



BirthDayNews

AFTER DELIVERY

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Congratulations on the birth of your baby!

This last issue of BirthDayNews offers some helpful information to prepare you for baby’s first days and weeks.

Tips for your hospital stay

Prevent infection

Your baby’s immune system is still developing. People who touch your baby should wash their hands first, and anyone who is sick, even if just a cold, should avoid visiting.

Wear your ID wristband

You and your baby will have wristbands with matching numbers. Let your nurse know immediately if your or your baby’s wristband is missing.

Limit visitors

We want your priorities while in the hospital to be your own rest and recovery, and bonding with your new baby. If visitors are impeding those priorities, we may suggest asking visitors to leave. Your partner may come and go at any time, but other visitors will need to adhere to the hospital visiting hours. When you get home, be sure to make sure you are balancing recovery and family bonding with friends and visitors.

Keep your baby safe

All hospital staff members wear identification badges. Don’t let your baby leave your room with anyone not wearing an ID badge. If someone you don’t know wants to take your baby from your room, turn on the nurse call light.

Ask questions

Let the hospital staff know what you need or if you have questions about caring for your baby. They will help you prepare for taking your baby home.

Before baby goes home: newborn screenings

We'll do standard tests for your baby before you leave the hospital, to keep your baby healthy and safe.

Newborn eye treatment

We will put a medication (erythromycin) in your baby's eyes to prevent eye infections. This medication may cause temporary redness and swelling. These symptoms will usually go away within a week. If there is any discharge, clean your baby's eyes with a soft cloth or cotton ball and clean water.

Newborn screening tests

Your baby will get several newborn screening tests, including a hearing test. State law also requires that we do certain tests to check for rare conditions that might need treatment to keep your baby healthy.

The first blood test will be done before your newborn leaves the hospital. This gives us a chance to begin immediate treatment if an abnormality is found.

Since there is a small risk that some of these disorders may be missed right after birth, a second blood test is usually done during one of your baby's well-child visits in the first few weeks of life. Some of the common disorders screened for in these tests:

- **Congenital hypothyroidism.** This disorder is caused by the absence or abnormal development of the thyroid gland. A daily dose of thyroid medicine can provide the hormones needed for normal brain and body development. Without treatment, mental disability and poor growth occur.
- **PKU (phenylketonuria).** This disorder is caused when the body isn't able to break down a chemical (phenylalanine) found in food. Untreated, it can cause mental development issues. Treatment with a special diet can prevent that from happening.
- **Congenital adrenal hyperplasia.** This disorder occurs when the adrenal glands cannot make normal amounts of certain hormones. With treatment, the infant can be healthy. Without treatment, this disorder can lead to severe illness or even death.
- **Inherited anemias.** These blood disorders include sickle cell disease and thalassemia, which can cause illness, infection, and poor growth.

If your blood is Rh negative

Your blood should have been tested early in your pregnancy (see BirthDayNews First Trimester and Second Trimester) to see if its Rh factor is positive or negative. A person with Rh-negative blood who becomes pregnant with an Rh-positive baby could have been at risk for developing Rh antibodies that could harm the baby. If your blood is Rh negative, you should have received a first injection of the drug RhoGam to prevent any harm to the baby.

After birth, your baby will have an Rh test. If your baby's blood is Rh positive, you will receive another injection of RhoGam within 72 hours of delivery. If your baby is also Rh negative, you won't need this injection.



At home with your new baby

While love may be instinctive, parenting is a learned skill. Most new parents have both positive and negative feelings about their changing roles and their child. Mixed feelings are normal, but if you are concerned please bring these feelings up with your midwife or doctor.

Getting sleep

Getting enough sleep is a common problem for many new parents. Newborns sleep about 16 hours a day, but they sleep on a different schedule than adults. A newborn's sleep cycle is about 45 to 50 minutes.

Just like adults, they may stir without fully waking during each sleep cycle. This doesn't necessarily mean your baby is hungry. Give your baby time to settle back to sleep. It will allow all of you to get better rest.

In the first few weeks you might try to nap when your baby sleeps. A 2-week-old baby will usually sleep for 3 or 4 hours before waking up to be fed. By 4 months, some babies may sleep up to 8 hours.

Tips to help you sleep better

- Keep your sleep area quiet and cool.
- Have a consistent place and time for sleep.
- Create relaxing bedtime routines. Follow your routine every night and then put your baby to bed. Your baby will learn that being in bed means going to sleep.
- Get out daily for a walk. Fresh air and physical activity will help both you and your baby sleep better at night.
- Try not to change your baby if they falls asleep after feeding. Most babies can tolerate wet diapers for up to 2 hours. Babies who are awakened for diaper changing may have a hard time falling back to sleep.

A safe sleeping position for baby

Place your baby on his or her back to sleep, unless your health care provider advises otherwise. This position reduces the risk of your baby dying from sudden infant death syndrome (SIDS). Here are other guidelines to help your baby sleep safely and well:

- On cool nights, make sure your baby is dressed warmly. A hat can help keep your baby warm, as a baby loses a lot of heat from the head.
- Infants should sleep in the same bedroom as their parents, but on a separate surface, such as a crib or bassinet, and never on a couch, armchair, waterbed, or soft surface. The American Academy of Pediatrics says this reduces the risks of infant sleep-related deaths.
- Babies should share their parents' bedroom for at least the first six months and, optimally, for the first year of life.
- If you are thinking about having your newborn baby sleep with you in your bed, you should talk to your health care provider about the possible risks.

Traveling by car

The law requires that you have a child safety seat to bring your baby home from the hospital. Practice using the seat before taking your baby home. Never hold your baby (or any other child) in your lap while riding in a vehicle.



Breastfeeding

We strongly encourage you to breastfeed your baby. We also recommend that you breastfeed exclusively for the first 6 months and continue breastfeeding for 12 months or longer. Breast milk provides your baby the nutrients needed for optimal growth, development, and health. Frequent breastfeeding and skin-to-skin contact with your baby help stimulate and establish your milk supply.

For some people, breastfeeding is easy; for others, it can be difficult or painful at first, or even for a while. Our lactation specialists can help you try to succeed at breastfeeding.

In some cases, breastfeeding is not recommended because of a medical condition or other personal reasons. Be sure to discuss breastfeeding and other options with your health care provider.

Caring for your body after giving birth

What to expect as you heal

Your health care provider will tell you when to come for your first checkup after the baby's birth, or your postpartum checkup. At this visit, you may have questions about:

- How your vagina is healing.
- Sexual activity and birth control.
- Breastfeeding and breast care.
- Exercises to help you stay healthy post-pregnancy

Weight

You may lose about 12 pounds with the birth of your baby and delivery of the afterbirth. You may also lose an additional 4 to 5 pounds in the next week as you lose the extra fluid from your pregnancy. After that, you'll continue to lose weight gradually. Some people, especially those who breastfeed, may be close to their pre-pregnancy weight by 6 weeks after the birth.

Vaginal discharge

For several weeks, you will have vaginal discharge of blood and tissue left from your pregnancy. Use sanitary napkins, not tampons, to absorb the flow. For the first 3 to 5 days, discharge will be bloody and red with some clots. It gradually becomes lighter, pinkish, and then brownish in color. By about day 10, the discharge is pale cream in color. However, some blood may be mixed in with the discharge for up to 6 weeks.

Afterpains

Afterpains are contractions of the uterus, similar to menstrual cramps, that occur as the uterus goes back to its original size. Afterpains often occur during breastfeeding but

usually go away after the first week. The more babies you've had, the more likely you are to experience these contractions after childbirth.

Menstrual periods

If you formula-feed your baby, you may start menstruating 6 to 8 weeks after birth. If you are breastfeeding, your periods may not start for several months or until after you stop breastfeeding. Ovulation (release of an egg) often occurs before your periods start, so you can get pregnant even if you haven't started having periods. Be sure to use birth control if you do not want to get pregnant right away.

Skin and hair changes

Stretch marks will fade, but they do not go away completely. Changes in your skin color that happened during your pregnancy usually go away slowly. You may notice lots of hair falling out after childbirth.

This is normal. During pregnancy, you lose less hair than normal. The extra hair falls out after you have your baby.

Constipation

Constipation is fairly common during the first few days after delivery. You can help prevent constipation by increasing the amount of fluid you drink, and eating high fiber foods, such as raw vegetables, fresh fruit, and whole grain breads and cereals. You may want to take a stool softener as well.

If you have stitches, pressing a clean sanitary napkin on the stitches to support the area may make you

feel more comfortable during a bowel movement.

Back pain

To help prevent lower back pain, follow the same guidelines outlined for back pain during pregnancy:

- Avoid lifting anything heavier than your baby for the first few weeks.
- Bend your knees when lifting your baby.
- Avoid twisting movements.
- Follow the pregnancy guidelines in BirthDayNews Second Trimester for getting up and lying down. Be sure your lower back is supported when you are sitting down.
- Follow the exercises on pages 6 and 7 for strengthening your abdominal muscles. When these muscles are weak, your back has less support and is more likely to be strained.

When to call your provider

- You have chills or a temperature of 100.4°F or greater that lasts longer than 4 hours.
- You feel pain while urinating.
- Your abdomen (stomach area) feels tender, your vaginal discharge smells bad or contains large clots (the size of a golf ball or bigger), or you have heavy, bright red bleeding that doesn't go away with rest.
- You notice a red, warm, swollen area in your leg, or pain in your calf when you step down.
- One or both breasts have a red, warm, or swollen area that feels tender, and you have chills or fever.
- If you have any concerns about your emotional well-being or personal safety

Handling emotional changes



Baby blues

After childbirth, you may feel emotional ups and downs. You may feel happy, proud, and excited one day and sad, lonely, or depressed the next day. You may have trouble sleeping, lack energy, cry easily, or feel irritable, overwhelmed, and anxious. These feelings are called baby blues and are common among new parents.

They are caused by hormonal changes, stress, and the fact that you are very tired. Baby blues can come and go, but they usually go away in about 2 weeks.

Here are things that can help with baby blues:

- **Get as much rest as possible.** Rest whenever your baby is asleep. Let others do the household chores and help with the baby. Your partner can help change diapers, dress the baby, give the baby a bath, or rock the baby to sleep at night.
- **Talk with your partner,** friends, and other new moms about your feelings.
- **Take time for yourself.** Ask someone you trust to babysit so you can get away and do something you enjoy.
- **Keep visits from relatives and friends short,** unless they've come to help you.

Postpartum depression

Postpartum depression is different from baby blues, and is more severe and persistent. Symptoms can be both emotional and physical. These include feeling powerless, loss of appetite, inability to sleep, feelings of despair, inability to cope, and negative or no feelings for your baby. You might have headaches, numbness, chest pains, or panic attacks. Some people think of hurting themselves or loved ones.

Postpartum depression can start soon after delivery or as late as 4 weeks after childbirth. If you have a previous history of depression, you are at increased risk for developing postpartum depression. It may be related to hormonal changes and the other changes that take place after you have a baby.

You might feel guilty because you think you should be happy. But depression is treatable and it gets better when you get help. If you think you're suffering from postpartum depression, call your health care provider or Kaiser Permanente Behavioral Health Access Department at 1-888-287-2680 (toll free).

For more information on baby blues and postpartum depression, call Perinatal Support Washington at 1-888-404-7763 (toll free), or visit www.perinatalsupport.org.

Your partner's feelings

Your partner may also have moments of feeling sad and anxious. Your partner may feel left out because of all the attention you're giving the baby. Pregnancy and the birth of the baby can be a strain on any relationship. Talk with your partner, spend time alone

together, and share your feelings about being new parents.

Sexual activity

Postpartum physical and emotional changes can affect a couple's sexual relationship and desire. You can have intercourse when your vagina has healed, bleeding has stopped, and you feel ready. Your vagina will usually be healed by 4 to 6 weeks after delivery. However, some people are not ready for sexual activity until several months after delivery.

With all the changes and distractions in your life, sex may not be as exciting or fulfilling right after the baby is born. Stitches from a tear can be tender during intercourse. You may also feel tense because of new feelings related to motherhood. If you are nursing, you may have less vaginal lubrication. These suggestions may help:

- Positions where you are on top or lying on your side may be more comfortable because they decrease tension on the area on the perineum, the area between your vagina and anus.
- Use a lubricant brand specially designed for intercourse, such as Astroglide, Wet, Replens, and certain K-Y products.
- Touch and massage can help you and your partner relax.

Try to share your feelings freely, and have some patience, humor, and optimism. Remember to use birth control to avoid getting pregnant sooner than you wish.

Getting back in shape

Physical activity will help you keep your body healthy and may bring you back to the way your body felt pre-pregnancy. After birth, two areas of your body need special attention – your pelvic floor (the muscles around your urethra, vagina, and anus) and your abdomen (stomach area).

You can usually start some exercise within a few hours after a vaginal birth. If you had a cesarean birth, you should start more gradually. Ask your health care provider when it is safe for you to start exercising. The following exercises will tone and strengthen your pelvic floor and abdomen.

Walking

Most health care providers recommend that you get out of bed and walk within a few hours after giving birth, even after a cesarean birth. Walking helps circulation and improves bladder and bowel function.

This helps prevent bladder infections and constipation. Walking also strengthens the abdominal muscles.

Kegel exercises

Kegel exercises will help your vagina regain muscle tone and shape, prevent leaking of urine when coughing, laughing, or sneezing, and reduce hemorrhoid problems. See your BirthDayNews Second Trimester issue for instructions.

Exercises for the abdominal muscles

Here are some exercises that are listed from the easiest to the hardest. You can do the first three – deep breathing, head lifts, and pelvic tilt – immediately after delivery.

At first, repeat each exercise only a few times. If you feel tired, you're doing too much. Start out slowly, following these steps:

- Begin each exercise with your lower back pressed firmly against the floor. You shouldn't be able to

slide your fingers between your back and the floor.

- Pull your abdominal muscles in. You can do this by pulling your belly button in toward your backbone. Keep the muscles pulled in throughout the exercise. Remember to keep breathing.
- Breathe out as you do the movement. Breathe in as you relax between each movement.
- Each movement should be made slowly and smoothly.

Deep breathing

You can do this while standing, sitting, or lying on your back. Have your knees bent and your feet flat on the floor.

1. Place your hands on your abdomen and take a deep breath through your nose.
2. Breathe out very slowly through your mouth, pulling your abdomen in toward your back, until you feel you've completely emptied your lungs.
3. Repeat 5 times. Try to work up



to 10 times by the end of the first week.

Head lifts

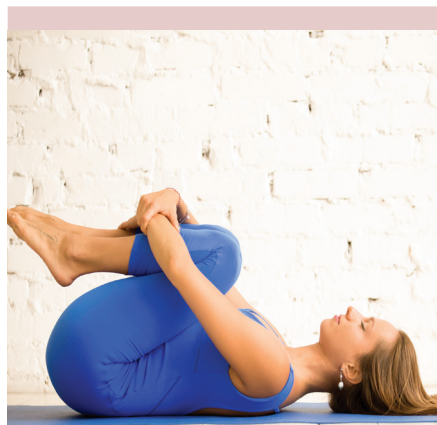
This exercise helps prepare your abdomen for harder exercises.

1. Lie on your back with knees bent and arms crossed over your chest or at your sides.
2. Breathe in.
3. Slowly breathe out and raise your head until you can see your knees. Hold for a count of 3.
4. Slowly lower your head.
5. Repeat 5 times, every 4 hours, increasing to 30 head lifts a day by the end of the first week.

Pelvic tilt

Start by doing this exercise lying on your back with your knees bent.

1. Lie on your back on a firm surface, knees bent, feet flat on the floor.
2. Tighten your buttocks and slowly flatten the small of your back. With your hands on your hips, you should feel your pelvis tilt.
3. Hold for a slow count of 3, and then relax.
4. Slowly increase the hold to 5 seconds. Try to do this exercise 8 to 10 times a day by the 10th day.



Wait until 10 days after delivery before you start knees-to-chest and curl-ups.

Knees-to-chest

1. Lie on your back, knees bent and feet off the floor.
2. Tilt your pelvis to make sure your lower back is flat. You can help the tilt by placing your hands or fists palms down, under your buttocks.
3. Breathe in.
4. Slowly breathe out as you slowly bring your knees as close to your chest as possible.
5. Slowly breathe out and return to starting position.
6. Repeat 3 times the first day. Slowly increase to 10 times a day.

Straight curl-ups

1. Lie on your back with knees bent and feet flat on the floor, about 12 inches apart. Reach your arms toward your knees.
2. Take a deep breath.
3. Slowly breathe out while flattening the small of your back

(pelvic tilt) and curling your head and shoulders slowly forward, toward your knees. Reach as far as you comfortably can.

4. Hold this position for a slow count of 5, and then slowly roll down to your starting position. Relax the pelvic tilt.
5. Start with 4 to 6 repetitions the first day, gradually increasing to 8 to 12.

Diagonal curl-ups

1. Start in the position for straight curl-ups.
2. As you breathe out, slowly curl up, reaching your right hand to the outside of your left knee.
3. Slowly return to starting position as you breathe in.
4. Repeat, reaching your left hand toward outside of your right knee.
5. Start with 4 to 6 repetitions the first day. Slowly increase until you can do 8 to 12.
6. For a more difficult exercise: Lift your knee to your opposite elbow with your hands clasped behind head.

Contact us any time – we are here to help

Kaiser Permanente Consulting Nurse Service

If you need help after your provider's office hours, this service is staffed 24 hours a day by registered nurses and a doctor.

Call 206-901-2244
or 1-800-297-6877
(TTY 711)

Kaiser Permanente Resource Line

This is a free information service for Kaiser Permanente members, including information about prenatal and postpartum classes.

Call 206-326-2800
or 1-800-992-2279
(TTY 711)

Email: kpwa.resource-L@kp.org

Kaiser Permanente member website

Create an account at kp.org/wa, sign in, and get access to many helpful, secure services. But you don't have to create an account to find useful information about pregnancy and birth.

Go to kp.org/wa and search for "pregnancy services."

Important names, phone numbers, and addresses

My health care provider during my pregnancy: _____

Phone number for appointments: _____

My obstetrical nurse: _____

Obstetrical nurse phone number: _____

The lab for blood tests is at: _____

The Radiology Department for scheduled ultrasound exams is at: _____

Consultants during my pregnancy (genetic, nutrition, prenatal, etc.): _____

Name of hospital for my delivery: _____

Hospital address: _____

Hospital phone number: _____