



The Village Midwife, LLC

Jennifer L. Rector, LM, CPM

321 Main Street, Suite C

Newport News, VA 23601

P 757-472-2936

F 757-257-0086

POSTPARTUM INSTRUCTIONS

You are in bed, with your baby in your arms; now YOU need special care. These instructions are to guide you and the people who will be caring for you in the first few days and weeks at home.

STAY IN BED FOR THE FIRST WEEK! Allow yourself to be queen for a few days.

Pamper yourself so that you can pamper your baby. Your body is rapidly returning to its pre-pregnant state, undergoing an enormous reversal of the changes which occurred during pregnancy. You are developing a milk supply and healing a wound (the size of a dinner plate) left by the placental separation. Because your sleep is continually interrupted by the needs of the baby, fatigue is your greatest enemy, as well as the greatest threat to your comfort and contentment.

VISITORS:

Tell friends and relatives that you need privacy and rest for the first ten days in order to establish a good nursing relationship with your baby and recover from labor and birth and heal your body. Establish visiting hours and limit the time to 15 minutes. If you need a reason to back this suggestion up, blame the midwife. (IE: you must leave now because the midwife said so)

Sometimes people think because you gave birth out of hospital, that life goes on as normal and that they are as welcome as ever to visit for as long as they like. People love to be around the new parents and soak up the love that they are giving. Please conserve your energy; you are running on adrenaline and your own endorphins. This will last 48 to 72 hours, until about the time your milk comes in. The love you feel is meant to be for your baby and your immediate family. Have your partner protect you from visitors. If you must see people, set visiting hours and let people know in advance that it will be baby viewing only and limited to fifteen minutes. You may easily get worn out by repeating your birth story; we suggest that you just let people know you will be better able to tell them later, after you have processed it yourself.

We notice that many people (especially first-time parents) will hesitate to put the baby to breast upon demand if there is anyone other than their partner in their presence. They will put the baby's feeding off until they are alone. Often this leaves them alone with a screaming, hungry, and frustrated baby, too fussy to latch on.

THE FIRST DAYS:

- Check your uterus. It should be at or lower than your belly button. If it is higher than your belly button, rub your uterus until it is hard. If it does not lower, CALL ME.
- CALL ME if you have sharp pain in the calf when someone pushes on the bottom of your foot.
- If you are soaking more than 1 pad an hour or you experience foul smelling discharge, CALL ME.
- If you faint or have a rapid pulse rate over 110 or a temperature over 100.4 F, CALL ME.
- For afterbirth pains, take up to two Calcium w/Magnesium tablets and Vitamin D every 10 minutes (take these before the pains get too bad).
- Take 1000mg of Tylenol every 6-8 hours **or** 800mg of Ibuprofen every 6 hours for pain.
- For Varicose Veins take Vitamin E up to 1200 IU.
- Any serious concern for self or baby, CALL ME!

ACTIVITY:

Your only activities should be to care for yourself and the baby with some brief periods of undivided attention to your older children. Have someone with you for the first few days who will wait on you but NOT take your attention. You may feel lightheaded or faint from blood loss when you first get up, so have someone with you on your first walkabouts to the bathroom. If you have extra energy take a short walk or sit in the sun. Please avoid shopping malls or other public errands. Avoid lifting heavy things, including toddlers, for three weeks. You can get down on the floor with them, meet them on a couch, or if need be, let them climb up to you. You will find that fatigue arrives suddenly. Honor it and go to bed with your baby. Learn the art of napping with the baby. It is a great pleasure and may save your mental health.

EXERCISE:

Watch your posture and hold your tummy in conscientiously. Pelvic floor contraction and relaxation (Kegel's) is excellent for restoring perineal muscles. It also promotes healing and comfort of your perineal area. Avoid heavy lifting or pulling for at least a month or so. Also avoid jogging and swimming for as long as you are bleeding.

BATHING AND HYGIENE:

You will find that you perspire freely and will be more comfortable with frequent bathing and/or showering. Tub baths are ok immediately after birth. Just be sure your tub is clean! If your perineal area is sore, take one or more baths a day. Add one handful of sea salt to the water or use an herbal sitz bath. A daily bath in 101-degree F water can be a great pleasure for you and your baby together.

PERINEAL CARE/HEMMORHOIDS:

Everything heals very fast in the perineal area due to the wonderful blood supply that developed during pregnancy. Primary healing takes place in the first 24 hours after injury. Kegel or pelvic floor squeezes aid healing.

- Soak bottom in basin with Comfrey tea (cold first day, warm after) four times a day.
- Use a plastic squeeze bottle or ordinary pitcher of warm tap water after each urination and/or bowel movement.
- Tuck hemorrhoids back in, using clean fingers and Tucks or Witch Hazel soaked cotton balls.
- Rest in bed or on sofa with **legs together** for 7-10 days. Take it easy!!
- After bathing or soaking, pat dry or dry the perineal area with the low setting of a standard hair dryer.

HERBAL COMPRESSES:

These can feel really great and speed healing!!

Mix: 3 parts comfrey leaves
1 part slippery elm
1 part white oak bark
1 pinch of dry powdered ginger

Place two generous tablespoons of mixed herbs in a paper coffee filter and fold edges to contain herbs. Place in a bowl and pour boiling water over the compress, let steep 5 minutes so that it cools until it is very warm but comfortable, then put on perineal area, cover with a pad or wash cloth to hold the heat, and relax for 20 minutes. Remove and follow with a cold water wash cloth to contract the dilated blood vessels.

URINATION:

You should be able to urinate within 2 hours of the birth and every 4 hours or so during the next 24 hours. If you have any problems call us as soon as possible. It may sting, so be sure to use your squeeze bottle while urinating as needed for comfort.

BOWELS:

DRINK, DRINK, DRINK! All kinds of fluids. To keep your stools soft, eat whole grains, bran or oatmeal cereal, fruits and vegetables in generous amounts. The following foods are binding and can cause hard stools, so avoid them the first three days: meat, milk, eggs, cheese, bananas, and peanut butter. It is important to move your bowels with the first natural urge. This will help you avoid developing hemorrhoids. It may be wise to use a stool softener. Call us if you feel constipated and you have had no bowel movement by the third day.

VAGINAL DISCHARGE OR LOCHIA:

Lochia is the bleeding you experience after the birth of your baby. It will be like a heavy menstrual flow. It should be intermittent rather than steady. You may feel an increased amount when the baby nurses, as nursing causes the uterus to contract. This expels any blood that has collected along with other tissue debris from inside the uterus. Lochia may also increase when you get up from a lying down position. This reflects only the emptying of the vagina as your change of position allows the discharge to spill out. Your lochia will begin as bright red, then turn dark red and/or brownish – like old blood – and will eventually become a yellow or white fluid. It may persist for 3-5 weeks. Use pads rather than tampons.

When the baby is between 10 days and 3 weeks old, you may experience what seems like a light menstrual period for a day or two. This represents the coming away of the last remains of the placental clot. The flow may come all at once and resemble very thick mucus. Bright red discharge should subside within a day or two with your lochia soon returning to what it was before. Persistence of bright red discharge and/or passage of clots should be reported. It may represent too much work or activity too early. Slow down, rest a bit more, drink plenty of water and call us.

The fundus (top of the uterus) should feel round and firm and like a grapefruit. If the uterus gets boggy or heavier bleeding occurs, massage the uterus until it gets firm again. The uterus should be at or below the level of the bellybutton and decrease by one finger's breadth per day. If you are concerned about any aspect, please give us a call.

INTERCOURSE:

We advise that you wait until all bleeding has stopped and until you feel physically and psychologically comfortable. The first time you have intercourse you may be a little sore or tender, so go easy.

Most people find there is very little lubrication during the postpartum period and early months of breastfeeding. This returns with time, when you return to your normal menstrual cycle. Meantime, you may need a water-based jelly, like K-Y. After giving birth, people may have many fears and feelings about intercourse. It may take longer for arousal and orgasm to occur after birth than before. With adequate foreplay you may find there is no need for any additional lubrication, so take your time. We advise that the postpartum person initiate first intercourse. We suggest that they determine depth and vigor of penetration. One wonderful side effect of birth is the increased vascular network in the vulva. This increases engorgement and strength of orgasm for many people. For some, it is the first time they experience orgasm.

It is possible to ovulate as early as 4-6 weeks postpartum, even if breastfeeding. If not getting pregnant right away is important to you, you would be wise to use some form of birth control. Contraceptive foam or suppositories and condoms together are fine.

BREASTFEEDING:

Please invest in a good book about nursing. Some books that may be helpful to you are:

- *BESTFEEDING: Getting Breastfeeding Right for You*, by Mary Renfew, Chloe Fisher and Suzanne Arms
- *Nursing Your Baby* by Karen Pryor and Gale Pryor
- *The Womanly Art of Breastfeeding* by La Leche League International

Your breasts are full of colostrum at delivery. This is baby's perfect first food, containing protein, fat, minerals, and vitamins. Breastfeeding stimulates hormones that help calm and sedate the lactating person and increase the efficiency of baby's digestion. Breastfeeding also seems to decrease the chances of children developing allergies.

Put the baby to breast on demand. That is anytime they are awake and making any mouthing movements. The more often the baby sucks in the first few days the more their bowels are stimulated into action, and the sooner the meconium is passed. This decreases the chance of serious jaundice developing. Also, the more the baby is allowed to nurse, the sooner the milk is pulled in, and the less engorgement is experienced.

Extra blood flowing to the breast, combined with poor muscle tone in the duct walls, can result in venous stasis. Venous stasis can cause engorgement. Engorgement is temporary, lasting 24 to 48 hours, and is noticed in varying degrees in different lactating people. In most cases, putting the baby to breast more often will give relief. If the fullness makes it difficult or impossible for the baby to latch onto the nipple or if you are extremely uncomfortable, try the following:

- Express a little milk to soften the areola (darkened area around the nipple) just before the baby nurses. This will enable the baby to latch onto the nipple.
- Apply warm moist heat to the breast. A warm shower and expression of milk just before the baby nurses will soften the area around the nipple enough to help the baby latch on. Be sure to express only enough milk to soften the breasts slightly.
- If your breasts become engorged put a cool or frozen cabbage leaf on each side, leave until the leaf gets warm and then use another cool or frozen leaf.

It is not necessary to wash off the nipples prior to nursing. Use only plain water on the breast when bathing. Nature keeps the nipples clean and lubricated by secreting an oily solution from the little glands (Montgomery Tubercles) on the areola.

Breastfeeding depends on you having good emotional support, practical help and skilled assistance if you have difficulty getting it right or if you develop problems. The ABC's of nursing are:

- A good position. Sit or lie in a comfortable position.
- Hold baby belly to belly, mouth in line with nipple.
- Always have something to drink within reach.
- Make sure baby has a lot of the areola (NOT JUST THE NIPPLE) in their mouth (this is the number one cause of sore nipples).
- Put your finger in baby's mouth to break the suction when through nursing.
- If you have any problems, please consult someone from La Leche League.

Call if you have a fever of 100.4°F or higher, or if you get red, tender areas on your breast. Keep nursing on the affected side to keep that breast relatively empty and lessen chances of any possible infection spreading.

POSTPARTUM CONCERNS:

We will come by to check on you a few days after your baby is born. We ask that you call us if you have a concern. While we understand that a problem may occur in the middle of the night, please try and call with problems early in the day - if it is at all possible - so we have time to deal with them before it is time to sleep.