



Immediate Postpartum

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There are a number of options a new mother has while still in the hospital, if that is where she has chosen to give birth. These include sleeping arrangements and infant feeding. As postpartum doulas we do not make decisions for our clients, judge their decisions or provide opinion – only evidence based information to guide in the decision process. Part of supporting new mothers is facilitating informed decision making when clients seek our assistance. Following S.U.P.P.O.R.T. means giving evidenced based information when they ask, being clear about opinion-based answers and respecting the choices they make. Many of these topics will be detailed more in the infant care section of this training but here they refer to the first days after birth.

Postpartum Options

In the hospital a mother has many options. Some health situations and hospital policies might impact what options are available but this is a brief overview:

- **Rooming in vs nursery:** Many families are opting to room in 24/7. The most recent evidence supports this practice as one that facilitates bonding, supports the breastfeeding relationship and builds a parent's confidence in caring for their baby. Parents go home with some knowledge of their baby's needs and temperament. Some families choose to utilize a nursery much of the time, just at night or in between feeds. Unless there are specific policies or a healthy baby nursery is not available, many families have the option to choose throughout their stay what works best for them.
- **Circumcision:** This is considered an elective procedure. Some families opt to leave their sons intact, some have the procedure done in the hospital and others have it performed during a religious ceremony. There is no medical reason for doing a circumcision.
- **Breastfeeding on demand vs scheduled feeds:** Current evidence supports feeding healthy term infants on demand. This helps to regulate the mother's milk supply and satisfies the baby's appetite. While in the hospital, parents should be aware that in the absence of medical concerns it is often best to feed on demand. If a provider suggests otherwise and the parents are unsure about the need, they can seek a second opinion or speak with a lactation consultant. Some families with healthy term infants and with current information still choose to feed on a schedule. Breastfeeding is so important that The Joint Commission (TJC) has included in their Millennium Goals that all babies need to be breastfeeding upon discharge from the hospital by 2019, unless there is a medical letter indicating otherwise.
- **Visitors:** Some families enjoy visitors, some feel obligated to accept visitors, and others choose to limit them. Encourage families to do what is necessary to feel rested and supported even if it means disappointing some guests.
- **Newborn procedures:** APGAR scores and initial assessments are done shortly after delivery. Many families request this be done on or near the mother when possible. Vitamin K shots, eye ointment and Hepatitis B are sometimes done immediately, sometimes postponed, or declined altogether. The first bath can be done shortly after birth or delayed. Evidence supports delaying the bath at least until after the first successful feed, but some opt to wait even longer and allow the vernix to be absorbed into the baby's skin. It is highly recommended that parents request all procedures wait until one hour after birth especially if they want their babies to self-attach to the nipple, and so the family can bond together.

Choosing a Careprovider

There are a number of choices for new parents in terms of choosing careproviders for their children.

Some careproviders have a relaxed attitude about parenting, while others have a more stringent viewpoint. Some are very encouraging and helpful with breastfeeding and attachment parenting, and others are more inclined to suggest bottle feeding at the first signs of breastfeeding

challenges and recommend putting babies on schedules. Some are flexible about routine immunizations and others insist that babies receive the standard course of vaccinations. Some trust the body to heal itself of minor ailments or are supportive of home remedies and alternative therapies and others rely on medications, antibiotics and even surgery to manage non-threatening illnesses...and the list of comparisons can go on.

It is wise for new parents to consult their friends, family members, childbirth educator, doula, other parents they meet at support groups or classes, and birth practitioners for referrals, in addition to their medical insurance plan.

Things to Consider

- Location of the office and hours of service, including availability of after-hours consultations. Office set-up (i.e., the atmosphere, how sick and well children are separated, approximate waiting time)
- Number of practitioners in a practice, their credentials, and whether you have the privilege of choosing a primary practitioner for well-child care.
- Fees for each service provided and available insurance reimbursement.
- The hospital(s), if any, at which the practitioner has privileges.
- Association with complimentary practitioners or consultants (i.e., lactation consultants, pediatric specialists)
- Standard procedure for handling emergencies.

Careproviders for Babies and Children

A ***pediatrician*** (MD) is a specialist in children's health care who has received advanced training in child development and childhood illnesses. There are primary pediatric health practitioners, pediatric medical subspecialists, and pediatric surgical specialists. A neonatologist is a pediatrician who specializes in the care of seriously ill newborns.

A ***family practice physician*** (MD) provides primary health care for the entire family and refers seriously ill children to specialists.

A ***naturopathic physician*** (ND) is a primary health care practitioner who has a natural approach to health and healing that recognizes the integrity of the whole person and whose practice excludes the use of synthetic drugs and most surgery. Some naturopathic physicians specialize in pediatric care and refer seriously ill children to specialists.

An ***osteopathic physician*** (DO) provides primary health care for the entire family focusing on preventive health care. Some osteopathic physicians specialize in pediatric care.

A ***pediatric nurse practitioner*** (PNP) is an advanced practice registered nurse who provides primary health care to children. A nurse practitioner usually works within a pediatric group or in

a clinic setting. Her scope of practice may be dependent upon state Nurse Practice Acts, licensure and regulatory mechanisms.

A *health clinic* may be associated with a medical school, community hospital or with the public health department. Services may be free or low-cost, but may or may not offer the full range of care (well-child checkups, immunizations, childhood illnesses, emergencies). The clinic may be staffed on a rotational, or temporary, schedule, which would mean that you might not have the same practitioner for each visit. Appointments are usually not scheduled, so there could be a considerable waiting period before receiving treatment.

In New Zealand, once a mother and baby are discharged from their LMC, they have a choice of well Child Tamariki Ora care providers. A list of area providers can be found at <http://www.health.govt.nz/>

Application and Understanding

1. The hour immediately after birth is often called “The Golden Hour.” Name five or more reasons that support the importance of this time for mother, baby, and partner.
2. You are visiting your client in the hospital the day after she has given birth. The mother had a long and difficult labor and is exhausted. She wants to stay with her baby but desperately needs sleep. Both sets of grandparents are present and she feels overwhelmed. What could you do or say? Use the practice of SUPPORT in your answer.

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