

# New Mother's Guide

Patient Information



Congratulations – you have become a mother! The purpose of this brochure is to give you information about the changes that will take place in your body after the birth, and some recommendations for how to deal with them. In addition, we aim to give you information about how to breastfeed your baby properly and successfully, and recommendations for how to take care of your newborn at home.

## **POSTPARTUM DISCHARGE**

Postpartum discharge (bleeding) will continue for 6–8 weeks. This is due to the healing of the inner layer of the uterus, which is known in obstetrics as the cleansing of the uterus.

- The postpartum discharge is bloody or red in colour for the first two to three days.
- Over the next three days, it will be of a lighter, yellowish-brown colour.
- After that, it is a yellowish-white colour for three days.
- Usually, the discharge is clear and of a light colour from the tenth day onwards.

The postpartum discharge smells like a menstrual discharge. If the discharge becomes foul-smelling or bright red in colour and increases considerably, see a midwife or your gynaecologist.

## **ABDOMINAL PAIN**

You may experience some abdominal pain after labour. This is due to the uterus contracting and is more prevalent in multigravida women.

The abdominal pain may increase during breastfeeding, which is related to the release of the hormone oxytocin. The abdominal pain should disappear within one to two weeks. You may take painkillers (e.g. 1000 mg of paracetamol 3 times a day; or 400 mg of ibuprofen 3 times a day).

## **URINATING**

The bladder may be rather insensitive after labour and may become overly full or empty incompletely. Therefore, the bladder must be emptied regularly (about every three hours) in order to avoid a urinary tract infection. You must take care to drink plenty of water: at least 1.5 litres per day. If urinating for the first time is difficult, apply warm running water to your external genital organs. Always wash your hands with warm running water after using the toilet – use regular warm tap water for washing. Occasionally, a woman may experience urinary incontinence, which will usually pass with the help of pelvic floor exercises within 3–6 months.

## **PERINEAL TEARS AND EPISIOTOMY WOUND AFTERCARE**

For the first days after the delivery, the perineum may be swollen and painful. This is due to the tissues being stretched and torn. In a few weeks, the sutures will dissolve and the swelling in this region will go down. The stitches may hurt for a period ranging from a couple of days to a couple of weeks. In case of swelling, you may apply a cold bag wrapped in a towel to the wound. Pain from perineal tears may be relieved with over-the-counter painkillers (e.g. 1000 mg of paracetamol 3 times a day; or 400 mg of ibuprofen 3 times a day).

- For the first two to three days after the delivery, try to avoid sitting straight up. Instead, lean on one buttock when sitting.
- Every time you use the toilet, wash the perineum in the front to back direction with clean running water, in order to avoid the wound becoming infected.
- Dry the perineum by dabbing gently.
- If possible, let the wound be exposed to the air from time to time.
- Do not use scented sanitary towels.
- Start exercising the pelvic floor muscles.

### **EXERCISING THE PELVIC FLOOR MUSCLES**

The pelvic floor muscles can be controlled at will, and by exercising, it is possible for a woman to learn to flex and relax them. If a patient regularly performs pelvic floor muscles exercises on their own at home, they can achieve better control over the muscles.

By regularly exercising the pelvic floor muscles, it is possible to improve your ability to hold in urine and avoid incontinence. The latter problem may also be caused by injuries to the birth canal.

When exercising the pelvic floor muscles, it is important to find the right muscles. For this purpose, it is recommended that you lie in as relaxed a position as possible. To begin with, you should carefully flex the muscles surrounding the anus and after that the muscles surrounding the urethra, as if you were trying to hold back the urge to urinate. It is also important to relax when breathing in, and to flex when breathing out.

#### **Pelvic floor muscle exercises**

- I. Lie on your back, with your legs together and bent at the knees. Breathe in. When breathing out, slowly raise your buttocks and at the same time flex the pelvic floor muscles. Breathe in and relax. Repeat this exercise 5–10 times.

- II. Stand straight, with one leg over the other and your heels on the ground. Breathe in. When breathing out, pull your pelvic floor inwards, flex the gluteal muscles and pull in the lower part of your abdomen. Then push your thighs together and continue pushing for a couple of seconds. Breathe in and relax. Repeat this exercise 5–10 times.
- III. When using the toilet, try to stop the flow of urine several times, if possible. In this way, you will know whether you are using the right muscles.

### **CONSTIPATION**

Do not be afraid to use the toilet, as the stitches will not usually tear during physical exertion. Drink plenty of fluids (for example, prune juice is a good cure for constipation) and follow a balanced diet containing bran, cereals, fruit and vegetables. If you have not had a bowel movement within three days after the birth, you may use a laxative, if necessary (e.g. Duphalac syrup or a Microlax enema).

### **HEMORRHOIDS**

Haemorrhoids are swollen veins found around the anus and in the anal canal. The types of haemorrhoids are divided into external and internal haemorrhoids. Often, the haemorrhoids that form during pregnancy or during labour due to heavy pushing can be very painful.

- In order to relieve the pain, you may place an ice pack on the painful area, or use a specific over-the-counter medicine (we recommend that you to consult a pharmacist when buying the medicine).
- Wash your anus every time after using the toilet.
- Drink plenty of fluids and eat foods that are rich in fibre in order to prevent constipation and to make using the toilet easier.

## AFTER A CAESARIAN SECTION

- We recommend avoiding visiting a sauna or a swimming pool until the discharge has stopped (usually two months after the delivery).
- Shower at least once a day.
- Avoid lifting heavy weights for two months after the operation (due to the danger of developing a hernia), although it is permissible to lift up to five kilograms at one time.
- We will ask you to come see a midwife in the Labour and Delivery Department on the second floor, or your family physician for the removal of the sutures on the 7–10th day after the surgery.
- In cases where a high body temperature (over 37.8°), bleeding or other labour and delivery complications are experienced, visit the emergency room at the Women's Clinic or call an ambulance.

## POSTPARTUM CHECKUP WITH A MIDWIFE OR DOCTOR

You will have to see a midwife or doctor two months (or 8 weeks) after the delivery in order to assess your postpartum recovery. During this postpartum checkup you will be advised about having sex and about the different methods of birth control. Also, the healing of the stitches and the condition of your vagina will be checked. If necessary, a vaginal examination will be performed during which the condition of the cervix will be checked and new swabs will be taken, if needed. You will also be given advice and recommendations for good breastfeeding practices.

## MENSTRUATION AND SEX LIFE

If you are not breastfeeding, you may expect your first menstruation to resume 6–8 weeks after the delivery. When breastfeeding, you may experience no menstruation for two years, and usually, your menstruation will return after you stop breastfeeding. You may start

having sex 4 weeks after the delivery, if your discharge has stopped. Breastfeeding does not offer full protection from pregnancy. If you start having sex before your postpartum checkup, you must use extra protection (for example, a condom).

If you develop any of the following symptoms within two months of the delivery, immediately visit the Emergency Room at the Women's Clinic.

- Severe abdominal pain
- Heavy bleeding
- High fever (over 37.8°), accompanied by chills
- Foul-smelling discharge from the vagina
- Sore and swollen breasts which are red in a confined area two to three weeks after labour, accompanied by a high fever and chills

## BREASTFEEDING

Breastfeeding is the best choice for your baby's health and is the easiest way for you to feed your baby during their first year of life. The World Health Organization recommends feeding the child with only breast milk during the first six months of life, and to continue breastfeeding in the second year of life. Every mother can learn how and is able to breastfeed – it is only necessary to remember a couple of simple tips!

**Offer your child the breast as often as they please.** From the second day of life, breastfeeding should occur at least 8 times a day. During the day, the feedings must not be more than three hours apart. Breastfeeding often will increase the amount of milk that you produce and its fat content.

**Do not offer your baby a bottle or pacifier** because the teat of the bottle or the pacifier may hinder the baby's ability to learn the proper sucking techniques.

**During the first six months**, the child will receive all that is necessary for proper growth and development from the breast milk. Additional fluids (water, tea, juice) are not necessary during that time. The only exception is vitamin D, which should be given as a supplement from the second week of life for the first two years of life.

#### **Your child has received enough breast milk if they:**

- urinate a lot – at least 6–8 times a day;
- gain at least 500–600 grams per month (the first month's weight gain must be calculated based on the smallest known weight, and not on the birth weight);
- also grow in length;
- eat at least 8 times a day.

#### **The coming of breast milk is a natural phenomenon**

After the delivery, the hormonal changes in your body will bring about the formation of breast milk. A small amount of colostrum is already contained in the breast during pregnancy, and on the first days after the delivery. Although the amount of colostrum is small, it contains everything your child needs during the first days of life. Depending on how often the baby feeds, the amount of milk and its composition will change on the 2–4th day.

#### **Colostrum:**

- protects the child from infections;
- prepares the delicate digestive system for its work;
- due to its laxative effect, protects the baby from jaundice.

#### **Breast engorgement**

The amount of milk will increase drastically on the 2–5th day after giving birth. This is called breast engorgement. The breast may become heavy, hot, painful and firm. You may also have a moderate fever, which will pass on its own if you breastfeed frequently. These

symptoms will be less severe if you breastfeed your baby often in the first days of their life, and usually, the symptoms will subside within around 7 days.

#### **How to relieve the symptoms of breast engorgement?**

- Breastfeed often.
- Make sure that your baby latches on correctly.
- You may hold a clean white cabbage leaf against your breast between feedings. Change it every 4–6 hours.
- Before breastfeeding, you may express a little bit of milk in order for the swelling to go down, and to make it easier for your baby to latch on to the breast. Often, it is easier to do this in a warm shower or by using a warm topical compress.
- If your breasts are sore and firm even after breastfeeding, place something cold on your breasts for 15–20 minutes following the breastfeeding.

#### **The more often a baby feeds, the faster the breast will learn to produce the necessary amount of milk for the baby.**

Breastfeeding will be easier if you give yourself and your child some learning time.

**Try to rest with the baby.** It is good to learn how to breastfeed while lying down, even while you are in the hospital. It is easier to get used to breastfeeding, whether at night or in the day, when you are lying down with the baby. Breastfeeding at night will increase the amount of milk that is produced.

**Follow a balanced whole food diet.** The composition of breast milk does not directly depend on what the mother eats, but do not forget to eat a balanced diet in order to feel good!

**In order to have sufficient breast milk** you must drink whenever you are thirsty. If the baby has latched on correctly, they should be allowed to suck **for as long as they please.**

### Markers of proper sucking technique:

- The whole body of the child is turned towards the mother – their bellies are against one another.
- Before latching onto the breast, the child's nose is aligned with the mother's nipple.
- The child's mouth is wide open and a double chin forms.
- The tip of the nose and chin of the sucking child is pressed against the mother's breast.
- The child's lower lip is turned outside.
- The cheeks are round, and there are no dimples on the cheeks when sucking.
- The baby is sucking and is also swallowing.

### Remember!

- Before breastfeeding, wash your hands.
- Ensure the breast is always clean and does not require special treatment.
- One feeding may last for a period of 20–30 minutes.

### Sore nipples

For the first weeks after the delivery, a woman's nipples may become tender, sensitive or sore, even if your baby is latching on correctly. If this happens, you may find it helpful to rub some breast milk or some softening and healing balms onto the nipples after feeding. Cracked nipples indicate an incorrect latching technique. In this case, rub some special nipple cream onto the nipples (e.g. Purelan, Bepanthen) and carefully make sure that your baby latches on correctly. You do not need to remove these creams from the nipple before feeding.

**All children are different**, and therefore some other questions may arise during the breastfeeding process

## EAST TALLINN CENTRAL HOSPITAL BREASTFEEDING COUNSELLING

Midwives and breastfeeding counsellors are available for you and your child at the East Tallinn Central Hospital Women's Clinic (Ravi 18, Tallinn). You do not need to register for the counselling in advance, but we ask that you let us know you are coming by calling **620 7453**.

You can also check how much weight your baby has gained.

You can find additional information from the childbirth class brochure and on our website at [www.itk.ee](http://www.itk.ee).

Your questions are answered on Monday–Friday between 10 am–2 pm by the midwives and breastfeeding counsellors at the East Tallinn Central Hospital on the **Breastfeeding Helpline** on **620 7453**.

### AT HOME WITH YOUR NEWBORN

#### Feeding

Breast milk is the best food for your baby. Your baby will receive everything they need from your breast milk. Keep in mind that newborns have not yet developed day-night rhythms. Frequent breastfeeding on the first days is beneficial because the baby will receive valuable colostrum and will learn to suck before the breasts fill with milk, and this will also stimulate your milk production. Your child will not consume the same amount at each feeding. Some babies stay on the breast for a long time, 30–40 minutes, and rest for an hour afterwards. Other babies want to suck for a shorter time, but then need to feed more often. Some babies feed quickly and are satisfied with being fed every three hours. Therefore, you do not need to feed according to a



schedule, but should allow your child to develop their own rhythm. All breastfed babies should feed at least 8–12 times a day. Signs that a child fed with only breast milk is full are: when they are calm after the feeding, they gain weight and they urinate at least 6–8 times a day. Breastfed babies will defecate with very different frequencies. During their first half year, the babies will typically gain 150–200 grams a week, i.e. 600–800 grams a month. Breastfed babies do not need additional food or fluids during their first six months of life.

### **Belly button care**

The umbilical stump will dry and fall off within 3–45 days of the baby's life; most often, this occurs on the 8–14th day. The area surrounding the belly button must be kept dry, and the stump will then dry out and fall off on its own. Before cleaning the belly button, carefully wash your hands. Clean the belly button with a calendula tincture, 3% hydrogen peroxide solution or some other antiseptic agent. It is important to clean as close as possible to the edges of the stump, as well as between the skin and the stump by gently pulling the umbilical stump to the outside. Moving the stump does not hurt the child.

This can be done a couple of times a day, but should certainly be performed after bathing. When using nappies, try to leave the umbilical stump outside of the nappy. Before the stump falls off, the blood vessels may bleed a little bit. The belly button must be cleaned 3–4 times a day until it heals completely, which will happen within a week after the stump falls off. If the area around the stump appears red, or inflammation has spread to the tissue under the skin and the belly button is inflamed, visit your family physician.

### **Body temperature**

In the womb, the foetus is surrounded by fluid at a temperature of +37 °C, and the heat is regulated by the placental blood circulation. The foetus is usually 0.5 degrees warmer than the mother. If the mother

develops a fever during the labour, the baby's body temperature will also rise.

After the delivery, the newborn's body temperature will depend on the temperature of the surrounding environment. If the temperature of the surrounding environment is thermoneutral (a suitable temperature for the baby, where the heat gained and lost is in balance), the baby's temperature will stay within the normal range of 36.6–37.3 °C. The child will not sweat and will not become restless due to cold. The thermoneutral temperature is different for every child, and it will change during the first weeks of life.

The baby's temperature can be taken under the arm (axillary) or in the rectum (rectal). The difference between these is usually 0.3–0.5 degrees (the axillary temperature is lower). Hypothermia or a low body temperature is a danger if the body temperature becomes lower than 35 °C. Often, premature babies or those with a low birthweight cannot properly maintain their body temperature.

Hyperthermia will be diagnosed if the baby's skin temperature is over 38 °C. If this is not due to a medical condition (sepsis, brain damage, etc.), the reason for such a rise in temperature is most often because the surrounding environment is too warm.

### **Bathing**

You may bathe your baby on the same day that you leave the hospital, unless the baby has been vaccinated on the same day. The temperature of the bathroom must be at least 25 degrees, and the bath water must be around 37 degrees. Regular tap water is suitable – you do not need to add anything to the bath water. You may bathe your child every day, but we recommend using baby soap only once a week, as otherwise the skin might become too dry. The belly button may get wet during bathing. You may bathe

the baby at any time, but not immediately before going outside. An evening bath will usually encourage a good sleep, and if possible, it is a good practice to always bathe the child at the same time. If the baby's skin is dry, you may apply some baby lotion or a moisturising cream to the skin. After bathing, put a hat on the baby's head until it has dried. Clean the eyes with warm camomile tea or with boiled water by wiping them gently from the outer corner to the inner corner, using a different cotton pad for each eye.

### **Vitamin D**

All babies are given vitamin D from the 7<sup>th</sup> day of life. If the baby receives only breast milk, the amount should be 5 oil-based drops once a day, before a feed. Vitamin D should be given until the baby's second year of life, although if the child consumes at least one litre of infant formula per day, additional vitamin D is not necessary. In the case of combination feeding, the amount of vitamin D will be calculated by the doctor. Oil-based vitamin D solutions are available over-the-counter in most pharmacies.

### **Going outside**

The timing of your baby's first trip outside will depend on when the baby was born. In the summer, you can go outside with a baby that is only a couple of days old; whereas in the spring and autumn, the baby should be around a week old, and in the winter around 10 days old. In the winter, it is a good idea to let the child get used to the cold air under an open window for a couple of days. Take the baby outside for the first time when it is warmer than -10 degrees. If it is colder than -15 degrees, do not take your child outside. You can tell whether your child has enough clothes on if their neck folds are warm when you come in from outside.