THE EARLY-RELEASE POSTPARTUM DISCHARGE CONCEPT:
PROVIDING A COMPREHENSIVE GUIDE FOR PARENTS
ON NEONATE CARE

An Honors Thesis (ID 499)

by

Sherri L. McLochlin

Connie Rose, MSN, RN
Thesis Director

Ball State University
Muncie, Indiana
April, 1986

Anticipated Graduation
Spring, 1986
Before the soaring progress of the space age, before the miracles of technology, the conception, delivery, and care of human life was a hearthside miracle unattended by medical science. Instead, wonder and mystery accompanied it, aided by the variable skills of domestic midwives, or the good intentions of family and friends.

When nature and good fortune prevailed, it was a struggle climaxed by the safe arrival of a healthy, new child. But when forces darker domineered, a journey that began with anticipation could end all too abruptly in anguish.

Responsively, with the advent of scientific ability and broadening public receptiveness, the uncertainty of giving birth was replaced with the increasing security offered by medicine. From the bedroom to the delivery room, the trend toward hospital births began.

Through the decades, the tremendous achievements and advantages of professionally directed deliveries has been irrefutably seen. The mortality and morbidity rates of newborns and infants dropped in inverse proportion to the increase in the number of hospital-setting births.¹ Both maternal and neonatal recuperative courses following delivery became healthier due to the carefully regimented postnatal experiences engineered by determined health professionals.
But with the premeditated elimination of unhealthful practices and risks came an inadvertent suppression of much of the naturalness and spontaneity of childbirth. No longer were parents directing the intensely personal welcomes of their newborns. Instead, they became faces among many in the impersonal realm of institutional efficiency. And lost along with the risks and uncertainties was some of the beauty of individuality this miracle once possessed.

It was not until the late 1960's that the resurgence of concern for naturalness and authenticity in the child-birthing experience surfaced.² Extending into the 1970's with contemporary enlightenment, reclamation of these lost values became not just an ideal, but a campaign. Home births flourished as families pursued the dream that led the decade: getting back to nature. Declining the perceived chill of a hospital room for the warmth of the family room, however, they sacrificed not only sterility, but security. For as parents went back to the basics, they also went back to many of the risks and complications of deliveries decades before.

As the hyperbolic 70's mellowed into the subtly of the 80's, a need was seen for a compromise among the various schools of obstetrical philosophy. The extremes that characterized each camp were blunted as a new openness and sharing was seen in maternal-child health. No longer was efficiency seen to preempt naturalness and individuality. Instead a new vision guided professionals and laypersons. Out of the
collaboration to combine the best of both, the advent of medical birthing options was born.

Flexibility and sensitivity to individual needs and desires has become a key concept in contemporary childbirth. From alteration of environmental influences to a psychosocial focus ensuring a meaningful experience for every family, parents today can choose from many birthing plans to find that which most appeals to them.

Selection of a design of care is influenced by factors such as financial resources, familial support, previous experiences and current needs. Most programs incorporate selected safeguards in acceptance of clients, but many variables are outside the realm of professional control, and therefore beyond its influence. As a result, the women and significant others participating in different birthing options frequently exhibit very different needs.

One example of extremes in clientel selecting an alternative birthing option is seen among individuals pursuing an "Early-Release Delivery Program." Rationales for this decision range from aesthetic preferences to financial restrictions. Women emerging from a multitude of situations elect to deliver in the safety of a hospital suite and then return home after 6 to 24 hours of medical surveillance.

As a prerequisite to Early-Release, mothers and their support partners attend childbirth education classes to prepare them for delivery and the immediate postpartum period. A wealth of information and suggestions is offered, usually
accompanied by reassurances and psychosocial support from course instructors. Not uncommonly, however, the abundance of material that promises to be helpful before delivery may be remembered as overwhelming after.

New mothers and their partners are inundated with information relating to physical and psychological aspects of neonate care, but in the stress of actual adaptation after discharge, this vital information may be distorted or lost. Critical factors influencing teaching and learning such as optimal timing of instruction, repetition and learner readiness vary with each participant, yet individual adaptation is seldom possible in Early-Release group learning methods.

The consequences of these conflicts can be seen in the mother who is released physically stable, but far from psychologically ready. The period immediately following the delivery process has been cited as one of the most difficult in a woman's lifetime. The "taking-in" phase lasting two to three days post-delivery as described by Reva Rubin is a draining, demanding, bewildering time--and yet early-release clients are discharged precisely at the onset of this challenge. The result? An option selected for financial or familial purposes that can predispose new parents to greater, self-defeating stress.

One solution that can alleviate this risk is provision of tangible reference material to early-release clients for their consultation as frequently and repeatedly as necessary in the first few days after delivery.
Investigator Mary Ann Schroeder determined that "one of the most important factors in relation to a satisfactory birth experience...[is] the attitudinal outcome of control." When parental perceptions of being competent and in control are enhanced, reported satisfaction in the birthing experience increases proportionately. Facilitating this by provision of reference guidelines for newborn care can dramatically assist early-release parents toward a correlatively satisfying postnatal course. Increasing and enhancing parent understanding of infant status and behavior can ease caretaking concerns and help parents develop more confidence.

Another factor highlighted in research as pertinent in the satisfaction of childbirth processes is the extent of paternal participation in infant care postnatally. Preparation for birth and parenthood has historically been directed toward understanding of the mother's role and responsibilities. Yet inclusion of the father or significant other can positively affect BOTH parents' perceptions of their familial changes. The considerable care and support required by an early-release mother in particular provides substantial opportunity for her partner to establish his role as an accomplice, primary caregiver. And with educational tools such as guidebooks to newborn care at his disposal, his contribution can be facilitated in a meaningful way, as well.

For both parents, the tone at the start of the puerperium can establish a precedent for the remainder of that period; a significant time of establishment of bonding and
attachment. By providing neonate information prenatally to be referred to during this crucial postnatal time, parental fears and anxieties can be dissipated, and the freed energy thus made available for more positive, interactive purposes. At the onset of the home stay following early-release, increased awareness of the newborn on a knowledgeable and secure level then can promote positive and satisfying progress, as this newest member is enmeshed into the family unit. In both physical and psychosocial spheres, information and reassurances provided to new parents is recommended as a means by which nurses and other health professionals might support and enhance the parent-infant bond with its ramifications for future, developmental relationships.

Conclusion

The initial 24 to 72 hours after delivery are seen then to be highly significant moments in the establishment and development of the parental-newborn triad. Their pertinence cannot be underestimated if the goals that initiated the early-release concept are to be met. As early as the 1960's, Rubin asserted that the "taking-in" phase can be a moderated eustressful period, rather than a pressuring, distressful time. Maternal passivity and receptiveness to learning is heightened at this time, and as such facilitates a state of absorption of information mothers are exposed to. The hospitalized client receives verbalized input and counseling continuously from nurses. The early-release mom must
receive it elsewhere. While the "human touch" cannot be completely replaced, it can be successfully substituted for with written material that reinforces whenever it is turned to. Whether for problem-solving or knowledge-seeking, the early-release parent with resources to read finds reassurance and information right when it is needed.
References


4. Ibid.


7. Ibid.


12. Ibid.
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INTRODUCTION

Childbirth: the miraculous metamorphosis by which one
human being evolves into two. It is a journey unlike any
other; a predictable sequence of events, yet one aglow with
the mysticism and wonder of the genesis of new life.

For mother and father, the anticipation, birth and nur­
turance of their newborn is one of the most exhilarating chal­
lenges they will experience. Whether the first child or the
fourth, the delivery of this fragile new life into their
hands for care is an awe inspiring responsibiltiy.

For "mom," physically and emotionally, the labor and
birthing experiences are the most terrific and tremendous
demands she will ever meet. Nine months of pregnancy and
preparation develop knowledge and give rise to expectations,
but it is the emergence of a new life into her own that is
the culmination of this miraculous journey.

For "dad," the aspects of anticipating a child are vastly
different, but no less important. From vicariously sharing
his pregnant partner's experiences, to juggling the stress
and demands that approaching parenthood trigger, he, too,
travels an exciting and anxious road. But as with mom, it
is the joining of another human being into his life that is
the pinnacle of the childbirthing experience.
Increasingly, through the recognition of the vast changes a newborn stimulates in the family circle, the emphasis on today's childbirthing experience extends beyond delivery to include encompassing the infant in the heart of the family.

The development, delivery and arrival of a baby composes the most natural and beautiful symphony in life. Including all whose life will be affected by the rhythm of this new member in a joyful welcome can enhance the experience, and ease the transitions involved, for everyone.

In the excitement of anticipation, and the celebration of arrival, it is not uncommon for moms and dads to find themselves in a whirlwind that blurs everything they have learned or are being told. With so much going on, it is easy to succumb to pleasant exhaustion and forget much of what can seem an overwhelming amount of information. The initial charge of energy and exuberance felt during the brief hospital stay can ebb when normal fatigue sets in, leaving mom and dad at low tide, and feeling foundered as they face their newborn.

Commonly, with forgetfulness can come fright, and a fear that as a "new" mom and dad you will not measure up to the needs of your baby. Apprehension can be controlled, though, with clear information and assurances on what to expect and what to do.

YOU are the only mom and dad your newborn has ever known. So if what you are doing is mediated by love and honest effort,
helped out by information and reminders such as this book, your baby is in the best hands possible--YOURS.

Take a deep breath, relax and prepare to face--and conquer!--the exhilarating challenge of nurturing your newborn.
"MEASURING UP"

Unlike an older child or an adult, the normal newborn's body appears out of proportion, with a head and an abdomen that are prominent, shoulders that droop, narrow hips, and a round chest. The neck is short to the point of appearing nonexistent due to the poor neck muscle control preventing the newborn from holding the chin off of the chest. The trunk is long, while the arms and legs are short, and unlike an older child who is relaxed and stretched-out when resting, the newborn's most frequent position is drawn-up and flexed. Hands are usually tightly fisted, and knees are bent in the classic "fetal position" similar to what the baby assumed in the uterus. Overall, the baby's posture will be one of curled-up flexion, and your attempts to straighten out arms and legs will be met with a healthy struggle!

Length

Although difficult to measure because of the newborn's flexed and curled position, the average "height" is between 18 and 20½ inches long. This figure will change rapidly for your baby, however, as he experiences six months of new life that will be some of his most important growth.

Weight

On the average, the newborn will weigh between six and a half to eight pounds at birth, but will lose between five
and fifteen percent of that weight within the first few days of life. This very normal and expected occurrence is not due to any problem, but rather the result of water loss as the baby adapts to life outside the isolation of Mom's body. Larger babies, because of the larger volume of water shifting in their system, tend to lose proportionately more weight than smaller infants do these first several days.

Sometimes a newborn will indeed lose more than the normal amount expected for its size. For example, a 7 pound newborn who loses more than 6 to 12 ounces (in the area of \( \frac{1}{2} \) pound), may be experiencing some problem that requires further investigation. Typically, if this is the case, your baby will signal this to you with other symptoms such as fever, signs of dehydration, or changes in behaviors (see pages 7 and 17). Otherwise, you can expect your newborn to regain the birth-weight within five to seven days, after adjustment to the newness of feeding wears off, and the tension of new life in a new setting subsides.
"TOPPING IT OFF"--THE HEAD

In almost all vaginal deliveries, the newborn's head is compressed and squeezed through the birth canal to the point that your baby's head may emerge looking oddly shaped. Depending on the "presentation" or area of the head that presses through first, the forehead may be flattened, with the top of the head rising and coming to a "point" at the crown, then dropping at an angle down the back of the head. This "molding" occurs because the newborn's skull bones are quite pliable to allow the size of the head to somewhat accomodate the size of the birth canal. The skull is composed of several plates of bone (instead of the single skull of children and adults) that "override" each other as the head squeezes through. Within a couple of days after birth, the more normal oval-shaped head is seen. You can feel the bands of strong tissue holding these plates together then, running down the center of the top of the skull, and less obviously from side-to-side toward both the front and the back of the skull.

Where these various bands intersect one another, there are two wider spots between the skull bones called the "soft spots" (or medically, the "fontanels"). Feeling with your fingers by gently probing, you can outline the somewhat diamond-shaped soft spot in the forward half of the skull top, and the less defined, triangle-shaped soft spot at the back,
near the crown. Immediately after birth these areas may feel fairly small because the skull bones are still pressed closely together. Don't be alarmed, however, when several days after birth they begin to feel larger, as the skull plates resume their more natural placement, separating as a result. The soft spots should feel firm, flat, and be pretty well-defined to the touch, and frequently even to the eye. Sometimes the larger, front fontanel will slightly pulsate when your baby cries. This is a normal occurrence and nothing to be frightened about. Even coughing and repetitive sneezing can sometimes cause a slight increase in the pressure in these areas. These *is* cause for concern, however, if your baby begins to develop a continuous, *bulging* soft spot, or one that seems to become increasingly tense. This may be a sign of increased pressure within the skull bones and is something that should be investigated by your physician. Likewise, a distinctly *sunken* soft spot, perhaps very obvious to the eye, is a warning sign. Frequently, this occurs when your newborn is dehydrated and not getting enough fluids for some reason. Again, this instance is one where you should seek medical assistance.

Your newborn's degree of head control is inconsistent in the first several days of life. While he may have some ability to raise up his head as he is lifted, for the most part the newborn experiences normal "*head lag*" due to the weakness of the neck muscles. The ability to turn the head to the side is especially weak, and the majority of your
baby's movements are involuntary, or happenings that are not deliberate actions. Your newborn will, however, turn to somewhat seek the breast when feeding, as reflexive, smell associates the aroma of milk with the pleasure of eating.

Freedom of movement in all directions when the head is gently turned is expected in the newborn, and interference, or pain when the head is moved may be an indication that a doctor should be consulted.
FACING UP TO NEW LIFE: THE FACE AND ITS FEATURES

The face, like the head, often shows signs of the pressures of delivery through the birth canal. Frequently discolored, ranging from an all-over bright, redness, to a speckled pink, your newborn's face will change with his moods and activities.

Designed for optimal sucking, there are fatty "sucking pads" located in each cheek, while the chin recedes, and the nose is flattened to allow close contact with the breast or bottle nipple during feeding.

Very commonly, newborns are born with what look like whitish pimples over the bridge of the nose and sometimes on the forehead. These harmless spots are merely clogged pores and will clear up by themselves with time.

Another normal occurrence often seen around the face and neck (especially at the base of the skull) are small, red blotches called "stork bites." These, too, are harmless, and usually disappear without any treatment.

The face is very sensitive to light, touch, and extreme temperatures. In the immediate period after birth especially, the newborn is very responsive to any stimulation of the face. Some infants become agitated when the face is stroked or fondled and take several days to relax to this contact.
The Eyes

After the extreme stress of the delivery process and the abrupt introduction into the hectic new world outside Mom's womb, the newborn usually keeps his eyes tightly closed the majority of the time. The constant bombardment of sights, combined with the very common swelling around the eyes after delivery, cause the newborn to shut out the irritation and confusion for around two days in this manner.

As the tear ducts do not become active until about the first or second month of life, most crying is "dry," with both eyes tightly clenched shut.

Sometimes an irritation and redness are seen for the first 24 hours as a result of the instillation of medication routinely put in both eyes of the newborn. After this initial reaction subsides, the infant's eyes should be bright and clear, with the whites clear, and irises usually slate grey-blue in the caucasion baby and deep brown in the black race. (Permanent eye color is established around three months of age.) Both pupils should be round and equal and react similarly to changes in light and dark. Obvious differences between the pupils of both eyes, or a fixed size and placement of either eye, are unusual and should be looked into by your physician.

Very normal, however, is the slightly "cross-eyed" appearance of the newborn, which lasts until six months and then subsides. It is also not unusual for your baby to occasionally have irregular, rhythmic rolling of both eyes.
Should a pattern begin to emerge, or if this rolling increases in degree and frequency, contact your pediatrician for consultation.

Another normal occurrence in the newborn as a result of the tremendous force/pressure on the head during delivery is slight reddening of the whites of the eyes, particularly in the inner areas. This may remain for a couple of weeks, but it is no cause for worry and will not affect your baby's vision in any way.

While the complex mechanism of vision is still not fully developed, your baby can see. Within hours after birth, they begin to become alert to their surroundings and exhibit preferences and dislikes. Your baby will react to changes in lighting, as well as "fixing" on objects at distances of around 10 inches away. In particular, your newborn has a distinct preference for human faces, especially Mom and Dad's. While his ability to maintain attention and eye contact is limited to only around 5 to 10 seconds, the impression he sees in you will begin to register with him immediately, and it will become YOUR face he favors most of all.

The Ears

As with the eyes, your baby's ears may show evidence of the "wear-and-tear" of delivery by being crumpled or flattened against his skull. Being very pliable at this tender age, your baby's ears will soon take on a more "normal" shape.

Following the first cry and breath, you baby can hear and will begin to "listen" to the sounds around him. Hearing
becomes even clearer over the first several days of life as the fluids that filled baby's ears in the womb are absorbed.

Prefering soft, soothing sounds to loud, rapid ones, your baby will be most attentive to the sound of a human voice--especially one speaking to him/her. And just as older children are calmed by low frequency melodies, your baby can be lulled to sleep by the settling sound of a continuous, quiet recording of forest noises or waves rolling on a beach.

The Nose

Sometimes appearing almost nothing more than a button tip, your baby's nose is probably small and narrow. Sometimes the newborn's nose is covered with small, white "pimples" that are simply clogged pores (called milia) and will clear up in a few days.

Most important for you to know is that newborns are of necessity nose breathers. For the first couple of months it will be especially important to make sure that his nostrils are kept clear and open. Your baby will use sneezing to achieve this for himself, but using some sort of bulb syringe to gently suction can be very helpful in calming him when a clogged nose makes breathing difficult.

Like hearing, the ability to smell is active as soon as the nasal passages are cleared of fluid. As early as the first feeding, your baby will show a deliberate search for the source of the breast milk as he/she nuzzles to you.
The Mouth

Surrounded by the plumpness of well-developed "sucking pads" in each cheek, your baby's mouth will be the center of his/her life throughout infancy. It is not uncommon for newborns to have a series of white pearl-like bumps on their gums at birth, a harmless occurrence that disappears at two or three months. And as with the older child, your baby's tongue should appear noncoated, smooth and pink, while the inside of the mouth should be a healthy, pale pink and without any white patches.

The moment you first touch his lips, he will display the sucking motions that enable him to feed from a bottle or suck at the breast. With a forward thrusting movement of the tongue that seems to defeat his efforts, he will quickly learn to draw the pleasurable taste of milk or formula from a nipple. Used to suck for nourishment, pleasure, or the relief of stress and upset, your baby's mouth is a masterpiece of design that enables him to grow and develop even without the sophistication of tongue and gum control. At birth he possesses the ability to gag, swallow and suck and has an inborn preference for the taste of sweet substances over bitter or salty. As a result, a newborn frequently will prefer the taste of supplemental sugar water to that of formula or breast milk.

And if he seems confused or frustrated during your first attempts to feed him, remember that like yourself, it will take him a while to become familiar with the technique and
finesse of feeding. In particular, the foreign feel of a bottle nipple may require a little extra time for baby to accustom him/herself to. His/her fussiness may even defeat his/her own efforts by causing him to turn his head away from the nipple and soothing source of sucking that will calm him. DON'T become discouraged, however, because indeed with time, both you and your newborn will comfortably develop a routine that satisfies and nourishes.
In the first 24 hours after birth, the newborn's energy level will vary in cycles. Associated with those cycles will be your baby's changing moods to feeding.

The first hours after birth are chosen by many parents as opportunities to feed and "bond" with their baby. Many newborns will enthusiastically suck during this time to seek both nourishment and refreshment after the stress of delivery and to calm themselves after the loss of the warmth and security of the womb. It is not uncommon, however, if your newborn appears extremely tired at first and is not ready to feed until four to six hours after delivery. Following the first half an hour after birth, during which the newborn is very excited and active, there commonly follows a period of sleep for several hours during which baby recoups his strength in much the same manner mom needs to. After this lull, a second period of activity usually follows when most babies are alert and considerably more relaxed than the initially were, ready now to take on the challenge of feeding.

During this second period of activity, the production of mucus is increased and can lead to slight gagging or choking with attempts at sucking. Frustrating for both mom and baby, this is made worse if you panic or give up in despair. Instead, the gentle use of suctioning with a bulb syringe
tucked into the side of the mouth can remove much of the mucus that thickens with milk and makes feeding difficult.

During the first couple of days of breastfeeding, your baby is receiving the incredible richness of colostrum, produced by the breasts for a short period before the let-down of breast milk occurs. Whether you have chosen to breastfeed your baby "on demand," as do many moms, or on a two to three hour schedule, each substance is complete and satisfying for your baby's needs. Unlike formula from a bottle, however, the content of breast milk can be significantly altered by mom's diet. Carefully monitoring YOUR intake can help prevent irritations and problems with your baby's. Cleansing the breasts with gentle, nonscented lotions, air drying nipples to prevent irritation, switching breasts with every feeding—all can be means of increasing YOUR comfort and enjoyment of feeding and influence baby's enjoyment as well.

Whether by the bottle or the breast, it is important to burp your baby after every 10 minutes of feeding. Positioning baby on his RIGHT side immediately after each session with his back supported by a rolled blanket will help the stomach to empty more effectively and prevent regurgitation of fluids back into the lungs.

While colostrum and breastmilk are digested fairly rapidly, a formula-fed baby may not demand feeding as often due to the slower absorption of commercial formulas. Where careful precautions of cleanliness for the breasts are
necessary, so it is also important to use sterilized bottle equipment. In the first weeks after life, your baby is particularly susceptible to picking up infection and prevention of transmitting bacteria through feeding is an important precaution to prevent this.

The normal newborn requires 110 to 120 kcal/kg/day. This translates to around 250 calories per pound per day for your baby. Most formulas contain 20 to 24 calories per ounce, and you can calculate how much is "enough" for your newborn.

With breastfeeding, the length of time at the breast and signs of satisfaction and fullness can guide you in determining if baby is receiving enough to "eat."

Since feeding times provide both "food" and fluids, one indication that your baby may NOT be getting enough is signs and symptoms of dehydration. Sunken soft spots, listless eyes, a dry, pale mouth and a baby who appears unusually unresponsive are clues that something is wrong and requires immediate medical attention. An elevated temperature above the expected 97°F to 99°F range, taken by firmly holding a regular thermometer in baby's armpit for 5 minutes, may also be a sign of dehydration.
COMING OUT ALL RIGHT: ELIMINATION

With the passage of the first bowel movement containing meconium (waste accumulated during fetal development in the uterus), your baby's stools can tell you a great deal about his/her health.

From its amount and color, to how formed it is, stool reflects both what your newborn takes in and how effective his/her digestive system is working.

Within the first 24 hours after birth, your baby's bowels should be working well enough to discharge the meconium stool that has collected while he/she was a fetus. This thick, slimey substance will be a dark green to almost black color. It will be followed for the first days by a seedy, yellow stool that may vary depending on the method of feeding you use with your baby. Breastfed babies tend to have looser and more frequent bowel movements due to the more rapid digestion of breastmilk. Bottle babies' stools are more formed and sometimes less frequent.

Gas is as uncomfortable for baby as it is for you, and if you are breastfeeding, may be the result of something in YOUR diet being reflected in HIS. Constipation in your newborn is uncommon; the lack of stool more likely is the result of insufficient intake or of dehydration.

Diarrhea can be a particularly serious problem with the newborn whose fluid balances are already undergoing changes
and therefore make him very susceptible to rapid dehydration. Prolonged and frequent diarrhea stools may be a sign of illness and should be investigated promptly with medical advice. Care of nonthreatening, occasional episodes of diarrhea should include increased feedings to counteract the loss of nutrients and fluids, and careful attention to the diaper area with extra cleansing and use of nonscented powders applied with your hand. (Sprinkling powders directly from a bottle is not recommended due to the risk of baby breathing residue into his/her fragile lungs.) Allowing the diaper area to "air dry" if possible will help prevent breakdown and irritation.

Familiar to anyone who has ever changed a baby is the distinct aroma of a wet diaper. Frequent wetting requires frequent changing to prevent irritation and skin rash. As mentioned above, air drying baby's bottom when possible, the gentle use of powders and lotions, and avoidance of plastic pants that trap in moisture and heat can help you keep your newborn's bottom painless and clean.

The genitals of a newborn may appear strange and distorted at first to a new mom and dad. Girls tend to have a clitoris that seems very large compared to the lips of the vagina. Sometimes a tag of skin called a vaginal or hymenal tag is present at birth, but this normal variation disappears in a few weeks. Your baby girl might also have a slight, whitish discharge or even a normal discharge of mucus and/or slight, pinkish blood from her vagina. This VERY common
occurrence is due to the withdrawal of mom's female hormones that your baby girl was receiving while in the womb. At birth, their absence triggers this discharge, usually only lasting a couple of days and completely harmless.

Your baby boy will have all the right equipment, but it, too, may appear slightly distorted in size. An uncircumcised foreskin on a penis will be tight for two to three months, and attention should be paid to keep it clean and pulled down over the penis and not up over the tip.
THE "INSPIRATION" OF A NEW BABY: BREATHING

Unlike the adult who breathes primarily in his chest, your baby breathes with a synchronized movement of both chest and abdominal muscles. With each intake of breath, the abdomen, which protrudes in newborns, should rise and fall symmetrically.

The rounded chest area may show a slight projection where the ribs come together near the heart (the xiphoid process), but this will become less evident after a few weeks. With this exception, exaggeration of any other boney areas is unusual in the new baby and should be reported to your doctor. Retractions, where with each inhalation the ribs or sternum (above the xiphoid process) become visible, are a serious sign of breathing difficulties and may be accompanied by other warning signs such as grunting noises, very rapid breathing, flaring nostrils, and even extreme paleness or bluishness around the mouth or more generally over the body can be progressive signs that your baby needs help NOW. Without hesitation, any of these abnormalities should be seen by a doctor.

During the first hour of life, your baby's breathing may be irregular and accompanied by slight jerks and starts. This commonly expected "pattern" will usually decrease in a few hours as baby calms and enters the sleep phase for one to two hours and develops more regular and slowed breathing.
Beginning at four to six hours after birth, however, your newborn's respirations will again become more erratic and irregular. During this time, especially, it is important to closely watch your baby because the production of mucus increases, and choking, gagging, and fussiness may occur. Use of gentle suction with a bulb syringe can withdraw some of that irritating mucus, and cuddling and gentle, soothing voices can calm your baby. Newborns characteristically breathe with some jumpiness, but periods of more than several seconds without breathing (called apnea) that occur more than once in a while could be a sign that something is wrong and should belook into with your doctor.

Should your baby stop breathing in a manner that scares you, it is usually enough to firmly stroke his back repeatedly or even gently jostle the crib to arouse him and trigger respirations.

Breasts

Also to be mentioned, particularly for new moms and dads, is the phenomena of very normal breast engorgement and discharge in BOTH male and female newborns. Occuring on approximately the third day of life, the withdrawal of the hormones mom's bloodstream circulated to the fetus through the placenta can cause a possible minor engorgement, and even a slight liquid discharge, in her offspring of both sexes. This normal "reaction" after delivery disappears as quickly as it is seen and is NO cause for worry.
THE TIE THAT BINDS: THE UMBILICUS AND CORD

Once the vital connection that provided life to the fetus, the cord and its attachment site, the umbilicus ("belly-button"), require careful care in the first 48 hours of new life. Clamped at delivery, the cord usually shrinks and dries from its initial two-inch "stub" to a mere shrivel of blackened tissue that will fall off by itself.

Drying begins within hours after birth as your baby learns to accustom him/herself to doing without the once vital connection to mom. Normally the cord blackens by three to five days and falls off somewhere around seven to nine days. At NO time should there be any bleeding or discharge if healing of the cord and umbilicus are normal.

Common variations that are not cause for alarm include slight protrusion of the umbilicus, particularly in black infants; slight projection of the cord without any bleeding; and after loss of the dried cord, grainy-appearing tissue in the navel.

Caution should be taken not to pull the clamped cord, especially during the first 24 hours after birth. An unclamped cord at this early point, too, can cause serious problems by allowing bacteria to enter through it. An unclamped cord that is NOT dried-up should be referred to your doctor.
Care of the umbilicus is directed primarily toward preventing infection. Using a Q-tip moistened with regular alcohol, clean around the cord twice a day and more often if the area becomes soiled by a dirty diaper.

Never try and hurry along nature by pulling at the cord, and never insert anything into the navel after the cord falls off. An added precaution is to fold your baby's diaper down below the cord while it is drying, and then for a day or so after it falls off to prevent irritating the possibly tender "belly button."
ON GUARD: NEWBORN HEALTH CONSIDERATIONS

Sometimes even the "best laid plans" and precautions cannot head off "mother nature" where the ups-and-downs in your newborn's health are concerned. You may not be able to avoid the occurrence of these health problems and considerations, but through careful awareness and understanding you can intervene and make a distinct different on their outcome.

**Jaundice**

As your newborn adjusts to the demands of life "on his own," his body systems are challenged considerably in the immediate transition period after delivery. One normal adjustment in particular his/her circulatory/blood system makes results in a slight yellowing (or jaundice) of the skin at about 48 to 72 hours after birth. This occurrence may be accompanied by fussiness and irritability, as well as changes in the frequency and looseness of bowel movements (both increasing). This normal jaundice will last several weeks, depending on its extent, and slowly fade away with no lasting effects.

An abnormal jaundice, however, that indicates a circulatory/blood problem may be developing, is the presence of jaundice immediately after birth or any sooner than the first 36 hours post-delivery. In particular, the rapid yellowing of the skin at this time requires immediate medical attention.
Likewise, a rapid and deep yellowing of jaundice even a couple of days after delivery is solid reason to seek advice from your doctor.

**Tremors**

For the first 24 to 36 hours after birth, your newborn will undergo some of the most drastic and demanding changes in his physical life. From the complete security of mom's body to the constantly changing demands of life in a new environment, his journey is one of many physical alterations and psychological stresses. In other words, every minute of new life is a new experience for him, and even without the clearly defined mental knowledge of what is going on, there is an awareness of unaccustomed activity and comotion going on around him.

In reaction to this bewilderment, your baby will seem very "jumpy" in both sleeping and awake states for the first day or so. Startling easily, he will make frequent and uncoordinated attempts at taking in all that is going on.

Not uncommonly, the "newness" of life in the outside environment will trigger occasional tremors and jitteriness in your baby. These moments can be calmed by gently cuddling your baby and murmuring soothing words of reassurance. He may not understand the words, but he will clearly understand your tone.

Should holding and stroking NOT stop tremors, there may be some physical problem present. If shaking arms and legs continue despite gentle pressure, or are accompanied by other
questionable signs of possible illness, such as listlessness, glazed or rolling eyes, and sweating, call your doctor or hospital immediately.

Where your newborn is concerned, the "better safe than sorry" rule must always apply, especially in the first couple of days after birth.
THE START OF SOMETHING BEAUTIFUL: BABY'S PERSONALITY

For nine months, you have dreamed, fantasized, and waited for the arrival of a beautiful newborn to hold, cuddle and love. Now he is here, and even knowing how to physically care for him does not tell the whole story. For like every human being, your newborn has a distinct personality, just beginning to blossom, and it is as different as mom's is from dad's, sister's from brother's.

Like an other child, your baby experiences "moods" and changing behavior according to his inner drives and what is going on around him. His ability to selectively react to different types of stimulation and his developing skill at interacting in positive and negative manners root within the special personality that is his alone.

All babies do share certain common "patterns of states" or levels of activity, however, and it is important for mom and dad to be aware of them so that what are natural reactions for your baby are not misunderstood to be rejections of you.

A normal newborn can shut out stimuli after it is repeated several times, giving him/her a chance to register it and select to ignore it. This ability allows him/her to control his/her reaction to noises in the environment, and as is quickly seen, sleep even in the midst of moderate commotion. Likewise, your repeated attempts to feed your baby,
if he/she is tired or not interested, will most likely be met with indifference and sleep. No reflection on his/her opinion of mom and dad. Simply an indication that rest ranks first at the moment!

Immediately after birth your baby can hear and see. Although both skills are not as sophisticated as they will be in a couple of days, they DO exist and are important ways of communicating with your newborn from the start of life. His/her ability to recognize your voice is already developing and will become his/her preference if it is one filled with love. Within 72 hours after delivery, he/she will have developed the ability to turn to voices and alertly react not merely to sounds but to their intensity and variety.

After the initial excitement of birth has subdued, your baby will begin to attempt to "listen" and even react to interactions he/she shares with others. His/her attention can be seen in widening of the eyes, a quieting of his/her arm and leg activity, and a slowing in breathing. From the start he/she will possess the ability to "attend" to you in conversation for anywhere from 4 to 10 seconds at a time. Breaking off his/her attention after this time is not a sign of indifference but merely an indication that the physical demands of controlling him/herself for a longer period of time are beyond your newborn's capabilities for right now. Nevertheless, without giving outward evidence of it, your baby will register, if not the words, the feeling behind everything the two of you share.
In the first magical moments after birth, the exhilaration and joy of new life will sustain you beyond the tremendous energy drain labor and delivery required. As you become acquainted with your newborn, satisfaction and pride may continue to carry you on the crest of new-found energy and delight. But like your infant, this initial surge of excitement will ebb as physically you feel the intense fatigue that normally follows the tremendous journey you have finally completed.

Pregnancy meant altering your lifestyle to accommodate the physical and psychological changes taking place. Now, as then, the reversal of those many changes, as well as adjustment to the "presence" whose arrival you long awaited, requires you to also cater to yourself and your needs.

The first 24 to 48 hours after giving birth are ones of rapid change in your body. Systematically, you will experience the "side effects" of these, first and foremost being the very common exhaustion that signals your body's energetic attempts at "getting back to normal." Shared also by many women is a "let-down" feeling that may be known as the "postpartum blues." Frequently, these puzzling and confusing sensations are accompanied by irritability, moodiness, and even crying. A reaction to the physical and hormonal imbalances
occurring in your body, these very normal feelings can be offset by resting and sleeping as much, and as frequently, as you can.

In addition to following your doctor's prescribed regime of care, taking advantage of any help you can get these first few days will decrease the demands on your energy resources and leave you more with which to recover yourself and nurture and feed your baby.

Even with the passing of time, you begin to feel better and perhaps even "guilty" at the pampering you are allowing yourself; schedule and take time for yourself to REST. When your newborn sleeps, you sleep. When he/she is quiet, you take quiet time and relax as well.

The vital important of providing for mom's healthy return to a stable, nonpregnant state has significant bearing on the similar adjustments of the newborn to his/her new, independent state. Emotions and moods are highly "communicable," and a tense, irritable parent will quickly transfer those feelings to the newborn.

For his/her sake and yours, rest often, eat well, pamper yourself a little, and respect yourself a lot for the shining job you have done in creating and delivering your precious new child.


