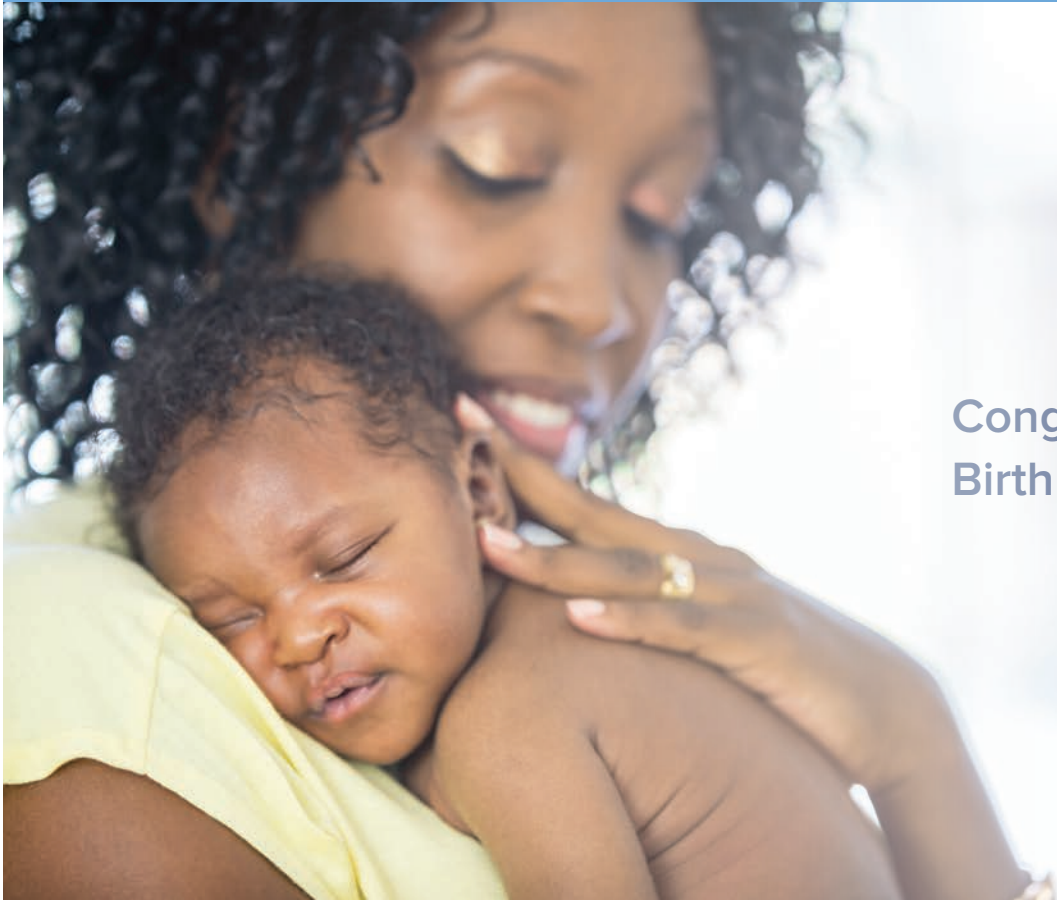


Getting Ready to Go Home
Mother and Infant Discharge Guide



Inova Women's Services





Congratulations on the Birth of Your Baby!

Thank you for choosing Inova to care for you and your baby during this special time.

We know going home with a new baby can be make you feel anxious. We made this guide to help answer the most commonly asked questions by new moms. Please let us know if you need any additional support after you leave the hospital.

What to Expect After You Arrive Home

Your baby is born with his/her own temperament. It may take a few days or weeks to understand what your baby's different noises and cries mean. Babies do not arrive with a manual, and they do not tell time. Just because many parenting books say that babies eat every three hours doesn't mean your baby will eat every three hours. Your baby may want to eat every hour or two.

The first few weeks can be a great deal of work. This busy period of hands-on parenting might cause you to question your skills. Adults who once were able to keep the house clean, juggle many tasks and stay ahead of chores can find themselves sinking in dirty dishes, dirty laundry and a dirty house. This is completely normal. Newborn babies need lots of love and attention. The dishes can wait.

Basic Care for New Moms

Having a baby is a major event for your body. Physical and emotional recovery takes time. It's important to relax and stay flexible. Parenthood is a slow and learned process. Even if you had a child before, things will change with the new baby.

- Your body will take about 6 to 8 weeks to heal. During this time, your uterus slowly decreases to its normal size.
- You may feel cramps during the first few days. These mild-to-moderate cramps help the uterus return to normal.

Hygiene

Maintaining good hygiene helps prevent infections.

- Wash your hands frequently, especially after changing your baby's diapers or going to the bathroom.
- During the first two weeks, take showers only – no tub baths. Your doctor will let you know when you can resume tub baths.
- If you are breastfeeding, avoid using soap on your nipples as it can cause drying.

Temperature

A normal temperature is 97 to 99.6° Fahrenheit (F) or 36 to 37° Celsius (C). If your temperature is more than 100.4° F or 38° C, you could be dehydrated. Drink three or four glasses of water, and recheck your temperature in two hours. If it is still high, call your doctor.

Breast Care

Your breasts may become heavy and uncomfortable. Here are some ways to help minimize the discomfort:

- Breastfeed your baby frequently during the day and night, at least 8 to 12 times in 24 hours.
- If your baby has trouble latching, try hand expressing a little milk to soften the areola.
- Wear a well-fitting, supportive bra at all times.
- Apply cold packs to the breasts and under the arms for 20 minutes between feedings to help with swelling.
- Use the pain reliever prescribed by your doctor.
- If you have decided not to breastfeed your baby, this period of discomfort may last several weeks as your body adjusts. Contact your doctor or lactation consultant for more help.

Bleeding

Your vaginal bleeding will begin as a heavy, bright red flow in the first 24 hours after delivery. It will change to lighter, reddish-brown flow two or three days postpartum. The color will then turn pink, then tan, then yellow-white and finally clear. A fleshy or musty odor is normal.

Discharge can last from four to six weeks. It is normal to pass clots or stringy-looking blood. These clots will happen more after sitting or lying down. Bleeding may increase with activity. This is your body's way of telling you that you are doing too much. If your bleeding increases, drink fluids, rest and, if breastfeeding, feed your baby every two hours to help the uterus contract.

Do not put anything in your vagina, including tampons, or have sexual intercourse until your doctor tells you it is okay to do so.

Call your doctor if you have:

- Flu-like symptoms
- Foul-smelling vaginal bleeding or discharge
- Large clots (golf-ball size or larger)
- Vaginal bleeding that saturates one or more pads in one hour
- Red or swollen leg that is painful or warm to the touch
- Redness, severe pain or a lump in either breast



Pericare

The perineum is the area below your vagina down to your anus. It is important to keep the area clean to prevent infection and help with healing and pain.

After a vaginal delivery:

- Use cold packs on the perineum for the first day to reduce swelling and pain.
- Use your sitz bath to increase blood flow to the area. This helps with healing and hemorrhoids.
- Change your pad each time you use the bathroom.
- Rinse your perineum with warm water each time you go to the bathroom as long as you are bleeding.
- Wipe carefully from front to back. If you need to wipe a second time, use a fresh piece of toilet paper.
- If you have pain, use the topical spray, witch hazel pads or pain reliever given to you in the hospital.

Elimination

Your first bowel movement (stool) usually happens a few days after you have your baby. Here are some tips that can help:

- Do not strain.
- Continue to take stool softeners until your bowel movements are regular.
- Drink 6 to 8 glasses of water a day.
- Eat high-fiber foods.
- Move around. It will help.

If you have pain, discomfort, swelling and/or a small amount of bleeding around your anus, you could have a hemorrhoid. These are common after delivery. Here are some tips that can help:

- Avoid straining when having a bowel movement (stool).
- Use topical creams and pain medication as directed by your doctor.

Bladder

Empty your bladder every 3 to 4 hours.

Call the doctor if you have:

- Frequent or urgent need to urinate
- Severe pain or rectal bleeding
- Not had a bowel movement within one week



Incision Care for C-section

- Wash your hands before and after you touch your incision and after using the bathroom.
- Keep your incision clean and dry. Avoid activities that could cause dirt or sweat to get on your incision.
- Do not use lotions, creams, powders or oils over the incision area.
- You may shower after 24 hours. Do not scrub the incision. Let the warm, soapy water flow over the incision.
- Pat your incision dry with a clean towel.
- Do not scratch, rub or pick at your incision or any scabs. Scabs help protect the wound.



- Follow these instructions for the type of incision closure used by your doctor:
 - Steri-Strips: These should fall off within 14 days after surgery. If not, wet them and peel them off yourself.
 - Dermabond: The liquid skin adhesive will remain in place for 5 to 10 days after surgery then naturally fall. If needed, use Vaseline to break down the glue, then peel it off.
 - Staples: Will be removed by your doctor 5 to 7 days after they were put in.

Call your doctor if you have:

- More pain, redness, swelling, bleeding or a smelly discharge at the incision
- Temperature of 100.4° F (38° C) or higher
- Shaking chills
- Opening of the incision



Rest and Activity

Most new mothers feel tired in the first weeks after delivery. Giving birth is hard work, and rest is important. When you get home:

- Do not lift anything heavier than the baby or drive for at least two weeks, especially if you had a C-section.
- Increase your activities slowly.
- Make sure you have plenty of help from your spouse, partner, family or friends in the first few days.
- If people offer to help, suggest laundry, shopping or meal preparation.

Postpartum Mood Disorders

Adjusting to your new role can be hard. You may have a short-term feeling of sadness after the birth of your baby. This may take you by surprise, and can happen even if you had an easy delivery. These emotions are the “baby blues.” Getting plenty of rest, eating a well-balanced diet and sharing your feelings with your partner can help.

If the baby blues last more than 2 weeks or you experience any of the feelings below, reach out to your doctor.



Call your doctor if you have:

- Feelings of hopelessness, guilt, irritability or sadness
- Loss of identity
- Constant crying
- Change in appetite
- Inability to sleep or sleeping too much
- Lack of interest in your baby, yourself or others
- Constant anxiety
- Feeling overwhelmed
- Inability to respond to your baby’s basic needs

Postpartum Preeclampsia

Postpartum preeclampsia is a serious disease related to high blood pressure. It can happen to any woman who has just had a baby up to six weeks after the baby is born.

Untreated preeclampsia can result in seizures, stroke, organ damage and death.

If you are told to monitor your blood pressure and experience any of the following warning signs, call your doctor immediately:

- Feeling nauseous or throwing up
- Seeing spots (or other vision changes)
- A severe headache or one that does not get better, even after taking medicine
- Shortness of breath
- Stomach pain
- Swelling of your hands and face

Call 911 or visit an emergency room if you have:

- Pain in your chest
- Shortness of breath or trouble breathing
- Seizures

Visit inova.org/er for Inova ER locations.



Go to an emergency room if you:

- Have thoughts of hurting yourself or someone
- Are extremely confused
- Hear or see things others do not

Visit inova.org/er for Inova ER locations.



See the Resource section on page 10 for information on postpartum support groups.



Caring for New Babies

How to Give Baby a Bath

- Give a sponge bath about every three days until the umbilical cord falls off and the circumcision is healed.
- Wash your baby in a warm, draft-free room.
- Only use water on your baby's face, no soap.
- Use mild baby soap/shampoo to wash baby's body.
- When you are finished, dry your baby thoroughly.
- Hold your baby close (skin-to-skin).

You can find videos on the Reference page.

Environment

- Dress your baby one layer warmer than you dress yourself.
- In cold weather, use layers of clothing, especially a hat and receiving blanket.
- Do not smoke anywhere near your baby or where your baby may be.

It is normal for babies to:

- Sneeze
- Hiccup
- Make noises while sleeping
- Sleep soundly even with lots of noise around

Feeding Tips

Breastfeed your baby 8 to 12 times a day or when your baby is hungry. Record feedings and diaper changes. Set an alarm to wake up to feed your baby.

Human Milk Storage Guidelines

Type of Breast Milk	Storage Locations and Temperatures		
	Countertop 77°F or colder (25°C) room temperature	Refrigerator 40°F (4°C)	Freezer 0°F or colder (-18°C)
Freshly Expressed or Pumped	Up to 4 hours	Up to 4 days	Within 6 months is best. Up to 12 months is acceptable.
Thawed, Previously Frozen	1 to 2 hours	Up to 1 day	Never refreeze human milk after it has been thawed
Leftover from a Feeding (baby did not finish the bottle)	Use within 2 hours after the baby is finished feeding		

Source: Centers for Disease Control
https://www.cdc.gov/breastfeeding/recommendations/handling_breastmilk.htm

Call your baby's doctor if your baby:

- Is not feeding 8 or more times in a 24-hour period
- Has forceful vomiting after each feeding
- Has bright green vomit



Crying

Babies cry for many reasons, including:

- Hunger
- Dirty diaper
- Gas – try burping, both before and after feedings
- A desire to suck

To comfort a crying newborn:

- Rock your baby
- Go for a stroller ride
- Swaddle your baby
- Talk or sing softly to your baby
- Hold your baby close to your chest so they can hear your heartbeat

Taking Your Baby's Temperature

If you think your baby may be sick, check his/her temperature. Ear thermometers should not be used in the first year of life.

- Use a digital thermometer, and follow the manufacturer's directions.
- Place the thermometer in the center of the baby's armpit, and hold for at least 3 minutes or until the digital thermometer beeps.
- A normal temperature is between 97.7 and 99.6° F (36.5 – 37° C).
 - If your baby's temperature is below 97.7° F (36.5° C), do safe skin to skin for 30 minutes. Recheck the temperature and, if still low, call your baby's doctor.
 - If your baby's temperature is 100.4° F (38° C) or higher, call the your baby's doctor.

Bulb Suctioning

The bulb syringe can be used to clear mucus from your baby's mouth. Squeeze the bulb, and place the tip in the baby's inner cheek. Slowly release the bulb to suction out mucus. Remove the syringe, and squeeze the bulb quickly to expel the mucus into a tissue. Clean by squeezing and releasing in soapy, warm water.

Umbilical Cord Care

Keep the umbilical cord clean and dry, and open to air. Fold the diaper below the umbilical cord. It can take up to 14 days to fall off.

Call your baby's doctor if:

- The skin around the cord is red or swollen.
- There is bleeding, or yellow or green drainage.
- Your baby has a temperature of 100.4° F or higher.

Elimination and Diapering

Newborns should have around six to eight pees or poops (stools) a day.

Your baby's stool will look black and sticky at first. This is normal and is called meconium. A few days after birth, the stool will look light yellow. Breastfed babies have more frequent stools that are seedy and golden yellow. Formula-fed babies have pale-yellow to light-brown stools that are firmer.

Diaper Rash Prevention and Treatment

Keep the diaper area clean and dry to reduce the chance of a rash.

- Change your baby's diaper after each feeding and when needed.
- Use plain water or alcohol-free diaper wipes.
- Dry your baby's bottom thoroughly.
- If redness occurs, use a barrier cream containing zinc oxide.

Call your baby's doctor if your baby:

- Does not have enough urine or stools
- Has dark yellow or brown urine
- Has white-colored or blood or mucous in the stool
- Has a diaper rash lasting more than 24 hours

Circumcision Care

- A gauze pad with petroleum jelly is placed on your baby's penis after the circumcision.
- Apply a new gauze pad with petroleum jelly to the tip of the penis every three to four hours during the first 24 hours. Then apply jelly to the diaper at each diaper change for about five days.
- The circumcision is healed when the penis loses its moist cherry-red color and turns a deeper reddish shade.
- There may be a whitish-yellow crust that forms around the tip of the penis. This is normal.
- Try to avoid wiping the tip of the penis until the circumcision is healed. If it is soiled with stool, wipe gently with a soft gauze or cotton ball and water.

Call your baby's doctor if there is:

- Bleeding that does not stop
- Unusual swelling, smell or oozing



Jaundice

Jaundice is common in babies. It appears as a yellowish color in the whites of the eyes and skin. This is caused by bilirubin in the blood. If your baby is premature, jaundice may be more severe because the liver cannot process the bilirubin properly. Jaundice is typically not a problem, unless there is a very high bilirubin level in the blood. In most cases, jaundice occurs by day 3 or 4 of life.

Call your baby's doctor if:

- The white color of the eyes turns yellow
- The skin looks yellow or tan colored
- The yellow or tan skin color has moved from the head to the chest or lower body
- Your baby becomes less active



Car Safety

Car accidents are the most common preventable cause of death in babies and small children. To keep your baby safe:

- Always secure your baby in an approved safety seat when traveling in a car.
- Be sure the car seat is less than seven years old to meet safety regulations.
- Check with your car seat manufacturer for instructions on correct installation.
- Put the safety seat in the back seat, which is the safest place for your baby to ride.
- Install the safety seat so your baby faces the back of the car, looking toward the trunk.
- Check that your baby is securely harnessed with the straps between the legs and over the chest.
- Install a mirror on the back seat so you can see your baby in the car's rearview mirror while driving.

Sudden Infant Death Syndrome (SIDS) and Safe Sleeping Environment

Infants should be placed on their backs for sleeping, not their stomachs. Putting your baby to sleep on his/her back decreases the chance of SIDS. This unexplained cause of death is responsible for more infant deaths in the United States than any other cause during the first year of life.

Keep these important recommendations in mind, and share them with babysitters, grandparents and other caregivers:



- Place your baby on his/her back in the crib on a firm surface.
- Keep soft objects, loose bedding or anything that could block the baby's face out of the crib.
- Have the crib in the same room where you sleep.
- Do not sleep with the baby in your bed.
- Breastfeed for as long as you can.
- See your baby's doctor regularly.
- Keep your baby away from smokers and any place where someone has smoked.
- Do not let your baby get too hot.
- Pacifier use helps reduce the risk of SIDS.
- Do not use home cardiorespiratory monitors.
- Do not use products that claim to reduce the risk of SIDS.
- Remember "tummy time" is only when your baby is awake and you are there to supervise.
- If you are holding your baby and you feel sleepy, place the baby on his/her back in crib.
- Make sure that nothing is ever blocking the baby's nose.

Source: Safe Sleep and Your Baby: How Parents Can Reduce the Risk of SIDS and Suffocation (Copyright © 2012 American Academy of Pediatrics). The information should not be used as a substitute for the medical care and advice of your baby's doctor. There may be variations in treatment that your baby's doctor may recommend based on individual facts and circumstances.

Call 911 or visit an emergency room, if your baby:



- Is choking and turning blue
- Is having any trouble breathing
- Is not waking up

Visit inova.org/er for Inova ER locations.

