Caring for Yourself and Your Baby

DISCHARGE INSTRUCTIONS
Dear Capital Region Patient,

Congratulations! Your pregnancy is over and you have a new baby! Regardless if this is your first baby or not, you are bound to have questions. The following information will help you care for yourself and your baby during the first few weeks.

Having a baby is hard work. You and your baby need lots of rest during your first week or two. We suggest that you limit your visitors so that you may rest and learn the important skills you need to take care of your new baby.

Those who touch or hold the baby need to wash their hands well. Those with signs of illness should not visit you or your baby. For specific visiting guidelines or for any questions, please speak with your nurse.

Sincerely,

The Family Maternity Care Center Staff at Capital Region Medical Center
Caring for Yourself After Delivery
Caring for Yourself After A Vaginal Delivery

**Always practice good hand washing. Wash your hands with soap and water to prevent the spread of germs before and after caring for yourself.**

**Care of the Perineum:**

Soon after birth your nurse may place an ice pack on your bottom or perineum. Ice packs may be used in the first 24 hours after delivery to decrease the swelling and pain from delivery.

**Care for Your Stitches:**

You may have a laceration (a tear) or an episiotomy (small cut made down from the vagina to make more room for the baby). After delivery the skin may need to be repaired or sewn up.

- Each time you use the bathroom, rinse or squirt your bottom with warm water with the pericare bottle provided for you.
- Use a clean tissue to pat yourself dry and if you wipe always wipe from front-to-back to prevent infection.
- Change your sanitary napkin/pad every time you use the bathroom.
- Taking a warm shower with a hand held wand directed at your bottom may relieve discomfort and help you heal.
- Use pain relieving ointments, creams, and pads as ordered by your doctor.
Caring for Yourself After a C-Section Delivery

- Each time you use the bathroom, rinse or squirt your bottom with warm water with the pericare bottle provided for you. Use a clean tissue to pat yourself dry and if you wipe always wipe from front-to-back to prevent infection.

- You may gently wash your incision with soap and water. Gently pat this area dry. Depending on what type of closure your incision has you may receive individual instructions regarding the dressing removal.

Types of Cesarean Section

Vertical Incision

Horizontal Incision
Things to Consider after Your Delivery

- You will have bleeding similar to a regular period. It will be bright red in color. It may be heavier the first time you get up after delivery and when you breastfeed. **Call the nurse if you have large clots (size of an egg or larger) or very heavy bleeding (saturating more than 1 peri pad/hour).**

- You may experience difficulty urinating after delivery. Try to use the bathroom every 2-4 hours. Relax to try to empty your bladder. It may be helpful to run the water in the sink to start the flow of urine. **If you are unable to urinate, please let your nurse know.**

- You should have a bowel movement within a few days following your delivery. Use stool softeners as recommended by your doctor.

- You may have some cramping after delivery. This is normal as your uterus returns to normal size. This discomfort may be stronger if you have had more than one baby or during breastfeeding. Please communicate your pain with your nurse so that we can utilize medications and comfort measures to help alleviate your pain.

- You may sweat and urinate more after birth. Your body is getting rid of extra fluid you needed while you were pregnant. You may experience night sweats. Mild swelling of your hands and feet in the first couple of weeks may be normal.

- Avoid heavy lifting/ activity—do not lift anything heavier than your baby.

- You may shower and shampoo your hair as desired but do not take a tub bath until released by your physician.

- Do not use tampons, douches, or have sexual intercourse for 4-6 weeks after delivery. It is possible to ovulate 2 weeks after birth and become pregnant again before your first period.
Avoid driving until you can safely and comfortably do so, usually this takes approximately 1-2 weeks. Do not drive if taking narcotic pain medication.

Your menstrual period should resume in approximately 4 weeks unless you are exclusively breastfeeding.

If you have hemorrhoids your physician may order medications to alleviate any discomfort.

Perform Kegel exercises several times each day following delivery. Kegel exercises are simply the contracting and relaxing of the pelvic floor muscles. Practicing these exercises will keep your pelvic floor muscles strong.

You may experience the “baby blues” where you may feel tearful and more emotional than usual. This is a normal postpartum process due to hormonal changes after delivery.
When you Go Home...

- Your bleeding may be heavier for a day or two because you may be more active than in the hospital.
- Avoid stairs and heavy lifting for the first week or two.
- Get lots of rest and sleep (Sleep when your baby sleeps). Limit your visitors.
- Have family/friends help with household chores.

- Talk with your healthcare provider about resuming exercises. When your physician releases you to begin exercising start gradually getting back into shape.
- During the first few months after birth you may notice some hair loss or thinning of your hair. Usually you will end up with hair much like before you got pregnant.
- Eating right is important so you have the energy to take care of yourself and your baby. Follow a well-balanced diet.
- If Breastfeeding, increase your caloric intake by 500 calories per day. Fluid intake should be at a minimum of 48 to 64 ounces per day.
- Birth Control: There are many options regarding birth control. Plan to spend time at your 6-week checkup discussing these options with your obstetrician.
Breast Care

For the Breastfeeding Mother:

Your breasts may become full a few days after birth. Breastfeed often to relieve discomfort. Wear a supportive, well-fitting bra for comfort. You may use breast massage and a warm pack before nursing. If you are still feeling full after a feeding, you may place an ice pack on your breasts for 15 minutes.

When showering, use only water on your breast. Do not use soaps or lotions on your breasts.
- Pat breast dry. Rubbing with a towel may make nipples sore.
- Air dry your nipples for about 10 minutes after each feeding.
- You may use lanolin or sootheies for sore nipples during the first few days of nursing. If nipple soreness persists, contact your healthcare provider or lactation specialist.

For the Bottle Feeding Mother:

Your breasts may feel full and swollen. You may use ice packs on your breast for 15 minutes four times daily. Taking pain medication may help alleviate the discomfort until your milk dries up on its own. This will take approximately 3 days.

We do not prescribe any medication to help your milk dry up because the body does such a great job on its own.
- Wear a supportive, well fitted bra.
- Do not stand in a warm shower or encourage the flow of milk. This will tell your body to start making even more milk.
When to Call Your Obstetrician

Call your obstetrician if you have one or more of the following:

- A temperature of 100.4°F or greater at least 2 hours apart
- Increased cramping pain with a foul smelling vaginal discharge
- Increased pain, redness, swelling or a discharge with a foul odor from your abdominal incision or stitches
- Passing large clots of blood (egg size or larger) on more than one occasion with increased bleeding
- Pain, swelling, and redness of your breasts with a temperature of 100.4°F or greater
- Severe headache not relieved with pain medication
- Blurred vision; seeing spots; sudden swelling of hands, feet, and face; or weakness of arms or legs
- Depression, loss of interest in care of yourself and your infant, isolating yourself from family and friends, or thoughts of harming yourself or others
Caring for Your Baby

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General Newborn Care:

Umbilical Cord Care:
The navel cord or belly button will dry up and fall off in about 7 days. It is not necessary to put anything on the cord it will dry naturally. Keep the diaper folded below the cord to keep the area dry. When the cord falls off there may be a small amount of bleeding or oozing. **Do not give the baby a tub bath until the cord falls off.** Call your baby’s doctor if the cord has a bad odor, green/pus discharge, or the skin around the cord is red.

Diapering:
Change the baby’s diaper when wet or soiled. A good time to check the baby’s diaper is around feedings. Wipe the diaper area with clear water or mild soapy water, if needed. Be sure to wipe in all of the creases. Manufactured baby wipes may be used but may cause skin irritation because of perfumes/dyes. If skin redness occurs, stop their use and use mild soap and water. For females always wipe front to back to limit skin irritation. Females can also have a milky white or blood-tinged discharge. This is normal and is in response to mom’s hormones. This is called pseudo menses. When you change the diaper you may see rusty or orange colored urine. This is called brick dust. This is caused by the uric acid crystals and may be normal as long as the infant is feeding well.

Bulb Syringe Use:
The bulb syringe may be used to clear secretions or mucus from the newborns nose or mouth. Gently depress the large end of the bulb and place the tip in the infant’s nose or mouth. Slowly release the pressure on the bulb creating a gentle suction to clear the airway.
Bathing:

Babies need to be bathed every two to three days. Remember not to give your baby a tub bath until the cord falls off. Collect the needed supplies: towel, washcloth, baby wash, baby shampoo, bath tub, pan, or sink. Start by washing the eyes and face with no soap. Using soap, clean from head to toe finishing with the diaper area and the buttocks. Shampoo hair using a cupping motion over the baby’s head to initially wet the hair and rinse out the shampoo.

**Never leave your baby alone in a tub or sink of water.**

Dressing:

Dress baby in the amount of clothes that you would wear plus one more layer.

Development:

The most important thing your baby learns in his early days is that you love him and will take care of him. The best thing you can do is to pick baby up and take care of his needs every time he cries. You cannot spoil a newborn. Your baby can see, hear, smell, taste, and feel. Babies see best 10-12 inches from their eyes. They like black and white things best. They like to look at faces more than anything else. They love to hear your voice. It is never too early to read to your baby. Babies love to be touched and held. Take some time to gently massage your baby’s arms and legs.

Sleep:

When the baby gets used to her surroundings, she will sleep 12-20 hours a day. During the nighttime feeding, change diaper and feed baby but do not play or do other activities to wake her up.
Crying:

Crying is the only way for your baby to let you know what they need. Sometimes even when baby is clean, dry, fed, warm, and cuddled, he may keep crying. Many babies have a time each day (often in the evening) when they are fussy and irritable.

Here are some things that may help:

• Hold your baby close and walk, rock, or sway with him
• Try a baby swing and support them with rolled towels
• Put him skin-to-skin on your chest so he can hear your heartbeat
• Sing or hum songs to him while you cuddle
• Some background noise or “white noise” can be relaxing

If you are unable to soothe your crying baby and feel like you might lose your temper have a friend or relative take over for a while. **NEVER shake your baby.** Babies have weak neck muscles and large heads. Shaking causes the brain to strike the inside of the skull resulting in bleeding in the brain and sometimes brain damage.
General Safety:

- Be sure that your home has smoke alarms with batteries and that they are working properly.
- Keep a list of emergency phone numbers, including poison control center, next to your telephone.
  - Never leave your child home alone or with young siblings
  - Place plastic safety plugs over outlets
  - Keep electrical cords out of babies reach
  - Don’t tie pacifiers around your baby’s neck
  - Lock away cleaning supplies and poisonous liquids
  - Protect infants from direct sunlight and use sunscreen approved for infants after 6 months of age
  - Do not allow smoking around your infant

Sleep Safety:

The following are recommendations for keeping your baby safe while she is sleeping:

- Place baby on her back to sleep for the first year of life
- Do not put pillows, blankets or stuffed toys in the crib
- Make sure wooden slats on the crib or playpen are no more than 2 3/8 inches apart
- Do not put your baby in bed with you to sleep

Car Safety:

Infants less than 20 pounds should be placed in a rear facing car seat. The car seat should be placed in the back seat and in a location that does not have an air bag that may deploy. Be sure to read and follow the directions for installation for your specific car seat. Instructions may vary between brands. Follow your state car seat laws when restraining your child.
When to Call Your Pediatrician:

Call your pediatrician right away if your baby has any of the following:

- A temperature of 100.4°F or higher when taken under the arm.
- Redness, foul odor, or drainage around the umbilical cord.
- Vomiting that is forceful and in large amounts or vomiting after every feeding.
- Refusing to feed for more than 1-2 feedings.
- Extreme sleepiness or difficult to awaken.
- Constant crying even after being fed, changed, swaddled and comforted.
- Frequent, watery, foul smelling stools.
- Seizures.
- Color change (skin becomes pale, blue or develops a yellow tinge to their skin).
- Rashes, other than mild diaper rash.
- Fast breathing (>60 times per min).
- No wet diapers for 24 hours.
- White patches on the roof of the mouth and inside cheeks that won’t rub off. (thrush)

Your infant had a hearing test and a blood test that are required for every baby in the state of Missouri. The results of these tests will be given to your infant’s physician and follow up may be required after leaving the hospital.
Feeding Your Baby
Breastfeeding

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Breastfeeding Your Baby:

Breast milk is the best food for your baby. Your baby will get exactly the right nutrition and protection from common illness. The early days of breastfeeding may be easy or may be frustrating. Breastfeeding is an art and a skill that needs to be learned. It takes a little time for you and your baby to work things out. Be patient and take this time to relax and enjoy your new baby. Remember... Practice makes perfect! Here are some breastfeeding tips to get you started. For complete breastfeeding information consult your book “Breastfeeding a Great Start” that you received in your breastfeeding discharge bag.

How do I know my baby is hungry?

A baby will show signs of hunger or give feeding cues including:
- smacking lips
- sucking/opening mouth
- rooting around
- squirming
- crying
- putting fists to mouth

Breastfeeding Tips:

- Breastfeeding more in the first few days of life will help your baby learn how to breastfeed, and you will make more milk in the weeks to come.
- Keeping your baby in the room with you at all times will help you learn your baby’s feeding cues and will make your baby feel more at ease being with you.
- Skin to skin contact is good for you and your baby.
- Look and listen for your baby’s hunger cues and breastfeed your baby when you notice: sucking, rooting, or putting fists to mouth
- Don’t wait until your baby cries to breastfeed.
- Make sure you are comfortable when you breastfeed your baby.
- Breastfeed 8 or more times in 24 hours.
- You should hear your baby swallow with each breastfeeding session.
- Your baby’s lips should be flared out.
- You should allow your baby to finish nursing on the first breast and always offer second breast.
- Make sure your baby is having more than 4 wet diapers in a 24 hour period by the fourth day of life.
- Make sure baby is having 2-3 yellow seedy stools in a 24 hour period by the fourth day of life.
- Your baby should be back to their birth-weight by 2 weeks of life.
- Your nipples may be sensitive for the first week but you should not have extreme pain or soreness after the first 30 seconds of latch. If you experience extreme pain, consult your lactation specialist or your obstetrician.
# Feeding and Diapering Chart

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## Today’s Date:

*Your baby’s stomach is this size:*

- **1 day old**: 15-30 ml (1 teaspoon)
- **3 days old**: 30 ml (1 ounce)
- **10 days old**: 60 ml (2 ounces)
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Feeding Your Baby
Bottle Feeding

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Bottle Feeding Your Baby:

Most babies eat every 2-4 hours. Wake your baby up every 3-4 hours during the daytime. You may need to wake your baby up at night for a feeding especially in the first week. Newborns appetites may vary. On average your baby may eat 1-4 ounces the first few weeks of life. Over the next few weeks, this amount will increase as your baby grows.

How do I know my baby is hungry?

A baby will show signs of hunger or give feeding cues including:
- smacking lips
- sucking/opening mouth
- rooting around
- squirming
- crying
- putting fists to mouth

Getting Formula and Bottles Ready:

It is best to begin feedings at home using the same formula that your baby was on in the hospital. If you are concerned about your baby’s tolerance to formula, contact your baby’s care provider to discuss changing products.

When you first buy your baby’s bottles and nipples and after each feeding, wash equipment in hot, soapy water. You may place bottles and nipples in the dishwasher as well.

Types of Formula:

Always read and follow the directions on each can of formula. Wash the top of the can of formula prior to opening with hot soapy water.

- **Ready to Feed:** Just pour into a bottle and feed. DO NOT ADD WATER. This type is easy to use but is more expensive. Refrigerate immediately after opening the can.
- **Liquid Concentrated Formula:** This type usually comes in a can. This needs to be mixed with water. Follow directions on the can to dilute.
- **Powder:** This type comes in a can. This type requires mixing with water. This is the least expensive type. Make sure that you keep the scoop clean and be sure to wash after each use.

**Never leave bottles out for more than 1 hour.**

You do not need to heat formula. Mix concentrated formula or powdered formula with warm tap water. If you live in a location where you use well water, it is recommended to use bottled or distilled water supplemented with fluoride. This is sold in stores as nursery water. Place the bottle in warm water to heat it. **DO NOT MICROWAVE.**
Helpful Phone Numbers

• Missouri Department of Health Bureau of Vital Statistics (birth certificate information): 573-751-6381
• Capital Region Physicians – Women’s Health: Drs. Blanchard, Carnett, Deffenbaugh, & Smith-Haxton: 573-632-5510
• Dr. Su: 573-893-5500
• Dr. Nichols: 573-636-5248
• Dr. Breckenridge: 573-632-2777
• Capital Region Physicians - Pediatrics: 573-632-5525
• 24-hour hotline: 866-399-5941
• Cole County Health Department: 573-636-2181
• Miller County Health Department: 573-369-2359
• Morgan County Health Department: 573-378-5438
• Community Health Center: 573-632-2777
• Lactation Line: 573-632-5333
• Capital Region OB Unit: 573-632-5337