

**Overview of the Postpartum Period and The Doula's Role**

	<b>Moms May Experience</b>	<b>Baby Reality</b>	<b>Doula tasks</b>
<b>Days 1-4</b>	<p>May still be running on a feeling of adrenalin and have difficulty resting.</p> <p>In awe of baby, or unsure of baby.</p> <p>Significant perineum discomfort.</p> <p>Cramping, sometimes very painful.</p> <p>Uterus will be checked often to be sure it is firm and getting smaller.</p> <p>Lochia is often still heavy.</p> <p>May have anxiety, or experience discomfort and pain when emptying bladder and bowels.</p> <p>Nipple irritation and discomfort, engorgement of breasts.</p> <p>Weepy, emotional, feeling “not herself.”</p> <p>Often desires closeness with baby, uneasy about separation, “mama bear” instincts.</p>	<p>Often still sleepy and not extremely alert, may need to be woken for feeds.</p> <p>May experience newborn jaundice.</p> <p>Umbilical stump often appears still tender, parents should be confident that this is normal and will subside.</p> <p>Stomach is the size of a marble on the first day and ping-pong ball on day three. Stomach can be stretched but should not. Small frequent feeds are best; think teaspoons not ounces.</p> <p>1 soiled diaper for each day of life per 24hrs (1 diaper first full day, 2 diapers second full day, 3 diapers third full day, etc until day 5, then 6 diapers per 24hrs)</p> <p>May want to nurse 16-20+hours per day, this encourages milk to come in. It is not an indicator of moms supply.</p> <p>May not settle unless being held. This is normal.</p> <p>Loses up to 10% of birth weight. This is normal and often on higher end if mother had lots of IV fluids during labor.</p> <p>Patterns breathing after adults when held closely.</p>	<p>Encourages mom to rest.</p> <p>Allows mom to tell her birth story over and over again, as needed to debrief.</p> <p>Assists with latching and refers to a lactation consultant as needed.</p> <p>Reminds mom frequent feeds are normal; provides evidence-based information about breastfeeding and formula feeding.</p> <p>Reminds mother that emotions and feelings are normal. Her hormones are dropping and this is a normal response.</p> <p>Provides practical support to facilitate resting.</p> <p>Provides guidance and information about infant care.</p> <p>Empowers parents. Teaches rather than doing for them.</p> <p>Praises efforts. Reminds how baby recognizes his mother and father. Facilitates and does not interfere with bonding.</p>

			<p>Provides suggestions for symptom relief such as cold packs and witch hazel for perineum.</p> <p>Provides tips for nipple soreness and discomforts associated with bowel and bladder emptying.</p>
<b>Weeks 1-2</b>	<p>Mature milk often comes in around days 2-5 and engorgement may cause discomfort. Frequent nursing, hand expression, and warm/cold compresses for discomfort.</p> <p>After birth cramping may continue, especially during feeds.</p> <p>May experience the baby blues.</p> <p>Fatigue from labor and disrupted sleep starts catching up with her.</p> <p>May sweat, cry, and need to urinate frequently, as the body has lots of extra fluid to release as well as fluctuating hormones.</p> <p>Lochia discharge continues up to six weeks postpartum.</p> <p>May still have significant perineum discomfort and difficulty emptying bladder and bowels.</p> <p>Hip, pelvic, and back pain may occur as she recovers.</p>	<p>Stomach continues to grow a little bit each day until reaching the size of a chicken egg on day 10.</p> <p>Continues to feed a minimum of 8-12 times per 24 hours, up to 16+ hours per day; is not indication of milk supply.</p> <p>Minimum 6 diapers per 24hrs.</p> <p>Some babies fall into a pattern of eating every 2-3 hours, while some continue to have smaller more frequent meals. Both are normal. Feed baby on demand</p> <p>Should be back at birth weight by two weeks unless breastfeeding.</p> <p>Sleeps the majority of the time.</p> <p>May have acne, peeling skin, etc</p> <p>Is wired to desire close contact, especially with his mother.</p> <p>Continues to pattern breathing after an adult when held closely.</p>	<p>Encourages mom to rest.</p> <p>Provides a listening ear.</p> <p>Provides practical support around the home, assistance with errands, and ensures mom is getting adequate nutrition.</p> <p>Educates family members and other support how to help the mother in between visits.</p> <p>Continues to facilitate bonding rather than interfere with it</p> <p>Praises parents for their efforts and builds their confidence.</p> <p>Reminds mom frequent feeds are normal and continues to help with breastfeeding relationship. Refers to lactation consultant as needed.</p> <p>Reminds family members that the mother is still healing and she needs lots of rest.</p>

	<p>May worry about not bonding. Needs to know this can be completely normal and often takes time.</p> <p>May be in awe of baby and feel completely bonded.</p>	<p>Umbilical cord stump often falls off.</p>	<p>Provides support and recognizes signs of baby blues, referring to providers as necessary (we do not diagnose, treat, etc).</p> <p>Continues to provide in home, non-medical support and education.</p>
<p><b>Weeks 3-6</b></p>	<p>Lochia may begin to slow.</p> <p>Often cramps and body aches are beginning to disappear.</p> <p>Fatigue may be an issue.</p> <p>Signs of PPD (postpartum depression) may be present. The EPDS (Edinburgh Postnatal Depression Scale – a ten item psychological rating scale for measuring severity of postnatal depression) can be used as a SELF assessment tool.</p> <p>Insomnia (cannot sleep even if baby is asleep) is a red flag for PPD.</p> <p>Very emotional, possibly struggling with not feeling like herself, identity crisis, things not how she expected.</p> <p>Begins falling into a daily routine.</p> <p>Starts making clearer definition between night and day.</p>	<p>May become a little more alert a little longer each day.</p> <p>Becomes more efficient at latching and milk transfer, still feeding often as stomach is small.</p> <p>Often experiences a growth spurt around 3 and 6 weeks and will feed more frequently for a couple days, this is no indication of milk supply.</p> <p>Allergy or sensitivities are not common, but if present the symptoms might appear around this point. Excessive spit up, rash, and blood in stool, should be reported to pediatrician.</p> <p>May fall into more of a routine, recognizing day vs night.</p> <p>May still have jaundice which can be normal but should be under care of provider.</p>	<p>Provides practical support to facilitate time for resting and bonding.</p> <p>Provides evidenced based information about infant care, development, and feeding.</p> <p>Helps mom transition to finishing maternity leave if applicable.</p> <p>Continues to educate family how to support the mother.</p> <p>Does not diagnose or treat anything in the mother or baby but may recommend they seek provider opinions.</p> <p>Refers to lactation consultant as needed. Reminds mother of growth spurts.</p> <p>Supports mom in parenting decisions and feeding decisions.</p> <p>Helps mom develop a routine.</p>

			<p>Provides community resources such as support groups and mommy and me activities.</p> <p>Helps mother plan for when visits are complete.</p>
<b>6 weeks and beyond</b>	<p>Lochia and most symptoms such as cramping and aches are gone.</p> <p>Can use EPDS as a self-assessment tool if feels she may have PPD.</p> <p>Begins to fall into a new “normal.”</p> <p>Accepts life with a new baby, or may still be adjusting.</p> <p>Begins coping with a new sleep schedule.</p> <p>Distinct differences between night and day.</p> <p>May begin pumping if she is returning to work.</p> <p>May begin preparing for returning to work.</p>	<p>Becomes more alert and interactive.</p> <p>May fall into a predictable sleep and feeding routine.</p> <p>More alert of surroundings and may experience over stimulation, fight falling asleep, and become over tired.</p> <p>Dimly lit rooms with white noise can be a soothing break from a busy day.</p> <p>Becomes a little easier to read as mother and baby develop a relationship.</p> <p>Still desires closeness to mother and patterns breathing after adults in close proximity.</p> <p>Can follow day vs night pattern, but may not sleep straight through the night for several months.</p>	<p>Reminds mom to get plenty of rest, thinking of needed sleep over 24 hour period rather than just at night.</p> <p>Provides tips and education about developing a routine for herself and the baby.</p> <p>Provides evidence-based information about infant care, safety, and feeding.</p> <p>Provides emotional support and supports mother, providing resources as she makes parenting decisions.</p> <p>Supports other family members as they fall into a new routine with the baby.</p> <p>Continues to work herself out of a job by empowering parents and slowly weaning frequency of visits.</p>

### Application & Understanding

1. A new mother at three days after birth is still experiencing cramping that feels uncomfortable and asks you what is wrong. What

would you say?

2. In the early days at home, a new mother is afraid pass urine because of the burning sensation she feels. What could you advise?
3. A new mother has a five week old baby who suddenly wants to nurse more and longer. Her nipples are getting sore. How would you explain what could be happening and what advice you would give her?
4. According to the EPDS scale, describe symptoms of a new mother who may be experiencing more severe PPD. What would you do?

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