

Mother and Infant Discharge Class

Presented by the
SAMMC Nursery
Discharge Program

- ## OBJECTIVES
- Review maternal Post-Partum care
 - Review infant care
 - When to be concerned
 - What to expect at follow up visits

Maternal Post-partum Care

- ## Self Care/ Perineal care: Hygiene and Episiotomy
- Change pads frequently (at least every 2-3 hours) to absorb the discharge and avoid infection.
 - Tampon usage not recommended (nothing in the vagina until after your 4-6 week Obstetrical appointment.)
 - Always wipe from front to back to avoid potential infection.
 - An episiotomy will heal quickly if kept clean and dry, usually around 4-6 weeks for complete healing.
 - Continue to use your peri bottle for 1-2 weeks (helps to keep area cleansed and is soothing if used with warm water.)

- ## Self Care/ Perineal care: Hygiene and Episiotomy
- Bathing in a bathtub is not recommended until after your 4-6 week check-up to avoid infection—only showering. (The uterus remains open which is an open pathway for infection.) This means NO swimming as well.
 - If you have had a C-section, keep the incision site clean and dry to avoid infection and/ or as instructed by your Obstetrician. Please call if it becomes red, swollen, warm to the touch, or you notice green or yellow discharge.
 - Resuming sexual activity is not recommended until after your 4-6 week appointment. (Your body needs time to heal inside/ prevents infection.)

- ## Lochia
- Lochia is the drainage from the birth canal after delivery.
 - It is like a menstrual flow during the first few days after delivery.
 - Within just a few days (3-4) the lochia will become lighter/ pale and more watery, and will continue to do so in the following weeks.
 - By your 4-6 week appointment it should be minimal to non-existent.
 - The odor of lochia is described as "fleshy/ musty or earthy." The odor should NOT be FOUL or "BAD."
 - You may notice when getting out of bed "heavier" lochia. This is due to pooling of blood in the vagina during rest or lying down.

Emotional Changes: "Baby Blues" and Postpartum Depression

- It is absolutely normal to feel "weepy, sensitive, fearful, confused, exhausted, and have mood swings including irritability and impatience" within the first 2 weeks after delivery. This is called "baby blues." This occurs due to your maternal hormones transitioning back to their pre-pregnancy state.
- These feelings generally come and go quickly.
- If feelings persist for two weeks or greater, this could be a sign of Postpartum Depression.

Emotional Changes: "Baby Blues" and Postpartum Depression

- Signs/ symptoms of postpartum depression can include, but are not limited to: "crying all the time, no appetite, uninterested in taking care of your baby, inability to sleep, or excessive sleep." These symptoms can develop 2-3 days after delivery or take up to several weeks or months to develop.
- If you feel you may be experiencing Postpartum Depression, please call your Obstetrician without hesitation. There are all kind of resources to help mothers. Remember: Happy mommy, happy baby!

Signs/ Symptoms that Warrant a Call to the Obstetrician

- Excessive bleeding (saturating a pad within an hour)
- Temperature of 100.4 or higher that does not subside for 4 hours. (It can be normal to develop a mild temperature when your milk first "comes in." Increased pain can also cause a spike in temperature. Thus it is important to take pain medications as prescribed.)
- Development of discharge that is "GREEN/YELLOW/ or FOUL" in odor- this may be an infection.
- Passing LARGE clots.
- Development of any type of pain that becomes worse in severity and is not relieved with the medication prescribed by your Obstetrician.

Normal Newborn Characteristics

Senses

You may notice your infant sneeze within the first few days of delivery. This does not indicate your infant being "sick" or having "a cold." This is a natural response to your infant swallowing fluid during the delivery. The fluid will resolve on its own.

Skin

- It is normal for infants to develop Newborn Rash, which can resemble "reddened welts" on the skin, almost like an insect bite. DO NOT be alarmed. Newborn skin is very sensitive due to its transition from the womb (a watery sack) to extra-uterine (outside) environment.
- Skin may also be dry and peeling- particularly on the hands, feet, and scalp. This is simply the shedding of dead skin. It is recommended to wait until the infant is two weeks old to begin using lotions.

Diapering

- Always wash from front to back so not to introduce infection into the bladder.
- Prevention is the best cure for diaper rash. Change the diaper as soon as possible and apply petroleum jelly to area in order to prevent diaper rash. Diaper rash ointments are recommended for diaper rash only—not prevention.
- Due to effects of maternal hormones, female infants may have a vaginal discharge of white, stringy mucus and/or perhaps some blood that lasts a few days.

Diapering

- When caring for the circumcised penis, it is recommended to apply petroleum jelly with each diaper change for approx 5-7 days.
- It is not recommended to use alcohol-based wipes on the circumcision site—use warm water only until healed.
- The tip of the penis may appear red and have yellow crust in spots. Do not try to wash off this yellow substance. It is part of the healing process.
- Inform healthcare provider of any unusual swelling, oozing, or bleeding that is nickel-sized or greater.

Taking Your Baby's Temperature

- An essential item in the nursery to have is a baby thermometer. Baby's temperature is one of the most important questions (and usually one of the first) your healthcare provider will ask you when you call about a problem.
- The baby's temperature can be taken axillary (under the arm.)
- If a rectal temp is requested by your healthcare provider, place the infant on his/ her stomach. Lubricate the thermometer with a small amount of petroleum jelly and gently insert the thermometer about ¼ inch into the infant's rectum.

Signs and Symptoms that Warrant a Call to the Pediatrician

- Temperature of 100.4 or higher, or less than 97.4. A cold baby can be just as sick as a hot baby. If your infant seems unusually cranky, sleepy, or feels warm, take his/ her temperature.
- Lethargic ("too sleepy") and/or has floppy arms and legs. If your infant misses 2 feedings in a row—that is considered "too sleepy."
- Inconsolable ("screaming/ crying.") For example, if you have gone down your list (i.e. fed the infant, changed the infant, swaddled the infant, held the infant) and your infant is still crying and cannot be calmed, your infant may be trying to tell you something....
- Vomiting (more than 2 feeds with forceful ejection of stomach contents, or if vomit is green or bloody) and/ or frequent or successive bowel movements with excess fluid, mucous, or foul odor.

Signs and Symptoms that Warrant a Call to the Pediatrician

- Your infant's jaundice becomes worse AFTER day 5 of life.
- Redness/ drainage/ foul odor originating from the umbilical cord or circumcision site.
- Your infant's breathing appears difficult or "too fast." Normally an infant should breath between 40-60 times per minute. Your infant may have periods where he/ she may breathe rapidly for a SHORT period of time with brief pauses. This is NORMAL. If your infant is consistently breathing faster and/ or has pauses lasting 10 seconds or longer, your infant needs to be evaluated immediately.
- **BLUE LIP COLOR WITH DIFFICULTY BREATHING IS A 911 CALL!**

Infant Feeding

Newborn Safety

- Never leave infant (even when sleeping) alone on a surface from which he or she could fall; do not leave infant alone in the car.
- Adult supervision at all times when small children or pets are present.
- Do not prop bottles, and do not allow bottle-feeding in lying position.
- Avoid significant direct sun exposure during the first few months of life.
- Ensure that those who have direct contact with the infant have first washed their hands.
- **NEVER SHAKE OR TOSS YOUR BABY INTO THE AIR**—it can cause brain damage, blindness, or even worse, death.

Car Seat Safety

- Infant should be in car seat when vehicle is moving—never in your arms.
- The car restraint should have the words “dynamically or crash tested” and state that it complies with the Federal Vehicle Safety Standard 213.
- **NEVER** place a rear-facing seat in front of a passenger side airbag.
- Infants must ride in the back seat, facing the rear.
- For proper installation of car seat, find a certified passenger safety technician in your area.

SIDS Risk Reduction Recommendations

- Place infant on his/ her back to sleep at ALL times.
- Infant must sleep on a firm surface, such as on a safety-approved crib mattress covered by a fitted sheet. Never place your infant on pillows, quilts, sheepskins, or other soft surfaces.
- Keep soft objects, toys, and loose bedding out of the infant's sleep area.
- Do not allow smoking around the infant.
- The infant should not sleep in a bed or on a couch/ armchair with adults or other children, but may sleep in the same room as you.
- You may offer a clean, dry pacifier when placing the infant down to sleep, but don't force the infant to take it. For the strictly breastfed infant, a pacifier may be introduced once a good breastfeeding pattern has been established.

SIDS Risk Reduction Recommendations

- Avoid products that claim to reduce the risk of SIDS because most have not been tested for effectiveness or safety.

Share these recommendations with parents, child care providers, grandparents, babysitters, and everyone who cares for the infant.

Screenings During Hospital Stay

- **Newborn Screen (PKU):** is a blood test that is mandated by every state. This screening is used to detect several different genetic disorders. The first screening takes place prior to discharge. The second screening takes place at the 2 week appointment. You will be notified of any abnormalities in the results.
- **Hearing Screen:** A hearing screen will be performed by a nurse prior to discharge. In the event of a failed first exam, a second screen will be performed the next day. If the infant has not passed prior to discharge, you will be given an audiology referral and you will be responsible for booking your infant for a follow-up/ out-patient audiology appointment.

Important Phone Numbers

- Appt. Line (camo) 916-9900
- If unable to schedule infants 2 week well appt. call following numbers and leave message.
- BAMC Peds: 916-4468
- WHMC Peds: 292-5892, 292-4046, 292-5848
- RAFB Peds: 652-3646, 652-0421, 652-3969
- Newborn Follow-Up Program: 916-0375