



WHEN TO CALL YOUR MIDWIFE - POSTPARTUM

The Midwife on call will check on you and the baby Mon/Wed/Fri of the first week when you are at home. You will then receive a home visit 2, 4 and 6 weeks after the birth. Your Midwife provides all necessary care for you and your baby for this time. You do not normally need to see your Doctor/Nurse Practitioner or until 8 weeks after the birth

Urgent Concerns with Baby

- Difficulty waking, lethargic behaviour, baby seems limp
- Decrease in frequency of feedings, too sleepy to nurse, hasn't nursed well in 5 hours after day of birth
- Temperature $>38^{\circ}\text{C}$ or $<36^{\circ}\text{C}$ taken under the arm with a digital thermometer (do not use ear or forehead scan thermometers as they are less accurate)
- Blue, gray or white colour in centre of body/chest or around lips (hand and feet will be pale/bluish normally)
- Redness, heat, pus, swelling around umbilical cord/belly button
- Sudden onset of heavy/brisk bright red bleeding from the belly button
- Breathing rapidly, more than 60 breaths in a minute for more than 10 minutes when not crying
- Seizure or jitteriness
- Sudden bruising or swelling
- Red or dark brown blood mixed with stools
- Pale or chalky coloured stools
- Suspected injury, trauma, or sudden illness

Concerns for the birther

- Bleeding that soaks a maternity pad completely in $<1\text{hr}$ is too heavy or blood clots larger than a lime
- Fever of $>38^{\circ}\text{C}$
- Foul/rotten smelling vaginal discharge
- Tender lumps, red patches or pink streaks on chest
- Extreme discomfort while nursing (after initial 20 seconds), cracked, blistered or bleeding nipples
- Leg pain with, or without, inflammation or swelling
- Sudden sharp chest pain or difficulty breathing
- Inability to pee >4 hours, or pain/burning when peeing
- Increased or new pain or swelling in the vagina, vulva, perineal or anal area
- Severe headache in the forehead, sparks or floating lights in vision, Pain under the ribs on the right side
- Nausea, vomiting, or diarrhea
- Emotional disturbances (e.g. exhaustion, depression, extreme anxiety, inability to sleep or eat, feeling unable to cope, thoughts of self-harm, thoughts of harming or leaving the baby,



compulsive behaviour such as repeated or uncontrollable urge to continually checking on the baby, intrusive thoughts

If you have concerns, or a feeling something isn't going well for yourself or your baby, please page the Midwife.

Normal Newborn Behaviour

Newborns look and act differently than older babies and children, as they are adjusting to life outside the womb. This chart is to help you figure out what is normal and what to do if signs arise that may indicate illness. It is important to watch your newborn for any unusual behaviour during the first hours and days of their life. In very rare circumstances, babies can develop an infection from bacteria such as Group B Streptococcus (also called GBS), which can cause serious illness. The signs of illness from GBS are most likely to occur within the first 24 hours, but sometimes occur later. It is important for all parents to know what is within the range of normal newborn behaviour and when you should contact your Midwife.

What to expect in the First few days	
Breathing	Your baby may breathe in clusters—there may be times when your baby's breathing seems shallow and rapid. At other times your baby's breathing may seem deep or slow. Your baby's breathing may be irregular.
Colour	Your baby may get: blue/purple feet and hands in the first 24 hours. blotchy and red when cold or crying. Red spots sometimes with yellow centres that look like pimples mild jaundice (yellow face) after 24 hours.
Temperature	Normal temperature range: Armpit 36.5°C to 37.6°C (97.7°F to 99.5°F)
Feeding	After the first 24 hours, your baby should eat every two to four hours, 8 to 12 times per day. Your baby will usually feed for a minimum of 20 minutes, though longer is very common. You should feed whenever your baby shows feeding cues, <u>not on a schedule</u> . A satisfied baby will detach from the nipple after finishing a feed. Your baby may cluster feed (eat many times in a row) and then have a longer stretch without feeding.
Diapers	Day 1 = 1 wet diaper Day 2 = 2 wet diapers Day 3 = 3 wet diapers Your baby's stool will appear black-greenish (meconium) for the first couple of days, until your colostrum (thick, sticky and yellowish first milk) transitions to mature milk. Breast milk stools are bright yellow, seedy/chunky and quite liquid. Once mature milk comes in (between third and fifth day), expect six to eight wet diapers a day and two or more stools that are liquid yellow, green or brown.



Sleep

Your baby will spend their early days and weeks in different states: deep sleep, light sleep, drowsy, quiet alert, active alert, crying. While newborns sleep about 16 hours out of every day, their sleep patterns are unpredictable; they may sleep for a few minutes or a few hours at a time.

Babies should always be put to sleep on their backs. Because your baby's stomach is so tiny at this age, they need to wake to feed often. In the first days and weeks, your baby should sleep for stretches no longer than four hours in a 24-hour period without waking to feed. If your baby is sleeping for a long period, wake your baby up and try to feed him or her. Some babies are difficult to wake; if they don't wake up with your first attempt, try again in 15mins. An effective way to wake your baby is to undress him or her, change their diaper and put them down. It is normal for it to take a while for babies to latch. Be patient! If your baby seems unusually sleepy and uninterested in feeding upon waking, try again in 15 mins or wipe a cool cloth on their face to help wake them up.

An overly sleepy baby can be a sign of dehydration, or too much jaundice. You must not let baby sleep longer than 3-4hours.

Breathing

Newborns often have irregular breathing patterns. Their breathing does not look or sound like an adult's. At times, newborn babies will breathe progressively faster and deeper, and at other times their breathing is more slow and shallow. It is normal for babies to occasionally pause their breathing for 10 seconds and then start up with a deep breath.

It is not normal for a baby to gasp for breaths or pant (quickly breathe – more than 60 breaths per minute) for 10 minutes or more. Babies make lots of different strange sounds and faces, and it can be difficult to know what is charming and normal and what should be concerning. It is normal for newborns to sound like a cat coughing up a hairball as they try to bring up mucous; they may also have bubbles at their mouths and become red in the face. Help them to their side, wipe away the mucous, and watch the colour of their face – it should be red or pink. If you see the lips or face turn blue, call 911.

Contact your midwife if you notice any of these signs that your baby is having difficulty breathing: Your baby's nostrils widen as he or she breathes (nasal flaring) for longer than a few minutes. Your baby makes grunting sounds with each breath; this lasts longer than a few minutes. The skin around your baby's ribs or at the base of the throat pulls in sharply with each breath. Your baby's breathing stops completely for more than 10 seconds.

Colour



A pink chest and face shows that your baby is getting enough oxygen. Your baby's hands and feet may be blue, purple or grey and cool to the touch for the first few days – this is normal. Your baby's skin may get blotchy and red after crying or when cold. You may notice red dots with yellow or white pimples in the middle – these are also normal.

Temperature

A newborn should be dressed in one layer more than you are comfortable wearing. DO not overwrap a baby as they can overheat very quickly. Placing your baby skin-to-skin (holding your bare baby against your bare chest or stomach), covered by a light blanket, will help them to regulate their temperature. If you want to know if your baby is too hot or too cold, feeling their chest or the back of their neck will give you a more accurate idea of their temperature than their hands or feet. It is normal for a baby's hands and feet to be cool for the first few days. The best way to take your baby's temperature is under the armpit (this is also known as an axillary temperature). Ear thermometers are NOT accurate for newborns and are not recommended. Normal armpit temperature is 36.5°C to 37.6°C (97.7°F to 99.5°F).

- If your baby's temperature is over 38.0°C (100.4°F), please contact your Midwife
- If your baby's temperature is over 37.5°C (99.5°F), remove a layer of clothing and take his or her temperature again after 30 minutes have passed.
- If your baby's temperature is over 37.5°C (99.5°F), and you have taken the above actions, please contact your Midwife.
- If your baby seems cold or his or her temperature is less than 36.5°C (97.7°F), place your baby skin-to-skin and cover you and your baby with a blanket. Take his or her temperature again after 30 minutes have passed. If the temperature remains less than 36.5°C, call your Midwife.

Muscle Tone

A newborn needs to be supported when held, but newborn babies should not feel completely limp in your arms. A newborn should display strong, well- flexed movements of his or her arms and legs. Their arms and legs will often be curled up, or will do so when you touch them

Feeding

If you are nursing, putting your baby to the nipple often gives your baby valuable nutrient-rich colostrum (thick, sticky and yellowish first milk), helps establish your milk supply, and helps both you and your baby learn how breastfeeding works. Your baby NEEDS to eat at least every two to four hours (sometimes much more often), usually for a minimum of 20 minutes at a time. It can sometimes take time for you and your baby to learn how to nurse. Spending time together skin-to-skin will help encourage your baby to latch and feed. Your baby may spit up after eating, usually small amounts of milk come out and dribble down his or her chin.

A good online resource is: <http://www.breastfeedinginc.ca/> or www.kellymom.com

You can also see videos at <http://www.breastfeedinginc.ca/vdeoscat/english/>

Diapers



Your midwife may ask you to keep track of the number of wet and soiled diapers your baby produces. I like the Huckleberry App to help you track. A disposable diaper feels heavier if it's wet. Many diaper brands today have a urine indicator that turns blue in the presence of a certain amount of urine. Not all diapers do, and some pees in the first few days may be too small to make this happen. If you have trouble telling when the diaper is wet, put a tissue in the bottom of the clean diaper. Sometimes babies will have what looks like "brick dust" in their diapers in the first few days, a pinkish or orange coloured spot. These are called uric acid crystals, and they are normal. A female baby may have a small amount of bloody discharge from their vagina, this is a response to mother's hormones and it is normal and temporary.

Umbilical Cord

As your baby's cord begins to fall off (anytime in the first 14 days) it may begin to look "goopy" and a small amount of blood or discharge may come off on your baby's diaper or clothing. Your baby's cord may also have a strong smell; this is normal. It is NOT normal for the skin around the base of the umbilical cord (on your baby's stomach) to become red and infected-looking. If it does, contact your midwife.

Newborn Calming

It takes time and practice to learn to soothe your newborn. They are used to being tightly held, moving, being warm & seeing darkness and hearing lots of white noise in the womb! Here are some suggestions to try to calm your baby. Use these when you know the baby isn't hungry, the diaper isn't dirty, and he/she isn't too cold or hot:

- Holding the baby closely, and gently rocking, bouncing or swaying
- Allowing them to suck on one of your (clean) fingers, or a soother
- Carrying baby in a wrap/carrier
- White noise, or loud shushing (bathroom fan, vacuum cleaner, white noise machine)
- Bouncing on an exercise ball while you are holding them
- Carrying them in a side-lying position