

Lesson Seven: *Postpartum*

“Being a mom has made me so tired. And so happy.”

Tina Fey

You’ve made it! Welcome back, Mom, to our final lesson!

In Lesson 6, we talked about planning for your birth and why it’s a good idea to make a birth plan. We also talked a little about what happens right after birth and what decisions you will need to make for your baby.

Today we will dive deeper into what happens at the hospital or birthing center after your baby is born and what to expect in the first few weeks at home.

First Feeding

In Lesson Six, we discussed skin-to-skin contact time immediately after birth and the benefits to both Mom and baby.

Skin-to-skin time with your baby will help trigger their instinct to breastfeed.

Babies have a rooting and sucking reflex. But some studies have found reflexes involving the legs, feet, hands, and sense of smell.

When your baby is placed on your belly for skin-to-skin contact after birth, they will use their feet and hands to move up toward the breast to feed.

Therefore, in the first few days or weeks after birth, a mom should spend time in a semi-reclining position, letting the baby rest on her chest, skin-to-skin, to help them learn to breastfeed. With your baby’s head toward your head, they will use all their reflexes to get to your breast and self-attach. Let’s look at how that works.

The Breast Crawl

After birth, a baby will take a brief rest to adjust to their new surroundings. Then they will move into an alert period when they will instinctually want to nurse. The breast crawl is the ideal way to start breastfeeding! If the baby is lying on Mom uninterrupted, they will push with their feet and angle their body to one side or the other. Then, using their hands and cheeks to feel, and their nose to smell, their head will bob around until they find the nipple. This is the ideal way to start breastfeeding.

However, if you had medication during labor or had an extended or difficult time pushing, this first feed might not happen immediately in the delivery room. That’s okay! You can always get back into the semi-reclining position in your hospital room and at home to let your baby perform the breast crawl. And once you and your baby get comfortable breastfeeding, you won’t need to strip down and do the skin-to-skin contact ritual anymore.

A breast pump may be offered to you in the hospital, especially if you're having a hard time breastfeeding, but it usually isn't necessary unless you and your baby are separated, or unless a medical provider instructs you to use one. The best way to get milk out of your breast and into your baby is by having the baby correctly latch on to your breast. However, if you are struggling to breastfeed, most hospitals have a lactation consultant who can help you.

Nurse's Note: *Baby's First Feeding*

Skin-to-skin contact, sometimes referred to as Kangaroo Care, is when the naked, undiapered baby is placed on the naked skin of the chest of the mother or her partner. A light blanket can be placed over the baby once they are skin-to-skin; nothing should be between the baby and the parent. Skin-to-skin contact is encouraged immediately following the baby's birth for at least one hour, until breastfeeding has been established. There are many benefits of skin-to-skin contact. Benefits include:

- It helps stabilize the baby's temperature, heart rate, and breathing.
- It may decrease the baby's crying.
- It stabilizes the baby's blood sugar level.
- It may help the baby breastfeed sooner.
- It lowers stress hormones for both mother and baby.
- It exposes the baby to the bacteria on the mother's skin, which can help protect the baby from illness.
- It helps the baby bond with the mother and her partner.
- It helps the baby's sensory brain development.

The baby can be held in skin-to-skin contact right after delivery and as often as the mother and partner would like. Skin-to-skin contact can continue into the first few weeks of life to encourage breastfeeding, confidence, and bonding.

First Tests

After birth, the baby will undergo several tests while you're still in the hospital or birthing center. Your baby's medical provider will arrange for the tests if you have a home birth. Some tests are legally required. Let's take a look at them.

Blood Sugar Level. Your healthcare provider will test your baby's blood sugar level to rule out hypoglycemia, or low blood sugar. Low blood sugar can cause shakiness, low body temperature, a lack of energy, seizures, or apnea (where the baby stops breathing).

Genetic Screening. The baby will have a small poke given to their heel to collect blood, which is then sent to the state lab. The lab will test for any rare genetic conditions that must be treated as early as possible.

12) Jolyn Seitz, MD, "The Importance of Skin-to-Skin with Baby after Delivery," July 18, 2017, Sanford Health, <https://news.sanfordhealth.org/childrens/the-importance-of-skin-to-skin-after-delivery-you-should-know/>, accessed January 18, 2022.

Hearing Screening. The baby will have a hearing screen twenty-four hours after birth. The screening takes about five to ten minutes, and most babies sleep through it.

Phenylketonuria (PKU) Screening. PKU is an amino acid metabolism disorder caused by a defect in the gene that helps create the enzyme needed to break down phenylalanine. If a baby has undetected PKU, it can cause developmental issues, intellectual difficulties, a musty odor, a small head, and more. It is a manageable condition when discovered early. Newborns don't have any symptoms at birth, but they develop signs within a few months. The healthcare provider will poke the baby's heel for a blood sample.

Jaundice Screening. Jaundice is a condition in which bilirubin, a yellow pigment made during the breakdown of red blood cells, builds up in the blood, causing the skin and whites of the eyes to have a yellow tinge. High bilirubin can destroy red blood cells and can indicate liver or bile duct problems. Newborns are more likely to have elevated bilirubin, but this usually disappears around two to three weeks. Babies with more severe cases are treated with light therapy or enhanced nutrition.

What Mom Can Expect

Directly After Birth

You can expect some things to occur immediately after you give birth.

Monitoring. The medical team will monitor your bleeding and how well your uterus shrinks to its pre-pregnancy size. This is called involution. Medical staff will occasionally press on your abdomen at the top or fundus of the uterus. While uncomfortable, it will help reduce the risk of excessive bleeding.

Lochia. You will have bleeding and discharge, called lochia. The bleeding begins like a bright red, heavy period, and it will gradually lessen to a darker brownish, pink, or cream discharge that can last between twenty-four to thirty-six days.

You should inform your medical provider if you pass any blood clots larger than a quarter. While some blood clots are normal, larger ones can indicate a problem. You may also experience some pain, depending on the type of birth you had. For example, if you received stitches in the vagina or perineum or had a C-section, you may have more pain or discomfort. Your medical provider can prescribe pain medication for you. However, placing an ice pack in your underwear can lessen the pain for the first day or two after birth.

Fluctuating Emotions. You will likely have emotional fluctuations too. Delivering the placenta creates a shift in your hormones. This shift in hormones can cause some weepiness, moodiness, or restlessness. Many moms experience these "baby blues" in the first two weeks, but it should go away independently.

13) "Phenylketonuria, Also Called: PKU", National Library of Medicine, US Department of Health and Human Services, National Institutes of Health, October 18, 2021, <https://medlineplus.gov/phenylketonuria.html>, accessed December 23, 2021.

14) Mayo Clinic Staff, "Phenylketonuria (PKU)" Mayo Clinic.

15) Mayo Clinic Staff, Bilirubin Test, 2021, <https://www.mayoclinic.org/tests-procedures/bilirubin/about/pac-20393041>, accessed December 23, 2021.

Postpartum Depression and Anxiety. Sometimes a new mom's emotions can become more severe and last longer than two weeks, accompanied by anxiety, anger, numbness, or intrusive but fleeting thoughts of harming her baby or herself. Postpartum depression or anxiety is treatable, and if you experience this, you should contact your medical provider. You do not need to suffer alone. Postpartum depression or anxiety is a medical condition. If you experience it, it is not your fault, nor are you a failure. It can happen to any mom at any time within the first year after birth.

Nurse's Note: Postpartum Period for Mom

Many mothers are more vulnerable to postpartum depression and anxiety during the postpartum period. Mothers can experience many different emotions during the postpartum period. The period after the birth of a new baby can be the most exciting, joyful, and stressful time of her life. It is also a time of sleep interruption, hormonal fluctuations, and exhaustion due to the demanding schedule of caring for a newborn baby. For some new mothers, the joy of having a new baby may be replaced by sadness, fear, anxiety, and feelings of being overwhelmed.

Research has shown that children of mothers who experience postpartum depression and anxiety have higher chances themselves of experiencing problems managing their emotions, attention, and behavior. Postpartum depression and anxiety have also been shown to cause difficulties in interactions between mothers and their babies, and they are linked with mental health struggles in children. Brief periods of postpartum depression or anxiety are not likely to impact your child's emotional health in their early toddlerhood. However, children of mothers who experience long-lasting depression and anxiety over most of their child's first year and a half of life are at higher risk of developing mental health challenges. Therefore, mothers need to share their thoughts and feelings with someone they trust, such as their partner, close friend, or a healthcare provider, so they can get the help they need.

The First Few Weeks Home

When you get home with your new baby, it will be a whole new world. Life will change for you and your family. You will need time to rest, heal, and learn to live with your new baby. For the first few weeks, your job is to rest, eat, drink plenty of fluids, and feed and take care of your baby.

Family and friends will want to come and visit. But this should only happen if you are ready to have visitors and if they are willing to bring a meal or help with a chore. Visitors should understand that you will not entertain them or feed them because you are recovering.

All visitors must agree to your rules regarding handwashing/sanitizing, wearing a mask if you want them to, who holds the baby and for how long, and how long they may stay. If it is too tiring to have company who is not helping or who is causing you stress, then you have the right to say no. This is not the time to grin and bear it. The postpartum period is the time for you to protect yourself, your baby, and your family during this transition.

In summary, the first few weeks after the birth of a baby can be tiring, wonderful, emotional, and magical. Protect it, ask for help when you need it, AND focus on getting to know your new baby!

Thank you so much for going through this series with us. We hope you have the greatest birth experience possible! Go back and review any of the lessons as birth comes closer. Get the support you need before, during, and after the birth. And remember to relax and breathe. You've got this, Mom!

16) ACOG, "FAQs-Postpartum Depression," December 2021, The American College of Obstetricians and Gynecologists, <https://www.acog.org/womens-health/faqs/postpartum-depression>, accessed January 18, 2021.

