

Around the Circle Midwifery

Caring for mom and baby after homebirth or birthing center birth

The Newborn

The first few days after birth are a time of transition from fetal to newborn life. Before birth, the uterus protects your baby from harsh stimulation and all of your baby's needs are met. Labor contractions and birth prepare your baby for life outside the womb, massaging and stimulating your baby to breathe, which is your baby's first new task after birth. At birth and immediately postpartum, circulatory changes occur allowing the baby's blood to pass through the lungs for oxygen. The umbilical cord system shuts down and is no longer your baby's life source. Your baby is learning to breath, suckle, digest, pee, poop, and cry. During this time it is important to closely monitor your baby's breathing, color, temperature, as well as ability to eat, poop and pee.

Support:

Plan to have someone rested and awake to help with mom and baby at all times for the next 24-48 hours. This could be the father or partner; however, chances are he or she is exhausted and in need of rest as well. If this is the case, have an additional family member, friend, support person, or postpartum doula there. This person is needed to help mom to the bathroom, to care for the infant while mom is showering or resting, prepare meals, and to monitor mom's general recovery. Your midwives will be available to answer any questions, and will provide a visit 24-48 hours after birth. The midwives will provide care for your baby in the first week; it is important to see the baby's care provider 10-14 days after birth.

Temperature:

Babies have a hard time regulating temperature at first. Keep your room heated to 80° F if you are unclothed. Add one layer of clothing for each 10° decrease in temperature. Another option is to keep the room at a temperature that feels comfortable to you and add one additional layer of clothing than what you are wearing to your baby. Take your baby's temperature frequently, to make sure your baby is between 98 and 99° F. To take the underarm temperature of your baby, place the thermometer under your baby's arm and leave it there to make sure you get an accurate reading. This can easily be done while baby is feeding, napping or snuggling. If your baby has a low temperature or you fear your baby might be cold, the best way to regulate its temperature is to place the naked baby on your naked chest, with a blanket over top. Think of your body as nature's heating lamp, it will help adjust your baby's temperature as needed. A knitted hat is also a very effective way to keep you baby warm, as most heat escapes through the head.

Skin:

Newborns are quite pink after birth, and may turn red during crying and vigorous activity. It is normal for your baby's hands and feet to be blue and perhaps cool, however the face and lips should never be blue. Your baby may be born covered in vernix, which is a white/yellow waxy coating that protects your baby in when it is inside of you. Don't wash off the vernix, simply rub it in. Mottling of the skin (an irregular pattern of patches or spots), rashes, peeling and flaking are all normal unless accompanied by symptoms. Rashes covering the body that look like flea bites are normal. If pus is present with the rash call the midwives.

The breast and genitals of babies of both sexes may be swollen. There may be a slight secretion of fluid from the baby's breast, which should not be squeezed out. The newborn girl might have vaginal discharge for three to five days which might even be tinged with blood. These are all effects of the mother's hormones transmitted through the placenta and are temporary.

Respiration:

The normal range of respiration in a newborn will be 30 to 60 per minute during the first days after birth. The respiration range then normally decreases to 30-40 breaths per minutes after the first 24 hours. It is normal for your baby's breathing to be irregular. The baby should not appear to be working hard to breathe. While babies are very noisy, there should not be any consistent sounds with inhalation or exhalation.

To determine your baby's respiration rate, count the number of breaths your baby takes during 1 minute, when the baby is quiet.

Mucus:

Your baby will have mucus in its nose and throat so may sound like he/she has a cold. You can suction gently with a bulb syringe to clear some of the mucus but ask one of the midwives to show you how before attempting on your own. The bulb syringe may not be necessary; your baby will sneeze and cough to clear its own airways.

Activity:

Throughout the day and night your baby will pass through different infant behavior states: quiet (deep) sleep, active (light) sleep, drowsiness, quiet alert, active alert, and crying. Most infants will spend sometime in each state each day. Walking, talking, singing, feeding, holding or rocking the baby can often help move from crying or fussing into more quiet states. Your baby is learning in the quiet awake state, so take this time to talk and play with your baby. Each infant is unique and responds to each parent in a unique way. Some newborns are easily soothed while others are not. Try different things with your baby to find out what works best for all of you. After an initial alert period of a few hours after birth most babies become sleepy and tired. This is a normal reaction to the stress of labor and birth and adjustment to life outside the womb. Your baby may take a 4-5 hour nap in the first day, mom should take this time to do the same, however after that be sure to wake the baby to feed every 2-3 hours.

Jaundice:

Your baby's skin may turn yellow due to excess bilirubin, which is a yellow chemical that is a normal waste product from the breakdown of red blood cells. The placenta clears bilirubin from the fetus' blood, but after delivery this task belongs to the infant and extremely high levels of bilirubin cause jaundice. Sunlight may be helpful for this condition. The midwives will check for jaundice at your home visit. If it appears and increases rapidly and the whites of your baby's eyes appear yellow call the midwives.

Bowel Movements and urination:

The first bowel movements are called meconium, which is black and tarlike, followed by transitional stools which are loose and greenish brown. By five days of age the breastfeed baby will be having yellow, soft or liquid stools anywhere from one with each feeding to one a week. The baby should have at least 1 bowel movement within the first 24 hours. Once the colostrum turns to true milk your baby should have 6-8 wet diapers a day. It is normal to notice a pink streak after urination in the first 3-5 days.

Umbilical Cord:

Keep the cord clean, dry and uncovered. The cord will drop off normally in the first week of life. If the skin around the cord becomes red and hot call the midwives. It is not necessary to use an antiseptic, like alcohol, on it. A strong odor as the cord heals is normal.

Sleep Safety:

There is nothing as precious as your soft, sweet, and snuggly newborn. Your baby will sleep for the majority of the day in the beginning months and it is very important to create a safe place for sleeping. If your baby is out of your arms, your newborn should be placed to sleep on their back ("Back to Sleep"). The sleep area should be free of excess bedding and stuffed animals. Please read the handout given to you by your midwife entitled "Safe Sleep For Your Baby" by the U.S. Department of Health and Human Services.

The Mother

During the postpartum period your body will adjust more quickly with lots of rest, good nutrition and fluids. It is important to pay attention to your body and watch for things such as infection and excessive bleeding. Some normal experiences you may have in the postpartum period due to the physical and hormonal changes of your body are: heavy perspiration, urinating frequently, fatigue, frustration, and rapid mood changes from very high to very low. During this time the best medicine for the mother is rest, rest, rest!

During the first week after birth you should only care for the newborn and yourself. Other work such as meal preparation, caring for other children and household cleaning should be done by others such your

partner, relatives, and friends. If you won't have support consider hiring someone. Fatigue makes everything worse, so nap whenever possible and get to bed early. Sleep every time your baby sleeps. After one week slowly start reintroducing small tasks into your routine. All women are different so listen to your own body to decide when you are ready for more activities and visitors.

Afterpains and bleeding:

Afterpains are the contractions that occur while breastfeeding. Nipple stimulation or suckling causes the release of oxytocin, which causes uterine contractions. These contractions hasten the return to a non-pregnant state. These contractions might be painful but they are normal and extremely beneficial. In women who have had more than one child, afterpains are sometimes severe for the first few days, requiring the use of relaxation and breathing techniques.

Your uterus should remain contracted and firm after the birth to prevent excessive blood loss. It is not uncommon for it to relax from time to time, especially if this is not your first baby. If you press your lower abdomen with your hands, it should be firm and round like a grapefruit. Your uterus may feel "boggy" or soft, which means it has relaxed and you need to make it contract by massaging your abdomen. With the side of your left hand, indent your abdomen deeply, just above your pubic bone. Your belly is very soft after birth, so it should be easy to do. Cupping your right hand slightly, massage your abdomen firmly below your navel in a circular direction. This may be painful, and your uterus should quickly firm up and respond to this stimulus by contracting. Check your uterus frequently, especially if it is hardening often. Ask your partner to help if needed. Frequent nursing will also help.

Lochia:

Lochia is the vaginal discharge occurring for 2-6 weeks after birth. Similar to a menstrual period in appearance, it progresses from a red heavy discharge for the first several days to a brownish or pinkish discharge for one or two weeks more, to finally a light yellow or white discharge that may last for another one or two weeks or more. Let your bleeding be your guide for activity, if it becomes heavier or redder at any point, it probably means you have done too much!

Perineum:

Your perineum is likely to be sore for a few days, from stretching or from stitches. It is helpful to put an icepack on your perineum intermittently for the first 24 hours or longer after delivery to prevent or relieve swelling. Use the squirt bottle after urinating. Taking a sitz bath 1-2 times a day may be helpful in relieving pain from stitches, hemorrhoids or general soreness. Don't wash yourself during a sitz bath, it is important to keep the water free of soap. Tucks (cotton pads soaked with witchhazel) may be applied to stitches or hemorrhoids if desirable.

Nutrition and Fluids:

Drink 2 to 3 quarts or fluids a day, which will help prevent bladder infections, replace fluid loss during labor and delivery and help assure a good breast milk supply. Eat a well balance diet according to appetite. A nutritious diet is even more important while you are lactating as it was during pregnancy. Continue taking your vitamins after your first bowel movement.

Bowel movements and urination:

You should have a bowel movement within three days after delivery. If you haven't had one within three days, call your midwives, you may need a laxative. Make sure to urinate within the first 4-6 hours. It is important to urinate in frequent intervals during the first three days. If you are unable to pee, call the midwives.