



Guide to  
the  
Postpartum  
Period



# Week 1

## What to expect:

- Sleep 16-20 hours per day
- 8-12 feedings per day
- First bowel movement
- Gaining about two-thirds of an ounce per day
- Lots of skin to skin! Find out more on page 19
- The AAP recommends room sharing for 1 year

## Tips:

- Set up a nursing/feeding station. You will be spending loads of time here! Include a book, phone charger, snacks, bottled water, and make sure it is a COMFY space!!
- Use the perineum bottle and mesh undies from the hospital, consider ordering some Hanes brief style underwear!
- Open and place the diaper under the baby before even opening the dirty diaper. This opened new diaper will catch anything that baby passes while you are removing the old one. This also makes diaper changes quicker!
- Tuck top of diaper to avoid touching umbilical cord stump
- Contact doctor if baby appears jaundice (yellow skin/eyes)
- If baby has a fever go to doctor immediately
- Do NOT let your baby sleep in the car seat unless it is safely installed in the car.



# Week 2

## What to expect:

- Most babies regain/surpass birth weight around 10-14 days old
- Umbilical stump may have fallen off or is getting ready to
- Vitamin D drops are important to begin using if you have not started
- Sponge baths can be started, but babies aren't very dirty so this is up to the parent. Do not get the baby fully wet until the umbilical cord stump has fallen off.
- Your baby can focus on objects 8 to 14 inches away—about the distance between his eyes and yours during nursing.

## Tips:

- Pay attention to YOUR healing
- You are beginning to process your birth. Consider a birth story listening session if you feel the need.
- Babywearing can be a life saver as you begin to do more. I love Aloha and Light ring slings and Moby wraps!





## Week 3

### What to expect:

- Crying for 3+ hours at a time for 3 days a week for 3 weeks is a sign of colic.
- Find your arms and even your scent calming and comforting.

### Tips:

- Meal prep for YOUR nutrition.
- Sleep as much as possible
- Find your village! Look into postpartum groups
- Stressed and have tried everything? Put them in water (bath time) or take them outside. It's baby zen.



# Week 4

## What to expect:

- Baby begins responding to loud noises
- Begin decoding different cries (hungry cry, sleepy cry, etc)
- More tummy time!
- Pediatrician may screen YOU for PPD
- Baby gains 4-7 ounces per week

## Tips:

- Worried about colic? Visit a Chiro!
  - Baby learns by mimicking so talk to them
  - If your baby isn't a fan of tummy time try baby wearing or lying baby on your chest to encourage tummy time in different settings
- 



# Week 5

## What to expect:

- You can give her a gentle mini-workout by slowly pulling her to a sitting position, or let her "fly" by resting her tummy-down on your forearm. Always support her head during movements.

## Tips:

- Show baby around the house pointing out family members in photos and naming everyday objects.

# Week 6

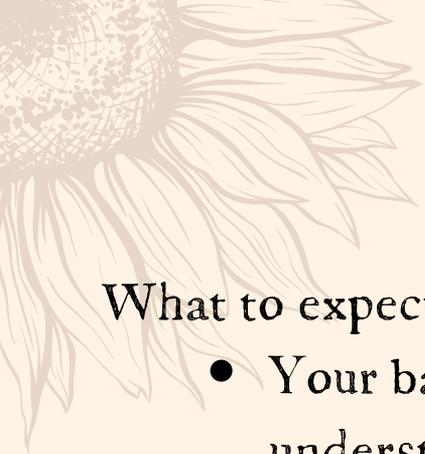
## What to expect:

- Reaching for dangly objects
- You may catch a gummy grin, first social smiles

## Tips:

- Speak to your partner about your concerns:  
Communication is key



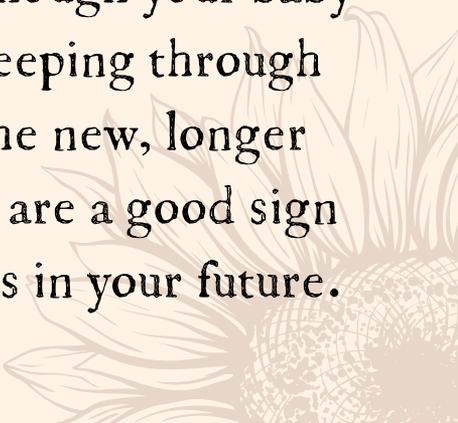


# Week 7

## What to expect:

- Your baby is starting to understand senses. They can look at a rattle and connect it to the sound it makes.
- They are becoming partial to color, preferring bright colors and 3D objects over flat black and white ones.

## Tips:

- Baby belly massage helps with gas!
  - Keep calm. Although your baby might not be sleeping through the night yet, the new, longer periods of calm are a good sign that more rest is in your future.
- 

# Week 8

## What to expect:

- Giggles!
- Watch for signs of PTSD from childbirth and contact your doctor or therapist for resources.

## Tips:

- Watch for sleepy and hunger cues to avoid fussiness and witching hour
- Gassy? Move the baby's torso in a circular motion while they are sitting on your lap. I can show you how! Or try bicycling baby's legs
- Tip for your partner: Take photos! Moms are never in enough of the photos!





# Week 9

## What to expect:

- **Mental Leap:** Starting to recognize patterns
- Keep up the tummy time to avoid bald spots and a flat head, your baby already spends so much time on their back in the car seat, crib, etc.

## Tips:

- Routines? Babies love them! Schedules may take a lot more work to implement.

# Week 10

## What to expect:

- Baby will begin “conversing” with you
- Expect postpartum hair loss
- When someone familiar comes near, he might respond with wide eyes and gleeful wiggling.

## Tips:

- **Sleep:** More calories during the day = less feedings at night = longer stretches



# Week 11

## What to expect:

- Baby is becoming a social butterfly
- Array of facial expressions

## Tips:

- Begin introducing fun games (give baby a guided tour of the house, dangle objects for baby to grab, etc)

# Week 12

## What to expect:

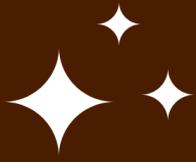
- Your baby has grown about an inch per month
- You'll notice baby gain more muscle control, they may even push themselves up during tummy time.
- They'll begin to realize that kicking, punching, or grabbing toys makes them move
- Baby will begin to settle into their routine

## Tips:

- Increase tummy time length day by day
- Great time to introduce noisy toys like wrist rattles

- Over 1/3 of SIDS deaths could be prevented if nobody smoke during pregnancy
- 88% of SIDS cases happen in the first 6 months of life
- Babies born with low birth weight are 5x more at risk of SIDS
- Boys are more at risk. 55% of SIDS cases in 2017 were boys





## Peaceful Newbornhood:

- Learn your baby's cues and how they communicate
- Differentiate between sleeping and awake noises
- Ensure adequate naps
- Watch for sleepy signals
- Have realistic expectations





**Struggling to  
administer meds?  
Try this!**





## Value of skin-to-skin:

- Learning to communicate with your baby
- Advance your baby's development and growth
- Keep calm and comfort on! Oxytocin from skin to skin calms baby and YOU!



# Average Feeding Schedule

What to expect...

0-1 Months:

- Every 2-3 hours, 8-12 feedings, 24oz+/-
- This is normal, but your baby may do longer stretches once they reach their birth weight. The more ounces they get during the day the less they may need at night

1-3 Months:

- 6-8 feedings daily, 24-32oz

3-6 Months:

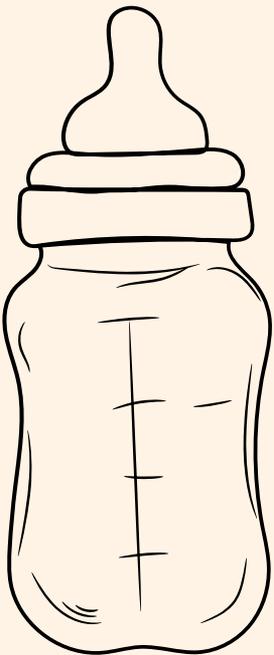
- 4-6 feedings, 24-32oz

6-9 Months:

- 6 feedings, 32oz

9-12 Months:

- 3-5 feedings, 24oz
- This will differ depending on complimentary food introduction time and solids portion sizing



Weight:      Average Diapers:

<10

6-9

8-14

6-9

12-18

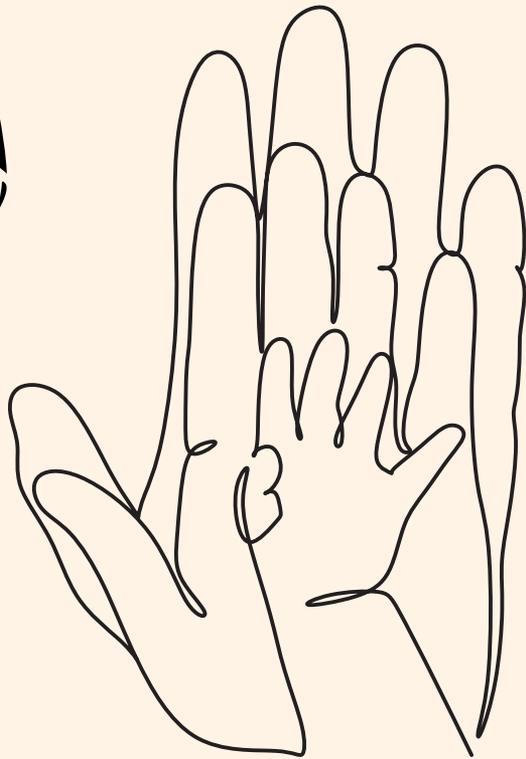
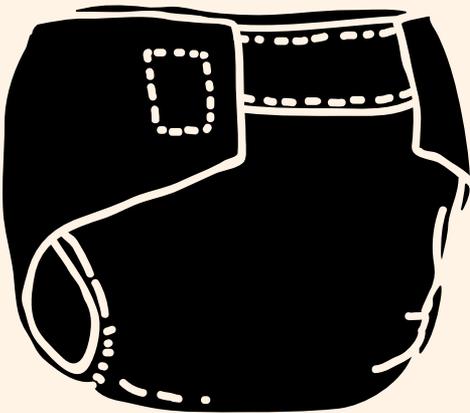
6-9

16-28

5-7

22-37

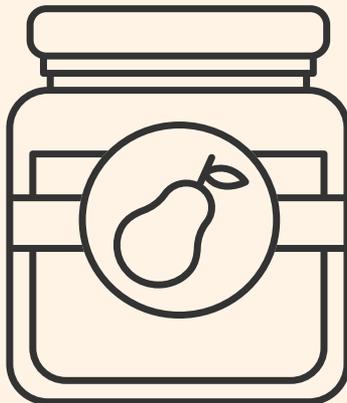
5-7



# Introducing Solids

## signs of readiness

- Baby can remain sitting upright with minimal support.
- Baby can hold his or her head/neck steady when sitting.
- Baby's tongue thrust reflex is gone.
- Baby tends to grab larger objects and pull them to the mouth.
- Baby is interested in food.





## Baby Poop:

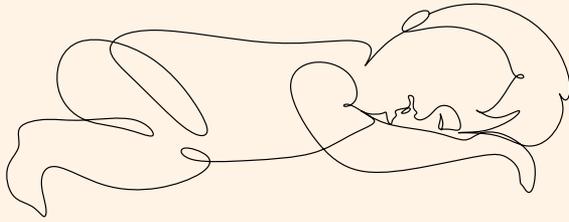
- Day 1: black, sticky, meconium
  - Day 2: dark brown, less sticky
  - Day 3: green, soft
  - Day 4 and on: mustard, soft, seedy
  
  - Red: bleeding, seek medical advice
  - Green and Yellow: usually normal
  - Brown: normal for formula fed babies
  - White: seek medical advice
  - Black: normal in newborns >1 week old
- 

# Moro Reflex:

- Begins at 28 weeks of gestation
- Initiated by any sudden movement of the neck
- Elicited by pulling the baby halfway to sitting position from supine and suddenly let the head fall back
- Consists of rapid abduction and extension of arms with opening hands, tensing of back muscles, flexion of legs, and crying.



# Preemies:



- Remember these things for your baby's ideal comfort:
- Temperature
- Warm baths with limited soap use
- Lots of snuggles, body warmth is very comforting
- Back is best, and safest
- 5 S's! Swaddle, suck, sway, side, shush...an easy transition into this hectic world!



## Micro Preemie:

- Less than 26 weeks gestation
- Less than 3 LBS
- Spend months in NICU

## Preemies:

- 6-37 weeks gestation
- Weigh 3-5 LBS
- Prone to upset stomach and indigestion
- Some are ready to go home in 1-2 weeks!

## Full Term:

- 39+ weeks gestation
- Weigh 5.5-9 LBS
- Eat 8-12 times per day
- Ready to go home in 1-2 days!



# Premie Risk Factors:

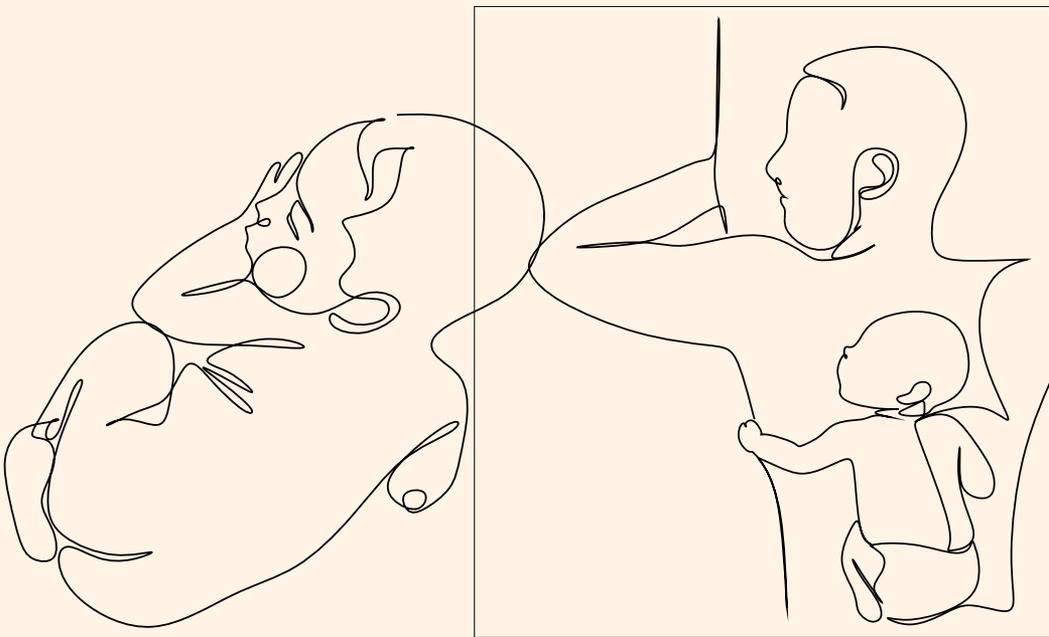
- Having a previous premature birth
- Pregnancy with twins, triplets or other multiples
- An interval of less than six months between pregnancies
- Conceiving through in vitro fertilization
- Problems with the uterus, cervix or placenta
- Smoking cigarettes or using illicit drugs
- Some infections, particularly of the amniotic fluid and lower genital tract
- Some chronic conditions, such as high blood pressure and diabetes
- Being underweight or overweight before pregnancy
- Stressful life events, such as the death of a loved one or domestic violence
- Multiple miscarriages or abortions
- Physical injury or trauma

- **Breathing problems:** A premature baby may have trouble breathing due to an immature respiratory system. If the baby's lungs lack surfactant — a substance that allows the lungs to expand — he or she may develop respiratory distress syndrome because the lungs can't expand and contract normally.
- Premature babies may also develop a lung disorder known as bronchopulmonary dysplasia. In addition, some preterm babies may experience prolonged pauses in their breathing, known as apnea.
- **Heart problems:** The most common heart problems premature babies experiences are patent ductus arteriosus (PDA) and low blood pressure (hypotension). PDA is a persistent opening between the aorta and pulmonary artery. While this heart defect often closes on its own, left untreated it can lead to a heart murmur, heart failure as well as other complications. Low blood pressure may require adjustments in intravenous fluids, medicines, and sometimes blood transfusions.
- **Brain problems:** The earlier a baby is born, the greater the risk of bleeding in the brain, known as an intraventricular hemorrhage. Most hemorrhages are mild and resolve with little short-term impact. But some babies may have larger brain bleeding that causes permanent brain injury.
- **Temperature control problems:** Premature babies can lose body heat rapidly. They don't have the stored body fat of a full-term infant, and they can't generate enough heat to counteract what's lost through the surface of their bodies. If body temperature dips too low, an abnormally low core body temperature (hypothermia) can result.

- **Gastrointestinal problems:** Premature infants are more likely to have immature gastrointestinal systems, resulting in complications such as necrotizing enterocolitis (NEC). This potentially serious condition, in which the cells lining the bowel wall are injured, can occur in premature babies after they start feeding. Premature babies who receive only breast milk have a much lower risk of developing NEC.
- **Blood problems:** Premature babies are at risk of blood problems such as anemia and newborn jaundice. Anemia is a common condition in which the body doesn't have enough red blood cells. While all newborns experience a slow drop in red blood cell count during the first months of life, the decrease may be greater in premature babies.
- **Newborn jaundice** is a yellow discoloration in a baby's skin and eyes that occurs because the baby's blood contains excess bilirubin, a yellow-colored substance, from the liver or red blood cells. While there are many causes of jaundice, it is more common in preterm babies.
- **Metabolism problems:** Premature babies often have problems with their metabolism. Some premature babies may develop an abnormally low level of blood sugar (hypoglycemia). This can happen because premature infants typically have smaller stores of stored glucose than do full-term babies. Premature babies also have more difficulty converting their stored glucose into more -usable, active forms of glucose.
- **Immune system problems:** An underdeveloped immune system, common in premature babies, can lead to a higher risk of infection. Infection in a premature baby can quickly spread to the bloodstream, causing sepsis, an infection that spreads to the bloodstream.
- **Hypothermia** in a premature baby can lead to breathing problems and low blood sugar levels. In addition, a premature infant may use up all of the energy gained from feedings just to stay warm. That's why smaller premature infants require additional heat from a warmer or an incubator until they're larger and able to maintain body temperature without assistance.

## Kangaroo Care:

- Regulates baby's heart rate and temperature
- Helps baby enter a deeper sleep
- Improves weight gain
- Increases parent's milk supply
- Increases bonding



*Timeline of healing:  
Follow your intuition  
always.*

**Using herbs? Read this**

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**Vaginal birth:**

- **First 24 hours: Ice your perineum. Get creative with ice packs!**

# Padsicles

Padsicles: Aloe Vera, witch hazel, lavender essential oil

How to:

- Partially unwrap a few pads at a time, but don't detach the wrapper. ...
- Pour about a teaspoon of witch hazel down the middle.
- Add a few drops of lavender oil and Aloe Vera
- Pull them out of the freezer, one by one, as needed, and let them thaw for two or three minutes before use.



# Week 1 and Week 2

## Week 1:

- Vagina may hurt quite a lot depending on tearing
- Bleeding is normal
- Uterus begins to contract back to pre-pregnancy size
- Change in hormone levels
- Exhaustion
- Feeling overwhelmed, like crying, or that nothing is going right can occur
- Day 3 is particularly difficult

## Week 2:

- Bleeding may start to taper off, but may last up to six weeks
- Bleeding shouldn't be heavy
- Vaginal itchiness is normal





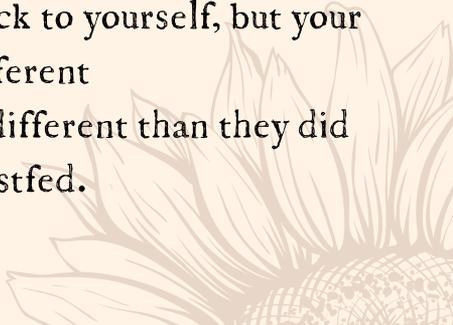
## Week 6:

- Uterus is back to pre pregnancy size
- Bleeding stops, but can temporarily restart again
- Most people are cleared for sexual activity and exercise
- Feeling exhausted and overwhelmed is normal
- Deeper feeling of depression, hopelessness, or anxiety should be discussed with your doctor

## 6 Months:

- Hair should stop falling out
- Full bladder control should return if it was a previous issue
- Milk might be drying up
- Period may come back at this time
- Mental state is potentially more positive
- Lingering signs of PPD should be discussed with your doctor

## One Year:

- You may begin feeling back to yourself, but your body may feel slightly different
  - Your breasts will appear different than they did pre pregnancy if you breastfed.
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# Cesarean Birth

## One hour:

- You will not yet have sensation in your lower body
- Barring complications you will be able to hold, and if you choose to, breastfeed your baby
- You can ask your doc to remove your bandage instead of waiting for it to fall off. You can also ask if it is okay to use cocoa butter to avoid keloid

## One Day:

- You will be on a liquid diet until your doctor clears you for solids
- Nurses will massage your uterus to encourage it to contract
- You'll be encouraged to get out of bed
- C Section pain spikes 18 hours post delivery, you will be given an oral narcotic

## Two Days:

- Doctors will remove your catheter, meaning you will be walking at least to the bathroom
- You can shower, allowing soapy water to run over your incision but do not scrub it
- Bandages will be replaced with Steri-Strips, these can get wet
- No baths until 7-10 days post OP
- Lochia, discharge is normal and you can expect to be wearing a pad
- Gas pains can be excruciating
- Stool softeners and walking around can be very helpful

## Four Days:

- Your doctor will remove your staples
- You will be discharged
- You will be instructed to avoid lifting anything heavy, using tampons, having sex, and **NO** douching.
- No driving or stairs

## 2 Weeks:

- Postpartum check up

## 4 Weeks:

- Bleeding begins to taper off
- Take longer walks
- Listen to your body! Rest if things hurt.

## 6 Weeks:

- The healthier you are before surgery, the quicker the recovery. You may be healed
- You may still feel pain when your incision is bumped, but it is healed and with your doctor's permission you can resume all normal activities.

# 5 Love Languages

## Gifts:

- push present
- gift card to needed services such as housekeeper
- bringing home favorite snacks

## Acts of Service:

- making sure water bottle is always full
- cleaning bottles
- washing dishes

## Physical Touch:

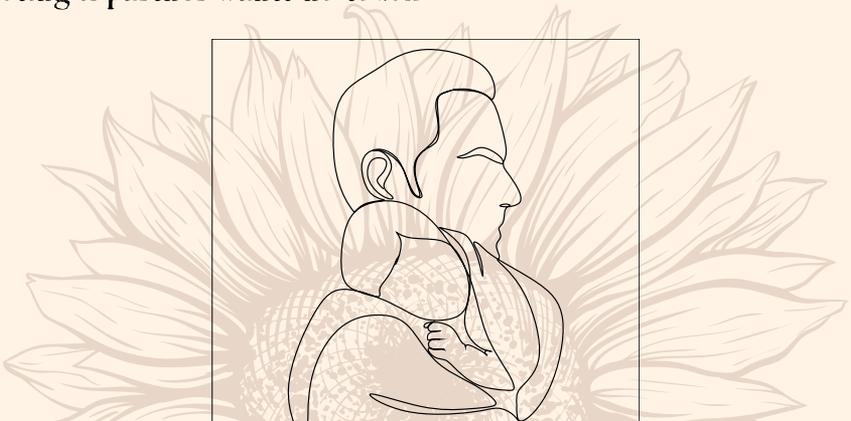
- rubbing shoulders
- kiss on the forehead
- respecting if partner wants no touch

## Words of Affirmation:

- I see how hard you are working
- Thank you for making this sacrifice for our family
- I've never felt more attracted to you

## Quality Time:

- staying up with your partner during feedings
- asking work for accommodations to take proper leave



# Postpartum Box Basics:

Heating Pack

Ice Pack

Lanolin

Reusable nursing pads

Stool softener

Advil

Medicated Pads

Disposable nursing pads

Pain relief spray

Cleansing bottles



# PNMADS

- 15- 21% of pregnant women experience moderate to severe symptoms of depression or anxiety
- An estimated 9% of women experience PTSD following childbirth
- Over 70% of women with bipolar disorder who stop the medication when pregnant become ill during the pregnancy
- Approximately 21% of women experience major or minor depression following childbirth

## Symptoms of a mood disorder:

- Feeling intense anger or irritability
- Trouble falling asleep or sleeping too much
- Trouble concentrating or remembering things
- Trouble making decisions
- Loss of interest in doing things you used to enjoy
- Withdrawing socially from family or friends
- Negative feelings about your baby
- Complete lack of energy
- Loss of interest in caring for yourself
- Loss of appetite or overeating
- Inability to carry out everyday tasks
- Frequent crying spells or feeling teary
- Showing too much or not enough concern for your baby
- Feelings of guilt or worthlessness
- Possible thoughts of harming the baby or yourself
- Seeing or hearing things that aren't there, or having thoughts that don't make sense

Perinatal or postpartum mood and anxiety disorder (PMAD) is the term used to describe distressing feelings that occur during pregnancy (perinatal) and throughout the first year after pregnancy (postpartum).

This is different from baby blues. Around 50 percent to 80 percent of new mothers experience mood swings during the first two to three weeks after giving birth. This is referred to as the “baby blues”.

Symptoms of a perinatal or postpartum mood disorder occur daily for more than two weeks. If you believe you are experiencing PMADs please reach out to a healthcare provider or, if necessary, call 911 for emergency help.

#### Effects on baby:

If left untreated, PMADs adversely affect parental cognitions and beliefs, attachment to the infant, and the growing caregiver - infant relationship. PMADs affect the early developmental outcomes of infants including neurosynaptic development, regulatory development, and developmental milestones. PMADs can lead to premature birth, risk of SIDs, and a need for neurodevelopmental or neurobehavioral support. Research shows that depressed and anxious parents often smile less, talk less, and are less likely to touch or engage with their newborns throughout the first year of life. Children of parents with depression and anxiety may develop learning, attention, or behavioral difficulties as they grow older. Older children may also suffer from the loss of maternal/paternal attention and support, and they may become depressed or anxious as teenagers.



# Nursing Positions

Tip\* If your baby seems to prefer one side over the other:

Try starting your baby on the preferred breast and then once let-down occurs, slide her over to the other side without changing the position of her body. For example, start her in the cradle position and then slide her over into the football position. Continue to try different nursing positions.



## Breastfeeding Travel Tips:

- Pump
- Pump Extra
- Check Power Supply
- Be Patient
- Plan Ahead
- Don't Feel Bad
- Store Wisely
- Bring Water
- Dress Wisely
- Set Aside Extra Time



A large, detailed illustration of a sunflower in the top left corner, rendered in a light, sketchy style. The sunflower's head is on the left, and its petals radiate outwards towards the right.

# So you noticed a lump?

A warm shower with plenty of steam can offer some relief

Try massaging in front of the lump to clear a path for it to drain

Start feedings on the side with the lump

Use a breast pump after the feeding to help drain

Apply warm compress

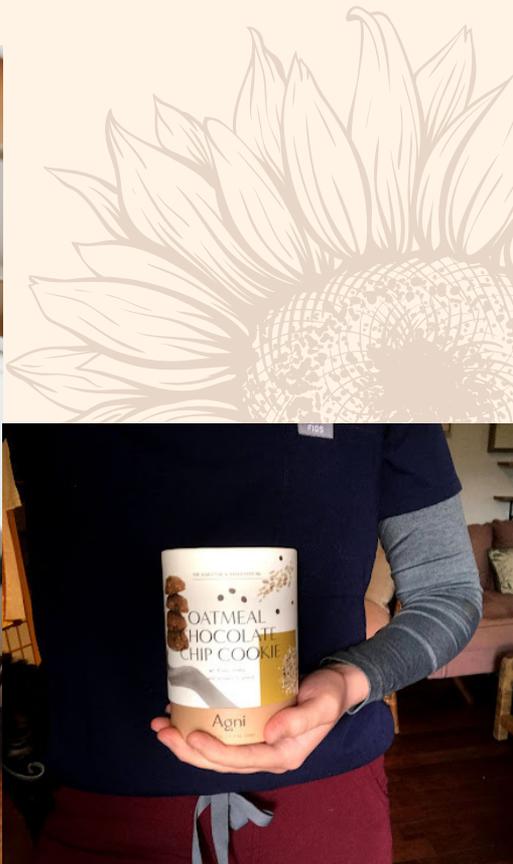
Make sure your baby latches correctly

See a doctor or lactation consultant if lump persists



# Interested in Postpartum Nutrition? Check out Agni!

- <https://agniforall.com/?rfsn=6059697.66eadf>  
Code: SUNFLOWERPOSTPARTUM15
- Miracle Milkookies
- Postpartum recipes



# Promo Codes

Aloha and Light: AlohaSunflower15

Fidella: SunFlowerFreeDHL

Oscha Slings: CCTophAeyx

JoeyBand

Code: SUNFLOWERxJOEY

LennyLamb: select Jess Kimball as a referrer and receive  
10% off [here](#)

