



COMMERCIAL DRIVE MIDWIVES

# PREPARATION FOR BIRTH

## **Group B Streptococcus (GBS)**

GBS is part of normal gut bacteria in adults. It is present in the vagina of 15-40% of healthy women, both pregnant and non-pregnant .

There are no signs or symptoms associated with vaginal GBS colonization. Because it comes and goes, research indicates there is no benefit in mothers taking antibiotics in pregnancy to treat vaginal GBS.

GBS may be present in the bladder without symptoms. Women are treated in pregnancy as there is an increased risk of preterm labour. At delivery they are considered colonized with GBS.

During vaginal birth there is a very small chance the baby can develop an infection from this bacteria. While the babies of 50% of colonized women will also be colonized with GBS, only 1-2 babies per thousand births get sick if no woman gets antibiotics in labour. Approximately 2% of those sick babies die. Giving mothers with GBS intravenous antibiotics in labour or when their water breaks, reduces the probability of having a sick baby.

Most babies who develop GBS disease show signs and symptoms in the first week of life – usually in the first 24-48 hours including breathing difficulties, lethargy, temperature instability, early jaundice. These babies require antibiotics and care in a special care nursery.

The screening test for GBS is a recto-vaginal swab at 35-37 weeks gestation.

Some mothers who know they are GBS positive, choose to decline antibiotics if their baby is full term and their membranes rupture close to the time of delivery. Mothers who deliver quickly may not have time to get antibiotics before the birth of the baby. These babies are at very low risk of being infected.

### **Risk factors for GBS disease in the newborn include:**

- GBS found in a urine culture
- Previous infant with GBS disease
- Preterm birth
- Rupture of membranes >17 hours
- Temperature >38C during labour.

### **Disadvantages of GBS positive mothers not having antibiotics in labour**

Babies with GBS usually get pneumonia, could be meningitis or septicaemia

Babies with GBS will be hospitalized and given IV antibiotics

Babies who are born with breathing problems will be treated with antibiotics until swab results are returned in 48 hours

### **Disadvantages of having antibiotics in labour –**

Increased incidence of yeast overgrowth – can cause thrush in the baby's mouth or sore nipples, these conditions can be treated

An adverse reaction to the antibiotics in the mother

Please discuss any questions you may have with your midwives.

## **Newborn Eye Prophylaxis (Erythromycin Ointment)**

Health regulations in British Columbia state that all new babies are to receive a small amount of eye medicine within the first hour after birth. This medicine decreases the number of babies who get eye infections. Parents may decline the treatment following informed choice discussions with their midwife or physician.

Erythromycin antibiotic ointment is the current preventative medicine used in Canada. It works against gonorrhoea which causes more severe complications – (eye infections or pneumonia), though it is less effective against Chlamydia (the most common infection).

Midwives and physicians offer pregnant women testing for Gonorrhoea and Chlamydia during pregnancy so they can be treated. This will prevent a new baby getting an eye infection after touching infected vaginal secretions at the time of birth. Gonorrhoea and Chlamydia are sexually transmitted infections and a mother may become infected again if she has sex with an infected partner.

### **Advantages of using the erythromycin antibiotic ointment in the baby's eyes**

It works well against gonorrhoea. It is not irritating to the baby's eyes.

It protects the baby if vaginal swabs done in pregnancy didn't pick up an existing infection in the mother.

It protects the baby when sexual health of the client or her partner is uncertain

No possible separation of a baby hospitalized with an infection

### **Disadvantages of using the erythromycin antibiotic in the baby's eyes :**

Most babies don't need the treatment and will be exposed to it, in order to ensure that the few babies who will benefit from it, receive it.

May cause inflammation, redness and swelling of the baby's eyes (not at all common).

Baby's vision may be blurred, inhibiting visual interaction between parents and baby.

### **Advantages of not using the antibiotic:**

Parents know that the baby's vision isn't being affected at all

### **Disadvantages of not using the antibiotic:**

If the mother has Gonorrhoea or Chlamydia in the birth canal and the baby develops a severe eye infection, and needs to be in a nursery on antibiotics, parents likely wish they'd asked for the antibiotic cream

If the baby has a mild eye irritation, parents may wonder if it would have occurred if they'd used the antibiotic.

In North America 100 babies could get sick for every 300 000 births. 20 of those babies would have eye damage to the cornea, and 3 would be blind. Using antibiotic eye cream on all babies decreases the number of sick babies to less than 10.

### **Blocked tear duct (lacrimal duct)**

This is the cause of most discharge from the baby's eyes and is common in the early weeks.

Parents can wipe the eyes starting from the nose and going outward with a clean cloth dipped in warm sterile water. Parents can massage in an upward motion along the nose in the inner corner of the eye with a clean finger about 6 times at every diaper change. This helps the tears to drain in the tear ducts. Some mothers choose to drip a bit of breast milk into the eyes to prevent infection. Care needs to be taken that a damaged nipple doesn't come in contact with eye bacteria.

### **Chlamydia or Gonorrhoea eye infections:**

Would occur within first two weeks of birth. There is a lot of watery or pussy discharge with a lot of redness or swelling of the baby's eyes. A swab can be done to determine the cause. Erythromycin is used as treatment.

## Vitamin K for Newborns

Occasionally babies have bleeding soon after giving birth. This bleeding can be in the brain, the internal organs, the gut, the nose, or the umbilicus. This occurs in about 7/100 000 babies in developed countries. This bleeding is referred to as "Vitamin K deficiency bleeding" or "hemorrhagic disease of the newborn".

Newborns may have a delay in production of Vitamin K as the bacteria in their gut where Vitamin K is produced, need to develop.

The community standard is to offer all families an intramuscular injection of Vitamin K for their baby within 6 hours after birth.

Signs of Vitamin K deficiency: bleeding – vomiting blood, prolonged jaundice, failure to thrive, passing black stools after breastmilk is "in", "warning bleed" from umbilicus or nose.

### **Advantages of giving a baby Vitamin K**

If babies are given Vitamin K by injection one time, the vast majority of babies are protected and only 1/1,000,000 babies have this bleeding.

For babies whose parents decline the intramuscular route, oral vitamin K given 3 times in the first 6 weeks is thought to reduce the incidence of babies with bleeding to 4/1,000,000.

No appropriate form of vitamin K is licensed for oral use in North America. The injectable form may be administered orally, though its effectiveness has not been thoroughly studied. Canadian pediatricians recommend administering the Vitamin K orally in 3 doses -- at birth, at 2 wks and at one month of age.

Babies whose mothers are taking certain medications in pregnancy are at risk of Vitamin K deficiency bleeding. These medications include anticonvulsants, anticoagulants, tuberculosis medications and cephalosporin antibiotics.

There is very little Vitamin K in breastmilk, although there is a higher concentration in colostrum, babies take in very small amounts of colostrum.

There is no good information on how much Vitamin K a mother would need to take in pregnancy to provide protection for her baby.

Other risk factors for needing Vitamin K – instrumental delivery, surgical procedures such as circumcision, delayed onset of feeding, prematurity, liver or bowel problems in baby causing less absorption of Vitamin K.

### **Disadvantages of giving Vitamin K**

Some parents are concerned the injection may be painful. We have observed that babies don't cry more during the injection than during many diaper changes.

Please discuss with your midwives if you have any questions or wish to read further about Vitamin K.

## Newborn Screening Test (PKU)

All families in British Columbia are offered a quick simple blood test for their baby that shows which few babies have one of 4 very rare disorders. If not treated the sick babies can have mental retardation, blindness, liver problems, brain damage or even death. The earlier these disorders are found and treated the better the outcome is for the baby. Most illnesses from these disorders can be prevented with treatment. The baby is tested between 24 and 48 hours after birth. A few drops of blood are collected from the heel of the baby's foot. If this test comes back positive, more special testing will be done, the baby will need to be seen by a doctor who specializes in these diseases and started on a special diet or supplements. In British Columbia, babies are tested for 6 disorders:

**Phenylketonuria (PKU)** - with this disorder, the baby is missing an enzyme needed to process the essential amino acid phenylalanine found in certain foods. 1 baby in 15000 is born missing this enzyme. Without treatment phenylalanine builds up in the baby's blood and causes mental retardation. If discovered and blood levels monitored, using special formula as needed, most children with PKU have normal intelligence.

**Galactosemia** – 1 baby in 60 000 is born missing the ability to process a sugar found in milk called galactose. Untreated it can damage the baby's eyes, liver and brain. Treated with a special diet these problems are prevented.

**Hypothyroidism** – not able to make enough thyroid hormone. 1 baby in 3500 is born with hypothyroidism. Without enough thyroid hormone, brain damage causing mental retardation and slowed growth occur. With early detection and thyroid hormone supplement children have normal growth and intelligence.

**Medium Chain Acyl-CoA dehydrogenase deficiency (MCAD)**. – 1 baby in 20 000 is born having problems using fats stored in their body as an energy source. It only shows up when the baby has a cold or flu. There is a risk of SIDS (sudden infant death syndrome) which can be prevented with a special diet and avoiding periods of time without food.

### **Long Chain 3 Hydroxyacyl-CoA Dehydrogenase deficiency (LCHAD)**

LCHAD is an enzyme defect that leads to an inability of the body to break down fatty acids into a usable energy source. LCHAD deficiency can present in many ways, such as low blood sugar, sudden unexpected death, low muscle tone or problems with the function of the heart. Treatment with avoidance of fasting and a special diet can improve health outcomes. One baby in 80,000 is born with LCHAD.

### **Glutaric aciduria type 1 (GA-1)**

Ga-1 is caused by an enzyme defect in amino acid metabolism. Babies may develop normally early on but are at risk of metabolic crisis that can lead to brain damage, seizures and cerebral palsy-like symptoms. With early diagnosis and treatment, brain damage may be prevented.

Please discuss with your midwife if you have questions or wish to read further about this test.

## Supplies for Birth

### Homebirth:

**Contact Information:** Please make sure prior to the birth that your midwife has your up-to-date contact information for post-partum phone calls and home visits.

**House Preparation:** Ensure that your house # is easily visible from the street at night, that there is adequate outside lighting and access for a stretcher in case of emergency transport.

**Supplies:** 24 Disposable underpads (from a medical supplies store)

bendable straws

6 pack of 4" x4" sterile gauze squares

1 box large size maternity pads

2-3 plastic sheets to cover carpet and mattress (shower curtain, vinyl tablecloths – air out ahead of time)

Labour- aid drink

Flashlight

2-3 large green garbage bags (for laundry and garbage)

1 large ziplock bag or 1 litre yoghurt container for placenta

Change of linen for the bed after the birth

Pop-top water bottle for peri-bottle

**If you are using a birthing pool you will need the following:**

1.Small aquarium fish net

2.Garden hose and sink faucet attachment for the hose

3.A large bucket

4.Plastic sheeting to cover floor

**5.If you buy your own pool we recommend that it have a diameter of 60" and a height of at least 22".**

For further pool information please visit our website at [www.commercialdrivemidwives.com](http://www.commercialdrivemidwives.com).

#### **Labour-aid drink**

1/3 cup lemon juice

1/3 cup maple syrup

¼ tsp salt

1 tsp liquid calcium

Blend with 7 cups water

Chill

### Hospital birth

**Contact Information:** Please make sure prior to the birth that your midwife has your up-to-date contact information for post-partum phone calls and home visits.

**Supplies:** 2 extra pillows

Change of clothes for both partners

Large 5 shirt or nightgown

Clothing for going into shower with mom for the partner

Toilet items for both partners

Labour-aid drink, snacks and sweets for labouring mum (jellybeans etc)

Music CD/s camera, extra film

Baby outfit and diaper to go home in

Infant car seat

Snacks for Partner

### After the birth

Bendable straws/ non-spillable drink bottle

Homeopathic arnica 30C tablets (for bruising and swelling)

Ibuprofen and Extra Strength Tylenol

1 digital oral thermometer

Hydrogen peroxide for stains

## **Supplies for Birth**

Get friends and relatives to bring food

## When Baby Arrives Before the Midwife

It is incredibly unlikely (<1% of births) that a first baby comes so quickly there isn't time for the midwife to arrive, or it comes en route to a planned hospital birth. Second labours can have a very short active and pushing stages. We think you and your partner will feel more comfortable if you know what you would do in this rare event. The following are suggestions from families and midwives to whom this has happened.

**Don't Panic!** If contractions are quickly getting stronger and closer together and you sense the baby is coming. Rapid birth signals a well working body.

### Phone for help

Call a neighbour or nearby friend to come if your partner and midwife are still en route..

Make sure any other children with you are safe, preferably in the same room.

Leave messages and don't waste time if numbers are engaged. Call an ambulance 911. Say: "I am \_\_\_\_ weeks pregnant and the baby is coming quickly. My name is \_\_ my address is \_\_ my phone # is \_\_\_\_."

The ambulance dispatcher will likely stay on the line with you.

Unlock front door so people can get in quickly. If you have a cordless or cell phone, keep it with you.

### Dry & warm baby skin to skin

Hold your baby so the head is level or lower than the body so secretions can drain from her mouth. Rub your baby all over as you dry and stimulate him/her.

Tuck him skin to skin between your breasts and cover him with another towel and your clothes. Keep her covered so she doesn't get cold., cuddle together, carefully support her head and listen to her cry/breathe while you take a few deep breaths yourself. Sometimes the umbilical cord is too short to bring the baby all the way up into your arms.

Drying, stimulating and keeping the baby warm are still essential.

**Don't cut or pull umbilical cord** There is no rush and it needs to be done with sterile scissors. That will be done with sterile scissors by your midwife.

**If your baby is blue and floppy** when he is first born, try to stay calm. Rub and dry the baby, talk to her, she knows your voice and will likely take a breath within 30 seconds, cry and start breathing and becoming more pink. If a minute goes by and the baby isn't breathing still, wipe any mucous from his face and cover his mouth and nose with your mouth

**Get towels & warm room:** Turn up the heat in the room or move to a warm room, Grab newspapers and towels to spread on floor, Kneel down.

**Lie down and don't push:** Try not to!!! Let our body do the work, breathe as gently as you can, bearing down briefly only when you can't help yourself. Put your hand over your vaginal opening and feel your baby's head coming, pant while the head emerges. Position yourself so your bottom is close to the floor so your baby does not fall.

Your baby's head and body may come all in one go, or there may be a short pause between contractions. If there is any delay in the body coming in the next contraction, move into a different position and continue pushing. If there is a loop of cord around the baby's neck as the shoulders are coming, hold the baby's head against your inner thigh and let the body somersault past it, then unloop the cord from the baby's neck before lifting your baby up into your arms. If someone is with you, they can support the baby as he is born, but not pull or twist the baby's neck.

**In a car?** Pull over so your partner can help and support you and the baby.

and breathe into his mouth very gently with only the air in your cheeks. If the baby is still not breathing ask the ambulance dispatcher or midwife on the phone with you to tell you what to do next, or just keep breathing for him until help arrives.

**In the car:** After you've caught your breath, you can all proceed safely to the hospital if you haven't been able to call an ambulance to come to you.

### The placenta:

The placenta will come when it is ready. You will probably have your midwife or ambulance with you by the time it is delivered.

When you feel the uterus contracting again, push and you may feel the pressure of the placenta coming into the vagina. Remember it will be easy, there are no bones. Kneel upright and push it out. The blood that comes with it may look like a lot, it will soon stop. Gently massage your nipples and have your baby at the breast to stimulate the uterus to contract and stop bleeding.

Lie on your side after the baby births, to decrease bleeding.

**Afterward:** You, your partner and your midwife will need to review the events numerous times,

## Kegel Exercises

### Kegel Exercises can help prevent urinary incontinence (not being able to control passing urine)

The Pelvic floor muscles (pubococcygeus muscle) surrounds the vagina (see diagram below). These muscles are usually in good tone, but can get relaxed with childbirth, sitting a lot and age. Increasing the elasticity of this group of muscles can be done by doing Kegel exercises regularly (that is, every day).

The pelvic floor muscles can be located and felt when stopping the stream of urine while voiding. Only using these muscles during this exercise, the stomach, legs and buttocks stay relaxed. Gentle exhaling may work well, please don't hold your breath.

#### The exercises:

Quick Kegel – tighten and relax the pelvic floor muscles as rapidly as you can 5 times, then relax and repeat.

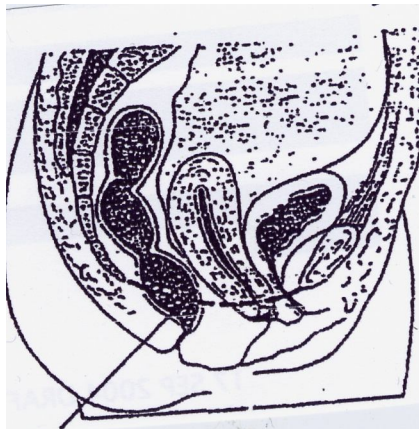
See how many quick pelvic floor contractions you can do before you notice fatigue.

Slow Kegel – Tighten the pelvic floor muscles and hold them for a slow count until they naturally fatigue. Relax about as long. Repeat until you can no longer hold for the same length of time as the first one. Over time you'll be able to hold longer and repeat more times before fatiguing.

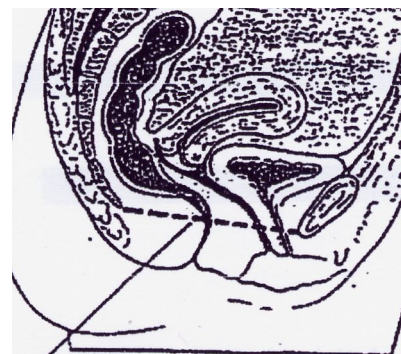
Pull in – Push out: Pull up the entire pelvic floor as though trying to suck water into your vagina. Then push out or bear down as if trying to push the imaginary water out. This exercise will use a number of abdominal muscles as well as the pelvic floor muscles. Do this 4 or 5 times in a row.

Do 10 of each of these exercises five times a day. Increase the number of times you do them by 5 a week. You should notice improvement after a few months.

You can do these exercises any time during daily activities which don't require a lot of moving around – driving your care, watching TV, doing the dishes.... When you start, you'll probably notice the muscle not wanting to stay contracted during the exercises or that you can't do the fast Kegel very fast or evenly. If you keep at it, in a week or two you'll probably notice that you can control it quite well.



Pubococcygeus muscle with poor tone



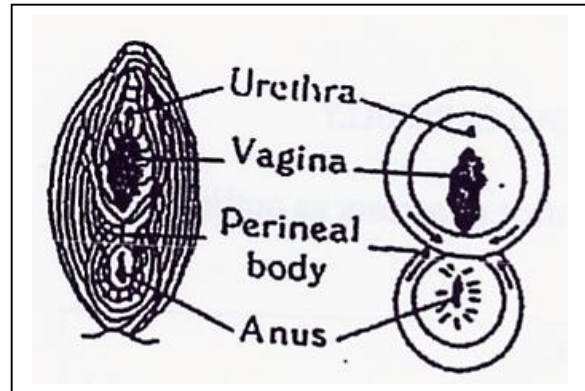
Pubococcygeus m. with good tone

## Perineal Massage

### Why do perineal massage?

Perineal massage is used to prepare the birth outlet for the coming stresses of birth.

Massage can be done by yourself or your partner, depending on how comfortable each of you is. Many couples incorporate this into making love. Because the relaxation of the perineal area is important to good massage, your level of comfort with touch in this area is important. Perineal massage is believed to increase the possibility of your giving birth without a severe perineal tear. However an episiotomy (perineal incision) may occasionally still be required if your midwife is concerned about the baby.



### Where is the perineum?

The tissue between the opening of the vagina and the anal sphincter. You can see this with a mirror if you are leaning back comfortably.

### Principles of perineal massage by you or your partner

Start at 36-37 weeks and do it once a day.

A warm bath or warm compresses may help relax the tissues.

Clean hands.

Lubrication oils such as wheat germ oil, cocoa butter, olive oil, vitamin E or other natural oils will make the massage more comfortable.

With fingers or thumbs 3-4 cm inside the vagina, press down until you feel the stretch, not until it hurts!

Press toward the anal sphincter and to the sides, gently stretching the opening, maintain the stretch and pressure for around 2 minutes until the areas becomes numb.

Then slowly and gently work in the lubricant with your fingers, still maintaining the pressure and stretch.

During this process the mother is focussing on voluntarily relaxing muscles in the perineal area as much as she possibly can.

This will become a natural response to sensation in that area.

Massage for 3-4 minutes,.

The perineum can be pulled forward a bit when massaging to mimic the action of the baby's head.

The stinging sensation will be a signal during birth to stop pushing hard and to "breathe" or "pant" as the baby's head eases out.

A rhythmic pressure may be helpful using a U or sling-type movement.

**Avoid the urinary outlet** at the top of the vaginal opening which may become irritated.

**Noticing a difference:** After about a week there will usually be a noticeable increase in flexibility and stretch.

After a few weeks, some women will stretch enough that using 2 fingers of each hand inside the vagina with thumbs massaging the outlet will be quite comfortable.

It will help you get used to touch and pressure in a very sensitive area.

An initial instinctive response to the pressure and stretching sensations in the vagina and rectum during pushing is to try to hold everything back.

For those who have done perineal massage, these sensations will be minimized and familiar.

This allows you to relax the perineal muscles to allow the baby to gradually move out.

Being familiar with Kegel exercises, and different birthing positions will also help.

**History of Active Genital Herpes in this Pregnancy** -This massage is not recommended.

### Variations of Labour

	<b>What's happening?</b>	<b>How Will It Feel?</b>	<b>What Helps?</b>	<b>Ideas for Mother and Partner/Supports</b>
<b>Early Labour</b>	<p>Cervix thins/ dilates 0-3cm                      Contractions every 5-20 min, last 30-40 sec.                      May be mildly painful                      Cervix may need to soften and swing forward in the vagina                      Longest part of labour                      May have "show"                      Membranes may leak first</p>	<p>May feel a heaviness in lower back and abdomen like the beginning of a period.                      Contractions start in the back and move to the front.                      Restless                      Excited, anxious                      Finally realize these are contractions</p>	<p>Continue regular activities                      Call Partner, support people                      Go for a walk                      Frequent fluids                      Light meals easily digested                      Empty bladder every 1-2 hours                      Baths or showers                      Listen to Music                      Slow relaxation breathing</p>	<p>Call midwife if concerned                      Call midwife if membranes leaking and fluid is green, brown or yellow or mother is GBS positive or we don't know her GBS swab result</p>
<b>Active labour</b>	<p>Cervix completes effacement                      Continues dilatation to 7 cm                      Rhythmic contractions last about 60 sec. and occur every 3-5 min                      Faster progress                      Head moving farther down</p>	<p>Contractions longer, stronger, closer together, more intense,                      Require concentration                      Increasing pain keeps you focussed on working with your body and relaxing or you feel restless/anxious</p>	<p>Frequent position changes                      Frequent fluids                      Empty bladder every 1-2 hours,                      Use focal point                      Slow relaxation breathing                      Light breathing if needed                      Low and deep vocal sounds</p>	<p>Call midwife to come                      Combine techniques and vary them                      Massage                      Music                      Baths/showers</p>
<b>Hard labour</b>	<p>Last stage of labour                      Dilation is completed                      Contractions 60-90 seconds                      Shortest stage                      Body working very hard                      Every contraction makes a difference                      Most intense part of labour</p>	<p>Completely focussed,                      Takes all resources; Nothing else matters                      Hearing acute                      Intensity may feel overwhelming                      May express fear, panic, anger                      May feel nauseous, vomit, tremble, belch, hyperventilate, grunt, feel urge to push</p>	<p>Know this is the shortest and most intense part of labour                      Complete concentration with each contraction                      Remember the baby                      Use your voice – low and deep</p>	<p>Provide focussed support with each contraction                      Support position changes between contractions                      Suggest bath/shower                      Massage with &amp;/or between contractions as she prefers</p>
<b>Birth</b>	<p>Contractions push the baby's head farther down the pelvis                      Uterus does 80% of the work                      Mother follows her natural urge to push using abdominal muscles                      Perineal muscles and skin stretch                      Contractions every 3-5 minutes lasting 60 sec.</p>	<p>Urge to push builds in intensity until uncontrollable, May occur intermittently during a contraction                      Very hard work, feel hot, flushed, feet may be cold, Aware of surroundings, Often feel more energized, motivated                      More rectal pressure                      Crowning of baby's head causes a stretching burning, tingling                      Great relief with birth of head</p>	<p>To help perineum relax:                      Warm compresses, put your hand on baby's head                      Pace the energy you use through the pushes                      Don't hold breath uncomfortably long                      Push sitting on toilet                      Remember baby</p>	<p>Some women experience the "rest and be thankful" pause before the pushing urge develops;                      Words to remind her to relax perineum and open                      Change positions frequently                      Cool cloth face and neck                      Hair off face and neck</p>

### Variations of Labour

	<b>What's happening?</b>	<b>How Will It Feel?</b>	<b>What Helps? (Mother)</b>	<b>Partner</b>
<b>Rapid labour</b>	<p>The cervix is very soft (ripe) and thin (effaced) and may be partially dilated before labour begins.</p> <p>Labour starts with hard, frequent contractions.</p> <p>The cervix quickly dilates.</p> <p>Theure may be normal or short pushing time.</p>	<p>Labour starts with hard, frequent contractions.</p> <p>Mild early labour already done</p> <p>Mothers feel:</p> <p>Anxious, hectic.</p> <p>Shocked can't believe this is labour!</p> <p>Panicked if these are the easy early labour contractions.</p>	<p>Keep list of phone numbers by the phone: Partner, Midwife, Supports</p> <p>Call for help immediately</p> <p>Trust what you are feeling</p> <p>Lie on your side to not speed progress</p> <p>Focus on contractions</p> <p>Slow breathes usually work well</p> <p>Call ambulance if you feel the baby coming or want to push before the midwife arrives.</p>	<p>Call midwife</p> <p>Believe what you see</p> <p>Take leadership role to help her cope.</p> <p>Help her lie on her side</p> <p>Don't loose faith in her.</p> <p>Drive carefully but don't waste time</p> <p>Call an ambulance if she is pushing or says the baby is coming and the midwife is not yet present.</p>
<b>Slow to Start</b>	<p>The cervix is thicker, longer and likely pointing deep into the vagina when contractions start.</p> <p>The baby's head may not be very far down into the mother's pelvis.</p> <p>The cervix is slow to dilate despite contractions</p>	<p>Contractions may or may not be very painful.</p> <p>Often tiring, discouraging, draining</p> <p>Mothers feel:</p> <p>Worried something is wrong with her or the baby</p>	<p>Alternate between restful, distracting, and labour stimulating activities.</p> <p>Drink and eat to thirst and hunger</p> <p>Fluids are very important</p> <p>Find ways to wait without worrying</p> <p>Discuss labour stimulating activities with you midwife.</p> <p><b>Restful:</b> Baths/showers, Massage, Warm drink, Napping</p> <p><b>Distracting:</b> Walks Baking, Videos, Games</p> <p><b>Labour Stimulating:</b> Making love, Walks, Nipple stimulation, Bowel stimulation</p>	<p>Maintain her morale</p> <p>Keep patient and confident</p> <p>Focus on restful, distracting, labour stimulating activities, not on contractions.</p> <p>Call friends/ family who are encouraging</p> <p>Help her alternate her activities.</p> <p>Check in with your midwife that this is a normal variation.</p>
<b>Back labour</b>	<p>The baby's back is facing the mother's back.</p> <p>The baby's head is pressing against the mother's sacral area.</p> <p>Contractions will likely help to turn the baby</p>	<p>Pain is centred in the small of the back.</p> <p>Back pain may become worse in active labour, and more painful than contractions until the baby turns.</p> <p>Back pain may continue between contractions.</p> <p>The length of active labour may be increased.</p>	<p>Choose positions that encourage the baby to turn:</p> <p>Hands and knees</p> <p>Standing Walking</p> <p>Pelvic tilt/rocking Exercise Ball</p> <p>One leg up on a chair</p> <p>Go into the shower and direct water on the lower back</p> <p>Change positions frequently</p>	<p>Help her change positions</p> <p>Apply counter-pressure over her lower back</p> <p>Massage</p> <p>Apply cold/heat to lower back</p> <p>Ask midwife about sterile water injections</p> <p>Squeeze her hips during contraction</p>

## Taking Care of Mothers: The first 2 weeks after baby is born

### **Do not hesitate to contact your midwife if you have concerns about yourself or your baby.**

The first few days are spent learning to breastfeed and how to take care of your baby. During this time it is very important that **you** are cared for. Taking a nap during the day, when the baby is sleeping will help you get necessary rest. We recommend that you are supported by your spouse/partner and other family members. Please make arrangements for others to do household tasks and to be available to care for any older children in the first couple weeks. This help speeds your recovery from the birth and gives you time to enjoy your new baby.

**Bleeding or Lochia:** The first few hours your bleeding will be heavier than a period. If you totally soak a regular menstrual pad within 30 minutes on the first day, this is considered excessive and you will need to call your midwife. After the first few hours, the bleeding will decrease in amount. The color may change from red to pink to brown and eventually to a creamy white. Sometimes when you get up, you may pass a small blood clot. This is normal if it is smaller than a golf ball since blood may pool in the uterus or vagina, and the clot is expelled when you change position. If you continue to pass clots and have painful cramping, or your flow develops a smelly odour, call your midwife. Once the lochia is very light, a return to bright red bleeding reflects increased activity. Your body is telling you to slow down, or to rest more.

**Urination:** Your midwife will help you to the bathroom the first time before she leaves. It is important to have help the first time, as you may feel light-headed. You may feel stinging when you pass urine after the birth. Use your "peri-bottle" each time you use the toilet to keep the area really clean.

**Bowel Movements:** Usually return on the second day and are normal. If you have had stitches you may feel afraid that they will open. However, the sutured area is strong. You will have a bowel movement without problems. Stay relaxed and read a magazine if you are feeling nervous. If it makes you feel more relaxed, hold a menstrual pad over the area where you have stitches. Fluids and eating fibre foods will help prevent constipation.

**Hemorrhoids:** If you have hemorrhoids (tender lumps of tissue around the anus) after the baby, they are usually not too painful and resolve in a few days. If you are really uncomfortable, talk to your midwife about prescription cream, witch hazel pads, and homeopathic remedies. If anyone gives you a rubber doughnut to sit on, only inflate it the smallest amount to give support or circulation may be decreased and pressure increased in the area.

**Perineal area or stitches:** after you have urinated or have had a bowel movement, use the "peri-bottle" to rinse the labia and perineum. Warm water on its own or with herbs added is soothing. Pat dry after you have used the per-bottle. Stitches and episiotomies heal very quickly due to a good blood supply. Kegel's exercises can help increase blood supply and have the added benefit of toning up the pelvic floor muscles stretched during birth. If the perineal area is irritated, change the brand of menstrual pads and consider a period of air drying.

**Personal Hygiene:** Bathing or showering will make you feel refreshed, as during the first week you will notice that you perspire a lot more than normal to get rid of the extra fluids in your body. A bath is very soothing and healing if you have stitches. You can bathe together with your baby even before the umbilical cord has come off.

**Temperature:** A temperature greater than 38° Celsius taken orally by the mother is considered a fever and should be reported to your midwife. A digital thermometer is easy to use and inexpensive.

**Activity:** Your only activity should be to take care of your baby and yourself. If you have other children, establish some brief periods of undivided time with them. If you have extra energy, a short walk with your baby or sitting in the sun are beneficial. We recommend that you avoid very public places initially. You may find that a lot of visitors can be tiring or interrupt breastfeeding. Your spouse or family member can protect you from getting overtired by controlling the number of visitors and time of their visits.

## Taking Care of your New Baby:

Whenever you are concerned or unsure about your baby's well-being – call your midwife. Have the clinic number close by you. In the first few days following your birth, the midwife will be visiting you at home to give professional support and advice. The first few days after the birth of your baby are a period of many changes and challenges; you learn to breastfeed, become responsible for the well-being of a tiny new person, and become a family. These suggestions will help this initial period of adjustment

**Colour and Breathing:** Normal newborn breathing is irregular. Your baby may breathe quickly and shallowly, then pause, followed by a deep sighing breath. This is a normal pattern for a newborn. The rate of breathing is between 40 and 60 breaths a minute. You will notice that to counts breaths your midwife counts for a whole minute. At rest, the baby will appear pink. When she/he is crying, the skin may look red. Newborns hands and feet may not be pink in the first few days. This is part of baby's adjustment to living outside the uterus. The baby will sneeze or cough to clear mucous from the nose and mouth. This is also normal.

**Warmth:** New babies lose heat quickly and do not have enough fat stored in their body to make their own heat safely. For the first day or two while the baby learns to regulate their temperature, keep your home warm enough that you are comfortable in light pants and a t-shirt and , consider using a baby hat. A way to gauge how warmly to keep your baby, is to dress your baby in as many layers as you need, plus one more layer. If you wish to check, the normal range of newborn temperature is 36.5-37.5 taken under the armpit. (digital thermometers are easy to use).

**Wet Diapers:** Within the first 24 hours we expect the baby to have one wet diaper, which shows that the urinary tract works well. Usually, the second day the baby has 2 wet diapers and the third day 3 wet diapers. Because babies pee very small amounts, and disposable diapers are very absorbent, we suggest putting a tissue in the diaper for the first few days until your milk supply is well established and the wet diapers are heavy and easy to identify. Sometimes the baby will pass uric acid crystals which show "brick dust " a coral or peach colour as a circular stain on the diaper. This may be mistaken for blood. It occurs in the first few days after birth, is common, and we ask that you let your midwife know about it. By the 4<sup>th</sup> day, the well hydrated baby will have 6-8 wet diapers a day. If your baby is having fewer wet diapers than expected, please call your midwife.

**Bowel Movements:** In the first few days, the baby will pass meconium, a very dark sticky substance. To prevent this sticking to the baby's bottom, you can apply olive oil. As the baby digests larger volumes of milk, the colour of the bowel movements or stools change from dark green to greenish-yellow to yellow. Once the milk is "in" the baby usually has at least 4 "poopy" diapers in 24 hours and possibly every time the baby feeds. Their consistency ranges from soft to watery and often has a cottage cheese-like appearance.

**Skin:** The baby's skin may seem dry and peel. Olive oil or other natural oils that contain no preservatives or perfumes can be used for moisturizing the baby's skin. Avoid commercial perfumed or petroleum derived products as they cover baby's natural scent and are not nurturing to their skin.

**Cord Care:** The baby can be before the cord has fallen off. Let the cord air dry. Some cords get an odour and have some discharge just before they come off. The area can be rinsed with warm water and air dried. Show your midwife if you have any concerns.

**Bathing:** In the hospital you may be encouraged to bathe your baby as part of hospital policy. Once baby is cleaned and dried after the birth, it is not necessary to bathe the baby. The baby can be kept clean and fresh by washing only the face and buttock area if soiled by meconium or urine. However if parents wish to, the baby can be bathed anytime following the birth. Enjoy a bath together in the regular tub. Babies tend to feel more secure taking a bath with you, especially for the first time. Remember to clean in those folds and creases and avoid soaps on baby's skin. Baths together can also help soothe a crying baby

## **Breastfeeding During the first Two Weeks**

During your pregnancy you probably read about breastfeeding. Once your baby arrives, you may find it difficult to remember the helpful information that you will need to succeed in breastfeeding. Here is a summary to help you through the first 2 weeks.

### **Day1 – your baby's birthday:**

Nurse your baby as soon as possible after the birth. Most babies are eager and interested in nursing soon after birth. A few hours later, the baby may be sleepy and less interested in the breast. Your breasts have early milk, known as colostrum. The colostrum will protect your baby from many diseases and illnesses.

Place a pillow on your lap and your baby on top of it. This will bring your baby to the level of your breasts and will make it easier to nurse. The baby's nose and tummy should be facing directly into your chest. Be sure that baby doesn't have to turn his/her head to the side in order to latch onto your breast.

Baby may seem frantic and upset when she/he fails to latch on immediately. This is common. You may have to comfort and quiet your baby before the baby latches well. Remember, it's a learning process for both of you. It may take several attempts before a successful latch occurs.

"Afterpains" are contractions that feels similar to early labour. You may notice that nursing the baby causes the afterpains to be stronger during the first few days. This is normal. The same hormones that deliver milk to your baby also cause your uterus to contract. Each contraction helps your body to return to its normal shape. With the birth of each additional baby, the afterpains may get more severe. Ask your midwife about pain medication approved for breastfeeding.

Your routine for the first week will be: Resting or napping whilst baby sleeps; checking the baby's diaper upon waking; putting the baby to the breast frequently; cuddling and getting acquainted with your baby. Your other priorities will be eating and caring for yourself.

### **Day 2:**

Some babies will be alerts, but others may seem a little disinterested in nursing.

If your baby is one of these 'sleepy' babies, you may need to work at interesting him/her in nursing. Stimulate the baby by unwrapping the blankets and rubbing her/his arms, legs, back. A cool cloth placed gently on the face may work well to wake up a sleepy baby for nursing.

Put the baby to the breast frequently. Your early milk is valuable to the baby. Nursing frequently will help you avoid engorgement and discomfort when your mature milk comes in.

### **Day 3 & 4:**

You may not feel the need to nap as much. It is common to feel a burst of energy following the dramatic decrease in weight and pressure from pregnancy. If you feel ready to go for a walk, make it very short. Avoid over-exertion. Rest while the baby sleeps.

Your mature milk should be established by today or tomorrow. You may notice a change in colour from the thick yellow colour of early milk to the thinner, paler colour of mature milk. This is normal.

## **Breastfeeding During the first Two Weeks**

If your baby wakes to nurse again in a short time after finishing a feed, this can be normal. Offer the baby the breast frequently (8-12 times in 24 hours). Frequent nursing is important for the first few weeks to establish your supply.

When your mature milk comes in, your breasts will feel heavier. You may feel a tingling sensation (the let-down). After your mature milk comes in, you will hear more swallowing and gulping as your baby nurses.

Count your baby's wet and "poopy" diapers to make sure he/she is getting enough milk. You can be reassured that your baby is getting nourishment if she/he has 6-8 wet diapers and 4 poopy diapers in a 24 hour period.

Your milk production will gradually match the amount your baby takes. Avoid giving supplementary bottles of formula, water or expressed breastmilk during the first few weeks. Right now, missing a feed and introducing a bottle may cause problems. If the baby is not gaining well, your midwives will discuss options for getting it to the baby.

### **Day 5-9**

Hopefully by now, your baby is latching and nursing well. If not, you need to call your midwife for more assistance.

Although many mothers never experience sore nipples, ask yourself the following questions: Are your nipples tender on the initial latch? This is common. Many mothers experience minor discomfort in the first few seconds of the latch. It is usually temporary. Are your nipples so sore that you dread the next feed. Don't give up, call your midwife! You may need to rest your nipples while they heal, and use a breast pump to express your milk for baby.

### **Days 10-14**

Your breasts may feel softer now and not quite as full. This is normal. Count the wet diapers to assure yourself of your milk supply. You may also notice your baby is more alert and not sleeping as much. Continue with frequent feedings.

Breastfeeding should not be painful. If you have any nipple soreness or pain beyond the first week, you may have thrush. Consult your midwife for ways to treat this condition.

Breastfeeding is an experience that you will always remember. It is a wonderful part of being a mother and a great start for your baby's health.