



Postpartum OB Packet

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Postpartum Considerations

Motherhood: The Early Days

The postpartum time period is sometimes referred to as the fourth trimester. It is a time where your body needs to heal both physically and emotionally from a significant life event. We are here for you as your Obstetric providers to help facilitate any questions or concerns about your health during this time. Please review the following for the reasons of why it is so important to follow up at your postpartum visits and what to expect during that visit: <https://www.acog.org/womens-health/experts-and-stories/the-latest/what-to-expect-at-a-postpartum-checkup-and-why-the-visit-matters>

You prepare for the birth of your baby for many months during pregnancy, and then the first months at home after your baby is born can be a quiet, gentle time of getting to know this new person who has come to live in your home. But for most women it is not all quiet or sweet. And for some women it is a very hard time.

Review the postpartum care checklist provided by the American College of Obstetricians and Gynecologists as discussion points for your postpartum visit with your provider: <https://www.acog.org/womens-health/health-tools/my-postpartum-care-checklist>

Review the following for tips on how to optimize pain/discomforts of pregnancy in the following days after birth: <https://www.acog.org/womens-health/faqs/postpartum-pain-management>

What Can I Expect in the First Few Months After the Baby Comes?

New mothers and their families face many challenges in the first few months:

- Your body and your hormones have to get back to normal
- You and the baby will be learning to feed together
- Babies only sleep a few hours at a time which can be hard on the entire family
- You and your family need to learn how to parent this new family member
- If you have a partner, you have to figure out how to stay together as a couple and when to resume a sexual relationship
- You may have to figure out how to keep from getting pregnant again right away
- You may need to return to work and find day care

How long will it take for my body to get back to normal?

Some changes will occur quickly. Others will not occur as quickly.

- Your uterus, cervix, and vagina will all shrink to their non-pregnant size in about 6-8 weeks.
- Your vagina may be tender and dry for a few months – especially if you are breastfeeding
- If you had stitches or hemorrhoids, your “bottom” will be sore for 2 weeks or more
- For some women who have problems urinating, it can take several months for you to be able to hold your urine when you cough or sneeze or suddenly pick up something heavy
- Your breast milk will “come in” 3 to 5 days after the birth of your baby. It will take 6-8 weeks for you and the baby to get the hang of breastfeeding and find a pattern. During these first weeks, you can have engorged breasts and often leak milk.
- Your stomach and intestines all have to fall back into place. You may have a lot of gas for a few weeks. You may be constipated – especially if you are breastfeeding
- Your stretched stomach muscles can recover in a few weeks, but for some women it takes longer – 6 months to a year – to recover
- If you had a cesarean delivery, you may have pain or numbness around the incision for 6 months or more.
- Losing the weight you gained during pregnancy will probably take 6 months to a year. Have patience! It took 40 weeks to get here. Give yourself 40 weeks to get back.

What Can I Expect When My Hormones Change?

About 75% of all women will get the “blues.” This can start as soon as 2 days after the birth of your baby, but usually occurs sometime in the first 2 weeks after the birth. You may cry easily, feel very tired, and feel sad for no specific reason. A few women become very depressed. If you had a cesarean delivery or your new baby was sick, you are at a higher risk for depression.

Call your health care provider right away if you cannot care for yourself or your baby, if you feel very nervous or worried, if you cannot stop crying, or if you are having thoughts of hurting yourself or your baby.

Taking Care of Yourself

While you are still pregnant:

- Talk with your partner and your family about the time ahead. Arrange for someone to help you during the first weeks at home if you can.
- Talk with your health care provider about birth control options and make a plan before the baby comes.
- If you are worried about how to parent a newborn, take parenting classes. You will learn a lot about how babies act and you will make some friends who are going through the same thing at the same time. Most communities have these classes.
- Arrange for someone to help with baby care if you can.

After the baby comes:

- Ask for help. Let other people do the cooking and cleaning and run the house. Focus on yourself and your baby. If people want to visit, have them bring food with them for you and your family.
- Sleep whenever you can. Try not to be tempted to “get some things done” when the baby sleeps. This is your time to sleep, too.

- Drink lots of water. You will need at least 6 big glasses of water every day to avoid constipation and make enough breast milk. Every time you sit down to breastfeed, have a big glass of water with you to drink while you are nursing.
- Eat lots of vegetables and fruit. You will need lots of vitamins and fiber to help your body get back to normal. This will also help you avoid constipation.
- Go outside and walk. Babies can go outside even if it is very cold. Fresh air and sunshine will do you both good.
- Take sitz baths. Put about 6 inches of warm water in your bathtub and sit in there for 15 minutes 2 to 3 times a day. This will help your “bottom” heal more quickly. It will also give you 15 minutes of private time!
- Talk to other mothers. Join a new parent's group. Call La Leche League and go to their meetings if you are breastfeeding.

With your partner:

- Keep talking. Share the experience.
- Spend time alone. Even a 30-minute walk can be a date.
- Start a birth control method. You can get pregnant before you even have a period. It is very important to use birth control if you do not want to get pregnant again right away.
- When you have sex, use a lubricant. A lot of lubricant! Take it slow.

The first few months after a baby comes can be a lot like floating in a jar of honey—very sweet and golden, but very sticky, too. Take time to enjoy the good parts. Remind yourself that this time will pass. Bon voyage!

Resources:

- <https://americanpregnancy.org/healthy-pregnancy/first-year-of-life/postpartum-recovery-2/>
- <https://americanpregnancy.org/healthy-pregnancy/first-year-of-life/postpartum-recovery/>

Postpartum Depression and Anxiety (ACNM Share with Women, 2019)

The first weeks of caring for a new baby are a lot of work. During this time, your feelings and moods may not be what you expected. This handout will help you understand when feelings are normal, and when you should call your health provider.

What are the baby blues?

As many as 3 in every 4 women will short periods of feeling sad, crying or feeling cranky or restless during the first few weeks after giving birth. This may be normal. Babies are fed every few hours, and you will not get a full night of sleep in those first weeks. Also, your body and hormones go through many changes after you give birth. Women who have the baby blues often say they feel like crying but don't know why. Baby blues usually happen in the first or second week postpartum (after you give birth) and last less than a week. If your sadness last 2 weeks or more, call your health care provider.

What is postpartum depression?

About one in every 5 women will develop postpartum depression during the first few months after giving birth. Women who have postpartum depression may have some of these symptoms:

- Feeling guilty
- Not being able to enjoy your baby and feeling like you are not bonding with your baby
- Not being able to sleep, even when the baby is sleeping
- Sleeping too much and feeling too tired to get out of bed
- Feeling overwhelmed and not able to do what you need to during the day
- Not able to concentrate
- Don't feel like eating
- Feeling like you are not normal or not yourself anymore
- Not able to make decisions
- Feeling like a failure as a mother or that you cannot take care of your baby
- Feeling lonely or all alone
- Thinking your baby might be better off without you

If you have any of these symptoms, tell someone you trust and call your health care provider right away!

What is postpartum anxiety?

About one in every 10 women will develop postpartum anxiety during the first few months after giving birth. Women who have postpartum anxiety may have some of these symptoms:

- Constant worry
- Racing thought
- Unable to sit still
- Sleeping too much or too little
- Don't feel like eating
- Feeling that something bad is going to happen
- Physical symptoms like dizziness hot flashes, and nausea

If you have any of these symptoms, tell someone you trust and call your health care provider right away!

Which symptoms of postpartum depression and anxiety are dangerous?

- Sometimes a woman with postpartum depression and/or anxiety will have thoughts of harming herself or her baby. If you thoughts of wanting to hurt yourself or your baby, tell someone you trust and call your health care provider immediately. You can also call 988 or one of the emergency hotlines listed below.

Who is likely to have postpartum depression or anxiety?

- Postpartum depression or anxiety can happen to any woman. Postpartum depression and anxiety sometimes happen together. Women with a personal or family history of anxiety or depression

and women who have had stressful life events are more likely to have postpartum depression and/or anxiety. If you have any of these risks, talk to your health care provider before you give birth.

- Planning ahead can help prevent problems after birth. If you have a history of depression or anxiety or someone in your family had one of these problems, it is important to plan ahead for how you can get help when you need it. If you can, see a counselor or mental health care provider before you give birth. If a mental health care provider is not available, you can work with your prenatal care provider to make a plan. You may not end up needing the extra help, but it is good to have someone available in case you need them.

How can a health care provider help treat postpartum depression or anxiety?

- If you have postpartum depression or anxiety, it is important to get help. Treatments for these problems include therapy (counseling) and medication. Your health care provider can help you decide what treatment is best for you.

How can I help myself treat postpartum depression or anxiety?

- Women who are depressed or anxious after having a baby may feel guilty and ashamed. You are not alone, and this is not your fault. It is important for your family and friends to understand that postpartum depression and/or anxiety can happen to anyone. Here are some things you can do to help yourself:
- Support groups or group activities help some women. Other women who have had postpartum depression and/or anxiety understand what you are going through.
- Sleep is very important for health and healing. Most women with postpartum depression and/or anxiety can have a hard time sleeping. Try different things to help you sleep, such as a warm bath before bedtime, massage, relaxation techniques, or meditation.
- If you are breastfeeding, you may need help with night feeding in order to some uninterrupted sleep.
- Exercise produces hormones that help you feel better. Even a small amount of activity helps. Family and friends can help with short walks or take care of your baby while you exercise.
- Don't drink alcohol because it can make postpartum depression worse.
- Try to do something that made you happy before you had postpartum depression and/or anxiety, such as listening to music, doing something with a friend, or practicing your faith or religion.

For More Information:

- Postpartum Support International www.postpartum.net
- Support Helpline: 800-944-4773
- Emergency Hotlines (available all the time, 24/7)
- 988 – the mental health equivalent of 911 for individuals and their support team
- National Crisis Text Line: Text HOME to 741741 about any type of crisis
- National Suicide Prevention Hotline: 800-273-8255
- Additional Resources:
- Infant Risk Center 800-352-2519 www.infantrisk.com
- A call center at Texas Tech University based on evidence-based medicine and research. Information for pregnant and breastfeeding mothers.
- Mother to Baby 866-626-6847 www.mothersbaby.org

- Provides evidenced based information to mothers, healthcare professionals about medications and other exposures during pregnancy and while breastfeeding
- Kassy's Kause www.kassykause.org
- Informative website for prevention, support and connecting to treatment of depression and anxiety in pregnancy and postpartum

Preventing pregnancy after you have your baby

- Why is postpartum birth control recommended?

If you are not using a birth control method, it is possible to get pregnant very soon after having a baby. Using a birth control method in the weeks after you have a baby helps you avoid an unintended pregnancy and lets you plan your family. Many experts recommend waiting at least 18 months between pregnancies before having another baby.

- How soon does ovulation start after having a baby?

If you are not breastfeeding, ovulation may occur within a few weeks of childbirth. If you are breastfeeding, ovulation may be delayed, but it usually returns by about 6 months.

Once ovulation occurs, you can get pregnant again. Ovulation usually occurs 2 weeks before your menstrual period starts. This means that you can get pregnant even if you have not yet had a period.

- When should I choose a postpartum birth control method?

A good time to choose the birth control method you will use after pregnancy is while you are still pregnant. There are many birth control methods to choose from. Many methods can be started right after you have your baby. Some can be started even before you leave the hospital.

- How do I choose a postpartum birth control method?

When choosing a birth control method to use after you have a baby, think about the following:

- **Timing**—Some birth control methods can be started right after childbirth. With other methods, you need to wait a few weeks to start.
- **Breastfeeding**—All methods are safe to use while breastfeeding. Only a few methods are not recommended during the first weeks of breastfeeding because there is a very small risk that they can affect your milk supply.
- **Effectiveness**—The method you used before pregnancy may not be the best choice to use after pregnancy. For example, the sponge and cervical cap are much less effective after you give birth.

Please visit <https://www.bedsider.org/> to learn about your options



About your Baby

Breastfeeding Basics

Here are just a few tips to consider when planning to breastfeed your baby. Remember we are here to provide gold standard recommendations and support you in your decision making. The following are some of the most commonly asked questions we get in clinic from those who are planning to breastfeed.

How do I prepare prenatally?

- Eat a well-balanced diet including iron rich foods.
- Assess your mental health status. Work on navigating the emotional ups and downs of pregnancy by building and utilizing a “tool box”. Your tool box may include diet, exercise, family support, therapy and medications. Knowing your baseline mental health status and knowing how to manage changes will set you up for success with breastfeeding. Breastfeeding can be an emotional journey. Navigating the normal breastfeeding bumps in the road may feel bigger than it needs to be if we are not feeling well supported mentally and emotionally.
- NO need to prepare your nipples, and do not pump prenatally.
- Discuss your medical history with your provider to determine if you may benefit from a lactation consultation prenatally. There are some medical conditions that may warrant early intervention after birth to support a strong milk supply.
- Have your provider give you a prescription for a breast pump that is covered by insurance (although, many women do not need to pump, it is nice to have in case you need to)
- Take a breastfeeding class!

What can I expect the first few weeks?

- Immediately after birth you can expect uninterrupted skin to skin with your baby for the first hour. This is true for all hospitals in Albuquerque so long as you and your baby are stable after birth. You may need to wait for immediate skin to skin after a C-section until you are in the recovery room.
- During the first hour, your baby will go through several steps to get ready for their first latch. It is important to not rush or force the first latch. The steps you will likely observe from your baby are:
 - Crying
 - Calm and alert
 - Turning their head
 - Opening their eyes, sucking on their hands
 - Wiggling, stretching
 - Crawling towards the breast

- The first 24 hours baby is in recovery mode. We expect a sleepy baby the first 24 hours. Do as much skin to skin as you can. This will help baby transition to the outside world and have more frequent latches. You can consider hand expression after breastfeeding attempts in the first 24 hours. Hand express into a spoon and spoon feed what you get.
- Your milk supply grows as your baby's stomach grows. Over the first week your baby's stomach grows from the size of a marble to about the size of an egg and so does your supply. Do not be discouraged by drops of colostrum (early milk) on the first couple of days, this is normal.
- Days 2-9 your baby will be cluster feeding. This means your baby understands their job. They know the more they are at the breast the more milk you will make in the coming days. This is important to their growth pattern as they will grow rapidly leading up to day 14. We expect a little weight loss in the first couple of days and then they will make that up by 2 weeks of age.
- Cluster feeding does not stop there. It will continue throughout your breastfeeding experience. This is a skill that your baby is programmed to do. It is best to breastfeed on demand and try to stay away from scheduled feedings as this can interfere with their natural feeding rhythm that protects their growth and your milk supply.
- If you are concerned about milk supply see a lactation consultant early. You have about 4-6 weeks to establish a baseline supply, after that it gets more difficult.

Should breastfeeding hurt?

- NO. Breastfeeding should not be painful. The first few days may be uncomfortable but not be overly painful. The latch should not cause cracking or bleeding. Your nipple should be fairly round after feeding. If you are having cracking, bleeding or significant pain then you should work with a lactation consultant.
- Both Presbyterian and Lovelace have lactation consultants on staff that you can request to see before discharge. They both have outpatient breastfeeding clinics and you can schedule a one on one appointment. WSNM also has lactation services. When making an appointment just ask for a lactation or breastfeeding consultation and it will be scheduled with the lactation consultant.
- In the early weeks try the cross cradle hold, football hold, and laid back position. Learn more about positioning and latch mechanics in the breastfeeding class.

What products do I need to buy to support breastfeeding?

- One of the great things about breastfeeding is that it is inexpensive. You do not have to have anything on hand to start breastfeeding. I do recommend bringing home the tube of lanolin that the hospital gives you. Apply lanolin to tender nipples after feedings to help with healing. You may find that silver nipple cups are helpful to keep your shirt from sticking to your nipples in the early days. Some women like to have a breastfeeding pillow available to help with positioning but not a necessity. It is good to learn early how to latch without a pillow to help you feel more confident about the versatility of breastfeeding.

How can my partner support breastfeeding and be part of caring for baby?

- Have your partner do skin to skin in between feedings or about 20 minutes before the feeding to prime baby for a good latch. This also gives you an opportunity to eat, shower, or take a nap. Never

under estimate the power of skin to skin. The more skin to skin the better feedings you will have and baby can do this not only with you but with your partner as well.

- While breastfeeding, your partner is on water and snack duty in the early weeks. You will find that you have increased thirst while feeding and that you feel hungry more often. Listen and respond to your body. Have large mug of water and a snack handy while feeding. This will also support a strong milk supply.
- At night, your partner changes the diapers and brings baby to you for feeds. After feedings your partner calms, burps, and puts baby back down so that you can go right back to sleep.

How do I know if my baby is getting enough milk from breastfeeding?

- You know if your baby is getting enough if your baby is calm and satisfied after most feedings.
- You know your baby is getting enough if your baby is feeding 8 or more times in 24 hours and is having 6 or more wet diapers in 24 hours. Baby should have frequent stool diapers usually daily.
- An exclusively breastfed baby's stool is yellow seedy. This is another good sign your baby is getting enough or the right nutrients from breastfeeding.

How long should I breastfeed my baby?

- The American Academy of Pediatrics recommends exclusive breastfeeding for 6 months and continued breastfeeding with appropriate complimentary foods for 2 years and beyond as desired by the breastfeeding person and their baby.

Breastfeeding can be an amazing, beautiful time during parenthood. It comes with emotional vulnerability and tremendous personal growth. Be patient, take it one feeding at a time, and have realistic expectations. Ask for help when needed and most importantly do not compare your journey to anyone else.

Bringing Your Baby to Breast: Positioning and Latch

New babies have a stepping-crawling reflex that can help them seek out the breast. Give your new baby many chances to self-attach in the first few days. Right after birth is a good time to start. Keep your baby on your chest skin-to-skin. Babies often nurse about 10 to 12 (or more) times in 24 hours when they are using the self-attached way to latch.

How do I know when my baby needs to feed? What are hunger cues?

- Rooting (turning the head with searching movements of the mouth)
- Increased alertness (especially rapid eye movement, the wiggling of the eyes under closed eyelids)
- Bringing a hand toward the mouth, sticking out tongue
- Sucking on a fist or finger
- Mouthing motions of the lips and tongue
- Crying is a late feeding cue. If the baby is crying, calm the baby and attempt to feed

Positioning:

The first step to successful latching is correct positioning. The biggest key to correct positioning is to ensure that your baby is tummy to tummy with you. Make sure you hold baby close to your breast. Bring baby to you do not lean over to them.

Types of holds:

- Cross cradle (your baby is held in front of you, one hand is on the base of the baby's neck and the body is supported with that same arm)
- Football/clutch hold (the baby is held next to you with your hand on the base of the neck, baby's legs toward your back)
- Cradle/Madonna hold (baby is rested on your forearm, not in the crook of your arm, your forearm is brought closer to bring the baby to breast)
- Side lying (you are lying on your side, the baby is in front of you on his/her side, the arm that is higher is the one that helps bring the baby to breast).

Getting a Good Latch

- Start with your baby's nose opposite your nipple.
- Be patient and wait until your baby opens his/her mouth very wide.
- Move your baby to your breast, don't move your breast to your baby. Your baby's chin should reach your breast first.
- Once the baby opens their mouth, guide baby to the breast chin first. The chin will touch the breast first promoting the baby to come from under the nipple and up and over. This helps to create a wide gape with their mouth and they will take in a large amount of the areola and not just the nipple.

What if it Hurts?

Continued pain is a sign that you need help. You may feel an initial discomfort with the latch, especially as your nipples get use to breastfeeding, but if the pain continues throughout the feeding your latch may be incorrect. Break the seal by inserting a finger into the corner of the baby's mouth. You will feel the release of the suction and *then* move the baby back away from the nipple. Get the baby back into position and try latching again.

Nipple Care:

- Apply Lanolin after each breastfeeding attempt. No need to wash lanolin off.
- Ask you healthcare provider about All Purpose Nipple Ointment (APNO) if you are having cracking and bleeding. This ointment is prescription only. It helps to prevent infection for cracked and bleeding nipples and advances healing. Apply after each feeding. You do need to wash this ointment off before each feeding.
- You might consider wearing silver nipple cups in the early days of breast feeding to promote healing by keeping your bra or shirt from rubbing your nipples.

Change out breast pads as soon as they are damp. Not doing so will create an environment for bacteria and yeast to grow and will cause skin breakdown on your nipples.

Latching baby to the breast

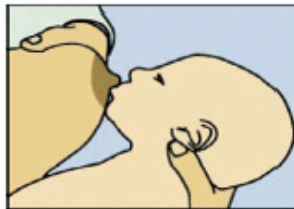


Figure 1. Tickle baby's lips to encourage him to open wide.



Figure 2. Point nipple to roof of baby's mouth and when open wide, pull him onto the breast, chin and lower jaw first.

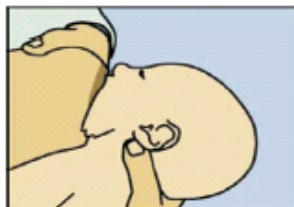


Figure 3. Watch the lower lip and aim it as far from base of nipple as possible, so the baby's tongue draws lots of breast into the mouth.

For More Information

Women's Specialists of New Mexico Breastfeeding Clinic

call 505- 843-6168 and ask for a lactation appointment

Presbyterian Breastfeeding Support Services: 505-841-1773

Women's Hospital Lactation Support Services: 505-727-6797 (Mon-Fri 8a-5p, occasional weekends)

La Leche League: www.lalecheleague.org/

The La Leche League web site has lactation support information in several languages, connections for local La Leche groups and information on breastfeeding and the law

Local Albuquerque Chapter: 505-821-2511 Asistencia en espanol: Cindy 505-507-5264, 9am-7pm

Circumcision

Male circumcision is the surgical removal of the foreskin, which is the layer of skin that covers the head of the penis. It is your choice whether to have your son circumcised. Because circumcision is an elective procedure, it may not be covered by your health insurance policy.

Circumcision is usually performed before the baby leaves the hospital. The pediatrician in the hospital will perform the procedure if you request it. It is performed only if the baby is healthy. If the baby has a medical condition, circumcision may be postponed.

Circumcision takes only a few minutes. During the procedure, the baby is placed on a special table. Various surgical techniques are used, but they follow the same steps:

- The penis and foreskin are cleaned.
- Local anesthesia is usually used
- A special clamp is attached to the penis and the foreskin is cut and removed.
- After the procedure, gauze with petroleum jelly is placed over the wound to protect it from rubbing against the diaper.

One reason why parents circumcise their newborn sons is for health benefits, such as decreased risk of urinary tract infection during the first year of life and decreased risk of sexually transmitted infections (STIs) later in life. Others may choose circumcision so that the child does not look different from his father or other boys. For some people, circumcision is a part of cultural or religious practices.

Some parents choose not to circumcise their sons because they are worried about the pain the baby feels or the risks involved. Others believe it is a decision a boy should make himself when he is older.

Recovery may take longer when circumcision is done on an older child or adult. The risk of complications also is increased when circumcision is done later.

All surgical procedures carry some risk. Complications from a circumcision are rare, but they can occur. When they do occur, they usually are minor. Possible complications include bleeding, infection, or scarring. In rare cases, too much of the foreskin or not enough foreskin is removed. Complications generally are less likely if the circumcision is done by someone well trained in the procedure. Some parents also may worry that circumcision harms a man's sexual function, sensitivity, or satisfaction. However, current evidence shows that it does not.

It is important to have all of the information about the possible benefits and risks of the procedure before making a decision. You may think about future health benefits, religious or cultural beliefs, and personal preferences or social concerns. Remember, circumcision is elective—it is your choice whether to have it done.

Infant Car Seats

The law says you must have an infant car seat, to bring your baby home from the hospital. You must use the seat any time you take your baby in the car. Bring the car seat into your postpartum room after birth. Your baby gets discharged home from the hospital in their car seat.

<https://www.safernm.org/car-seat-safety/>

You check that your car seat is installed properly through Safer NM Please call 800-231-6145 or 505-856-6143 to make an appointment. Register your car seat once purchased.

Check that you are using the correct car seat:

<https://www.safernm.org/car-seat-safety/car-seat-basics/>

Check your Car Seat Safety: Safety & Recalls:

<https://www.nhtsa.gov/recalls#car-seats>

[Pediatric List](#)