

BRIGHAM HEALTH



**BRIGHAM AND
WOMEN'S HOSPITAL**



A Guide for New Parents

Caring for you and your baby



Approved by the CWN Patient
and Family Advisory Council

MARY HARRIGAN CONNORS CENTER FOR WOMEN'S HEALTH

Congratulations!

Now that your baby has arrived, we have more information to share with you. You may feel unsure of how to care for your new baby or feel that you may make a mistake. You also may notice changes to your body and have questions about how to take care of yourself.

We have created this guide to help answer your questions and to give you some guidance. If you need more information, please feel free to ask your doctor, midwife, or nurse.

We are here to give you the best possible health care and information. Let us know how we can help.



Patient Gateway – your access to Brigham and Women's Hospital

Patient Gateway is the secure, online resource to contact your physicians and practice staff at Brigham and Women's Hospital and throughout Partners HealthCare. With Patient Gateway you can communicate with your physician, request prescription renewals, appointments and insurance referral authorizations for appointments with a specialist. You can also access your laboratory results, immunization record, medication list, as well as quality health and disease information. Patient Gateway is a secure website that works with any computer. There is no software to download so you can access your free account from multiple computers (home, work, library, etc). To enroll in Patient Gateway, please visit patientgateway.org.

Taking Care of Yourself

Activity and Rest

Giving birth to a baby is physically exhausting. You may be very tired and need to rest even if you are in great shape. It can take four to eight weeks after giving birth to feel like yourself again.

We know that this is an exciting time for you and your family. However, think about limiting your visitors and phone calls. This will give you a chance to rest. It also will give you time to learn how to take care of yourself and your new baby.

Cramps

After your baby is born, your uterus will contract to return to its usual size. When this happens, you will have cramps. These are called after birth pains. They usually stop in three to four days.

- Breastfeeding moms may have more cramps during and after nursing.
- If you have had other children, your cramps may be worse. This is because your uterus has to work harder to get back to its usual size.

Bleeding

After birth, you will have vaginal discharge called lochia. This is made up of blood and the lining of your uterus that is no longer needed.

- Your vaginal bleeding may increase as you start to move around, and you may have small clots. This is normal.
- The discharge usually changes color over several weeks. It goes from bright red, to pink, and then to white.

Call your doctor if:

- You are soaking through a large pad every hour.
- Your vaginal bleeding increases and does not slow down when you rest.
- You are worried about the amount, color, or how long you have been bleeding.

Remember: do not put anything in your vagina for six weeks.

Stitches

If you have stitches, they may still feel uncomfortable when you first go home. Your stitches do not need to be taken out and will dissolve in about three weeks. It will take about two to four weeks for your skin to heal completely. Use witch hazel pads during this time to help with the itching that comes with healing.



Perineal Care

Until you stop bleeding, use the peri-bottle we give you each time you use the toilet.

- Always wipe from front to back, away from your vagina.
- For the first week at home, use soft tissues and gently pat dry.
- Change your pads often.

Discomfort

If your perineum hurts or is swollen, put ice on the area for the first 24 hours after birth. Then, use the sitz bath three times a day for 20 minutes. This is a special basin filled with warm water. Sit on it to soak your perineal area.

How to Take Care of Your Discomfort

- Be less active. Take time to rest. If you have other children, read to them or play a quiet game.
- Fix your pad so that it does not rub against your stitches.
- Put Tucks® or witch hazel pads on your stitches each time you change your pad; after each sitz bath; and whenever you are uncomfortable.
- Take acetaminophen, ibuprofen, or prescription pain medicine the way your doctor instructs.

Hemorrhoids

You may have hemorrhoids in late pregnancy or after delivery. Hemorrhoids usually get better and disappear.

If they are bothering you:

- Try witch hazel pads, Tucks®, sitz baths, or an over-the-counter hemorrhoid cream.
- Avoid straining when you have a bowel movement.
- Do not stay seated in the bathroom for a long time.

Constipation

You may be constipated the first few weeks after giving birth. To avoid constipation:

- Drink eight to 10 glasses of water each day.
- Eat foods high in fiber, like raw fruits and vegetables, fruit juices, figs, dates, prunes, whole grain breads, and bran cereal.
- If needed, use a mild laxative or stool softener, like Milk of Magnesia[®], Senokot[®], or Peri-Colace[®]. (If you are breastfeeding, use Metamucil[®] or Colace[®], which is also called docusate sodium.)

Eating and Drinking Well

- Be sure to eat breads, leafy vegetables, and fruits, as well as milk products, meats, and fish.
- Snack on fruit or low-fat dairy products if you're hungry between meals.
- Keep taking prenatal vitamins if your doctor advises.
- If you are breastfeeding, your body needs liquid to make milk. Make sure you take the time to drink whenever you are thirsty.

The Baby Blues

Having a baby brings a lot of joy, but it also can bring anxiety. Taking care of your baby may make it hard to find time for other things you need to do. Even something as simple as taking a shower may be difficult.

Your feelings may change quickly after having a baby. Many women have trouble concentrating.

As many as 80 percent of all new mothers also have feelings of depression called the *baby blues*. The baby blues happen suddenly in the first few days.

If you have the baby blues, you may feel sad and cry for no reason. You may feel lonely, impatient, irritable, and anxious. If these feelings do not pass in a few days, please speak with your doctor, midwife, nurse, or nurse practitioner.

Medicines

You may use over-the-counter medicines for colds, headache, constipation, hemorrhoids, and insomnia unless your doctor tells you not to.

However, if you are breastfeeding, these medicines may affect your baby. Before taking these or other medications, please check with your pediatrician, doctor, midwife, or nurse practitioner.

For Cesarean Births

You will be asked to get out of bed shortly after your cesarean birth. Your Foley catheter and IV will usually be taken out within 24 to 48 hours.

Normal Changes to Your Body

You may have some changes in your body and your hormones after giving birth. These changes are normal and temporary. They should decrease as your body returns to how it was before pregnancy. You may have:

- Hot flashes or night sweating
- Urinate more often
- Dry skin
- Hair loss
- Vaginal dryness
- Mood swings

How to Take Care of Your Pain

You will have some discomfort around your incision. This is normal. The discomfort should lessen each day.

Your doctor or midwife will order pain medicine for you. Your nurse will ask about your pain. On your first day, ask for the pain medicine at regular time periods to control the pain.

There is more information in your discharge instructions about how to take care of yourself after a cesarean birth.

Taking Care of Your Baby

Caring for Your Baby in the Hospital

During your stay you will take care of your baby, including changing your baby's diaper. Your nurses will help you. They will answer your questions, give you information, and teach you parenting skills.

If you have any questions or worries, talk to your nurses. They are here to help in any way they can.

Skin-to-skin Contact

With skin-to-skin contact, your baby will be placed directly against your chest. Skin-to-skin contact should be practiced immediately after birth for at least one hour and then as frequently as possible thereafter. Skin-to-skin contact is also possible and should be done after a cesarean delivery. Babies who have skin-to-skin contact generally have better breastfeeding success. They may also be calmer, have better blood sugar levels, improved respiratory rates and healthier body temperatures than babies who do not receive skin-to-skin contact. Your partner can do skin-to-skin contact as well.

When to start/how often to use skin-to-skin care:

As soon as possible after birth:

- When your baby is sleepy, it helps to wake your baby for feeding
- When your baby is cold, it helps to warm your baby
- When your baby is fussy, it helps to quiet your baby

- Anytime for comfort, relaxation and enjoyment of baby and parents

Benefits to Baby:

- Helps keep temperature, heart rate, and breathing normal
- Helps keep blood sugar and oxygen levels normal
- Lessens crying, which saves energy
- Improves ability to fight infection
- Promotes better and more frequent feedings
- Lessens weight loss
- Reduces stress hormone level

Benefits to Mother:

- Increases the amount of colostrum (early milk)
- Lessens engorgement
- Helps mother respond to baby's feeding cues easily
- Promotes relaxation, sleep and healing
- Increases confidence in caring for your baby

Rooming-in

We are encouraging mothers to maximize time spent with their newborns. Prolonged separation of a mother and newborn is associated with a lower likelihood of establishing successful breastfeeding. Keeping your baby in your room also provides the following benefits for you and your baby:

- Babies who stay in the room with their mother cry less often, sleep more, breastfeed better and longer, gain more weight each day, and are less likely to become jaundiced.
- When your baby stays in your room with you all the time, you will learn how to understand your baby's cues more quickly.

We work with each expectant mother on her birth plan, including care for her newborn. While we encourage breastfeeding for optimal nutrition, we respect each mother's choice and needs on infant feeding. Also, all of our new moms will continue to have our newborn nursery available to them and their babies as needed.

Your nurse will provide you and your family with education to help you:

- Feed your baby
- Learn about your baby's care
- Comfort your baby
- Learn normal newborn behaviors
- Respond to your baby's needs
- Find time to rest

The more time you spend with your baby the better you will get to know each other. And the more you know about your baby, the better you can meet your baby's needs.

Recommendations on pacifier use from The American College of Pediatricians:

- For breastfed infants, delay pacifier introduction until breastfeeding has been firmly established, usually by 3-4 weeks of age.
- Pacifiers should not be hung around the infants necks. Pacifiers that are not attached to infant clothing should not be used with sleeping infants.
- Objects such as stuffed toys, which might present a suffocation or choking risk, should not be attached to pacifiers.
- The pacifier should be used when placing the infant down for sleep and not reinserted once the infant falls asleep. If the infant refuses the pacifier, he or she should not be forced to take it.

Baby Safety in the Hospital

While you are in the hospital, do not let anyone take your baby unless you know they are a staff person. Our staff wear pink BWH ID badges. Make sure the picture on the badge matches the person with the badge.

If your pediatrician asks a doctor from Children's Hospital Boston to see your baby, the doctor will show you a Children's Hospital Boston ID badge.

Only parents and individuals with a BWH ID can go into the nursery. When you go to the nursery, press the doorbell. Your ID will be checked, and you will be allowed to go in.

Caring for Your Baby at Home

Once you bring your baby home, think about limiting the number of people who visit. This is a special time for you to bond with your new family and get to know your baby. Let family and friends help you by running errands and doing household chores.

When you do have visitors:

- Ask them to wash their hands before holding the baby.
- Do not let anyone visit if they have a cold or have been around someone who is sick.
- Make sure siblings wash their hands before touching the baby.

What to Expect

It is normal for your baby to lose weight in the first few days. Most babies regain their birth weight a couple of weeks after they are born. Then, they double it by six months and triple it in one year.

Safe Sleeping

Newborns are asleep more than they are awake in the first days. As they grow, they will sleep less and stay awake longer.

To keep your baby safe while sleeping:

- Always put your baby on his or her back on a firm surface.
- Do not put pillows, toys, stuffed toys, or blankets in the bassinet or crib.
- Keep your baby warm but not overheated.

The American Academy of Pediatrics states that the safest way for a baby to sleep is on the back. It has been proven to lower the risk of Sudden Infant Death Syndrome (SIDS).

Crying

The first cries of your baby may be music to your ears. However, over the next weeks and months your baby's crying may be upsetting and stressful.

This is especially true when you cannot get your baby to stop crying. Understanding why your baby cries can help you deal with this stress in a healthy way. Always respond to your baby's cry.

Tips for When Your Baby Won't Stop Crying

- Try skin-to-skin contact, swaddling, a pacifier or allowing baby to suck on your finger.
- Make sure your baby is fed and dry.
- Feed your baby slowly and burp your baby often.
- Rock your baby gently.
- Use a baby carrier and go for a walk.
- Take your baby for a ride in a stroller or car.
- Try a wind-up infant swing.
- Ask for help.

If you are feeling tense or angry and you think you may shake or hit your baby, put your baby in a safe place, like the crib. Walk away for a short break. Never yell at, hit, or shake a baby.

Shaken Baby Syndrome is a severe type of head injury. It is caused by shaking a baby very hard. When a baby is shaken, the baby's brain hits the inside of the skull. This causes bruising, swelling, and bleeding of the brain. It can lead to permanent damage and even death.

Bathing

The first bath may seem a little scary, but it also can be full of laughter. Many babies love bath time, and it can become a relaxing routine. Remember, bathing your baby gets easier with practice.

Choose a time when you are not hurried. Make sure the bath area is not drafty. Put all of your supplies nearby, including:

a soft washcloth, clean or warm water in a tub or sink, and mild unscented soap or no soap and towel.

Never leave your baby alone during bath time. If your baby is cold, try skin-to-skin contact to warm your baby.

How to Give Your Baby a Bath

- Put your baby in the tub. Support baby's head.
- Wash your baby from top to bottom. Clean the diaper area last. Be sure to clean well between the skin folds.
- Wash your baby's face with a washcloth and no soap.
- Use clean water and gently wipe from the inside to the outside corner of each eye. Use a clean washcloth or cotton balls.
- Wet baby's hair and scalp with water. Gently rub in baby shampoo. Pour water over baby's head to rinse. Try to avoid getting soap in the baby's eyes.
- Support your baby's head and neck with your hand under the chin. Lean your baby forward to wash the back. Rinse with clean water.
- Clean the diaper area: For girls wipe from front to back; for circumcised boys, clean the healed penis the same way as the rest of the body; for uncircumcised boys, do not pull back the foreskin, just clean and rinse.
- Lay your baby on a clean towel. Quickly dry off your baby before diapering and dressing.

Cord Care

Your baby's cord does not need any special care. Just gently wash the area every time you give your baby a bath. Gently pat the area dry when you are done.

Diapering

Before you diaper your baby, gather your supplies including a clean diaper, baby wipes, a diaper pail, and diaper rash ointment.

How to Diaper Your Baby

- Lay your baby on the changing table. Put a cloth under your baby to keep the changing table clean.
- Gently hold your baby's ankles and lift as you take off the diaper.
- If your baby has a full diaper, use a clean part of the diaper to wipe the area. Then, wrap the used diaper into a bundle to be thrown away.

Cutting Your Baby's Nails

Cutting your baby's nails may seem scary at first. Try filing the nails with a nail file during the first few weeks when the nails are tiny and soft.

- Clean the diaper area with wipes or a damp washcloth.
- Always wipe from front to back. Be sure to clean between the folds of the skin.
- Ointment with zinc is best to treat diaper rash. Do not use Vaseline®.
- Put on a clean diaper. Hold your baby's ankles and lift his or her bottom. Slide the back of the clean diaper under your baby's bottom. Lower your baby's legs.
- Pull the front of the diaper up between your baby's legs. Stick the tabs down on each side. Redress your baby and wash your hands.
- Never leave your baby alone during diapering.

Did you know?

An axillary temperature of 99° F is the same as a rectal temperature of 100.4° F.

When you call your baby's doctor, do not add or subtract the number because of where you took it. Just tell the doctor:

- Your baby's temperature
- How and where you took the temperature

Taking Your Baby's Temperature

There are two ways to measure your baby's temperature: under the arm, which is called an axillary temperature and in the backside, which is called a rectal temperature.

You do not need to take your baby's temperature regularly. Take it if your baby feels warm or is not acting like himself or herself. Take an axillary temperature first, then call your baby's doctor.

How to Take an Axillary Temperature

- Put the end of the thermometer in your baby's armpit. Hold your baby's arm down at his or her side.
- Press the "on" button. Keep the thermometer in place until it beeps.
- Take it out and read the numbers in the window. This is your baby's temperature.
- If your baby's temperature is higher than 99.0° F, your pediatrician may want you to take a rectal temperature.

How to Take a Rectal Temperature

- Wash your hands and the thermometer. Press the "on" button.
- Lay your baby on his or her back on a firm surface. Lift your baby's legs and gently spread the cheeks. Use both hands, one for the thermometer and the other to hold your baby securely.

- Gently put the end of the thermometer about 1/2 inch into your baby's rectum.
- Hold it in place until it beeps. Take it out and read the numbers in the window. This is your baby's temperature.
- Call your pediatrician if your baby's rectal temperature is higher than 100.3°F.

Overbundling Your Baby

Many people believe that over-bundling a baby can make the baby's temperature go up. This is partly true.

It has been shown that a baby's skin temperature goes up when a baby is over-bundled. Then when the baby is un-bundled, the baby's skin cools down. When the temperature is checked again with an axillary thermometer, it is lower.

However, this is only true for an axillary temperature. A rectal temperature is not changed by bundling a baby with too many layers of clothing or blankets. This is especially true if the temperature is over 100.3° F. Always call your doctor for a rectal temperature over 100.3° F.

When to Call Your Baby's Doctor

Call your baby's doctor if your baby:

- Seems ill or is not acting like him or herself.
- Is not eating well or won't eat.
- Has a rectal temperature over 100.3° F.
- Has less than six wet diapers in 24 hours.
- Is still passing meconium at three days of age.
- Has a yellow color to the skin.
- Is very sleepy and hard to wake.
- Is throwing up again and again.
- Is crying a lot with no known cause.
- Has an unusual or severe rash.
- Has frequent or very large, loose stools.
- Has no stool in 24 hours during the first week of life.

Feeding Your Baby

Feeding your baby is one of the nicest experiences of early parenthood. It is a time to be close and to nurture and communicate with your baby in your own special way.

Choosing to breast or bottle-feed is an important decision. Parents choose each method for different reasons. The one that you choose should be the one that is right for you, your baby, and your partner.

We encourage all new mothers to breastfeed and we are dedicated to helping all women meet their personal feeding goals. If a new mother cannot or chooses not to breastfeed, we will make sure she feels confident about safe formula feeding before she leaves the hospital.

BRIGHAM HEALTH



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**HARVARD MEDICAL SCHOOL
TEACHING HOSPITAL**

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