or  
Transitional Hold



Clutch or "Football" Hold



Side-Lying Position

Changing positions in the early days helps to build the milk supply and prevent soreness.

### Look, listen and ask questions to know if your baby is feeding well:

- Did baby's mouth open wide?
- Did baby latch deep?
- Do I see pauses between sucks?
- Do I hear swallowing?

### How many sucks before the baby swallows?

- After a short time of suckling listen to hear that your baby swallows. Swallows will become more frequent as your supply increases. When your baby swallows often you will know that your milk is flowing.
- Be patient and gentle. Feeding is one of the pleasures you share with your baby.

## **How long will a feeding take?**

## **How do I know when baby is finished one side?**

In the early days, you will need to offer both breasts at each feed. Your baby will tell you that he needs to move to the other side—or to be burped—restlessness, letting go of the breast, falling asleep or sucking more than swallowing.

After burping, offer the other side. At the next feed, start with the side you last fed last. At the end of the day, you want to have nursed about the same amount at each breast.

Your baby may also “cluster feed”, going through a period of small feeds over several hours. This is her way to build up your milk supply.

Nursing for more than an hour at a feed may mean that the baby is not latched well or not nursing well.

Your baby's stomach size is very small, about the size of a cherry pit. She will need to feed often to ward off infections. Keep your baby close to you: watch for feeding signs such as stretching, stirring, hand-to-mouth activity, sucking, licking, rooting, rapid eye movement and waking.

Offer your breast whenever your baby shows feeding signs; at least 8 or more times in 24 hours.

Also offer your breast whenever your child is :

- under going a medical procedure including immunization or surgery
- ill with nausea, vomiting or diarrhea

## **Be comfortable each time you feed:**

You may need: A trip to the bathroom, pain medication, a drink or snack, privacy, a footstool, pillows to help you to feed or lie in a relaxed position with your back well supported, either sitting up or lying down.

Having your baby in the same room or even nursing in bed can help you rest and feed in comfort. You may want to have your baby with you all night long. Sleeping with your baby right from the start is a good way to support breastfeeding.

## Is my baby getting enough milk?

When babies nurse well, their diapers need to be changed often. **Count wet and poopy diapers every day until your baby is gaining weight well.**

**The minimum number to expect each day is:**

Day after Birth	Wet Diaper	Poopy Diaper
1	1	1
2	2	1
3	3	1
4	4-5	2
Your milk is flowing well	6	3 or more
Week 6	6	varies

## How wet or poopy should a diaper be?

Compare your baby's diaper to a dry diaper that you have put three tablespoons of water onto. A poopy diaper is filled with stool. If you have concerns that your baby is not peeing or pooping enough, call your Public Health Nurse.

## Learning hand expression

If your baby is not latching well, or is not able to latch, increase the amount of massage and hand expression you do. This will build a supply of milk to feed to your baby. Using a pump may be helpful.

What if I can't nurse my baby right away?

- √ Do some massage and hand expression as soon as possible after delivery. This will tell your body to produce milk.
- √ Express or pump at least 8 times in 24 hours (about every 3 hours) to help your body make milk.
- √ If your baby is in the Neonatal Intensive Care Unit (NICU), tell the nurses that you want to breastfeed as soon as baby is able to try.
- √ Take all the milk you pump to NICU so it can be given to your baby.
- √ Your baby needs all the colostrum and breast milk you are making.

# CUSTOMER COMMENTS

Date of Service: \_\_\_\_\_ Facility: \_\_\_\_\_

Type of Service: \_\_\_\_\_

(ie. lab, x-ray, hospital stay, day surgery, patient education, other)

1. Make eye contact and smile. Did we accomplish this?  **Yes**  **No**
2. Greet and welcome each and every Customer. *\*Good morning, May I help you?, How is your day going?, Have a good day.* Did we accomplish this?  **Yes**  **No**
3. Seek out Customer contact. *\*Ask if they need help, Listen to what they need, Offer assistance.* Did we accomplish this?  **Yes**  **No**  **N/A**
4. Provide immediate service recovery. *\*If something has gone wrong, take immediate action to correct the situation, If you can't help the Customer, find someone who can, Inform the Customer of process and progress.*  
Did we accomplish this?  **Yes**  **No**  **N/A**
5. Display appropriate body language at all times. *\*Be attentive, Be mindful of your facial expressions and your tone of voice, Turn toward the Customer when you speak to them, Open doors and hold out your hand indicating they should go first.*  
Did we accomplish this?  **Yes**  **No**
6. Improve the Customer experience, *\*Always focus on the positive, It is unacceptable to talk about personal or job-related problems in front of our Customers, Keep the Customer informed of wait times.* Did we accomplish this?  **Yes**  **No**

Please provide your comments on the service you received today.

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Return completed form to your health care provider or mail to:

Five Hills Health Region  
Quality Improvement/  
Risk Management Unit  
PO Box 1766  
Moose Jaw SK S6H 7K8  
Phone: (306) 694-0294



FIVE HILLS HEALTH REGION

***Service Commitments***



