

The First few weeks at home

The Fourth Trimester

What babies need

- The hour following birth is one of the most critical periods in a human being's life
- Culture may affect this critical period with beliefs and rituals



Worldwide

- The postnatal period is critical to the health and survival of a mother and her newborn.
- Half of all postnatal maternal deaths occur during the first week after the baby is born, and the majority of these occur during the first 24 hours after childbirth.
- This is a stressful time for new mothers, so emotional and psychosocial support should be available to reduce the risk of depression.
- Sub-Saharan Africa has the highest rates of neonatal mortality in the world and has shown the slowest progress in reducing newborn deaths, especially deaths in the first week of life. Each year, at least 1.16 million African babies die in the first 28 days of life – and 850,000 of these babies do not live past the week they are born
- At least one in four child deaths occur during the first month of life.
- Some cultural practices hinder the health and survival of the newborn, and young first-time mothers are often most likely to follow these practices. Giving newborns cold baths, discarding colostrum, and providing food other than breastmilk soon after birth can be harmful. Applying butter, ash, or other substances such as cow dung to the umbilical stump increase the risks of infection.

The placenta

- For centuries the placenta has received ceremonial handling by many cultures around the world. In western medicine the human placenta is usually regarded as nothing more than human waste. Revered for its symbolism of life, spirit and individuality, it is often buried outside. Some people even promote cooking and eating it as a celebration of birth and a source of rich nutrients.

Africa

The Ibo of Nigeria and Ghana treat the placenta as the dead twin of the live child and give it full burial rites. In many African cultures, "zan boku" means "the place where the placenta is buried." and bury the placenta under a tree.

The Kikuyu of Kenya place it in an uncultivated field and cover it with grains and grasses, while other cultures bury it in the dirt floor of the family's house. Some African nations swaddle the placenta in blankets and bury it beneath a tree as a tree symbolizes ongoing life.

In Mali, it is thought that the placenta can affect the baby's mood or even make the baby ill. The placenta is washed, dried, placed in a basket and buried by the father.

A belief held by many Arabs is the future fertility of a woman is

Asia

In some cultures such as Vietnam and China the placenta is viewed as a life-giving force. Therefore, it is dried and added to certain placenta recipes in order to increase a person's energy and vitality. In Indonesia, the placenta is seen as the baby's twin or elder sibling and is perceived as the baby's guardian throughout life. It is the father's responsibility to clean, wrap, and bury the placenta on the day of the birth. Filipina mothers are known to bury the placenta with books, in hopes of a smart child.

In Korea the placenta is often burned and the ashes kept. During periods of illness the ashen powder is given in a liquid to help heal the child. Among the Hmong culture, the word for placenta can be translated as "jacket," as it's considered an infant's first and finest clothing. The Hmong bury the placenta outside as they believe that after death, the soul must journey back through the past until it reaches the burial place of the placenta and await rebirth.

In Cambodia, the placenta is carefully wrapped in a banana tree leaf, placed beside the newborn baby for three days and then buried. In Thai culture the placenta is often salted and placed in an earthen jar. On a day deemed auspicious for burying this clay pot, a site is prepared and the placenta is laid to rest. The jar is buried under a tree that corresponds to the symbol of the Asian year of the child's birth and depending on what month the child was born dictates which bearing the pot faces.

Europe

The indigenous Bolivian Aymara and Quecha people believe the placenta has its own spirit. It is to be washed and buried by the husband in a secret and shady place. If this ritual is not performed correctly, they believe, the mother or baby may become very sick or even die.

The commercial use of "placenta extract" found in some cosmetics, such as facial cream, is sold in France. In 1994, Britain banned the practice of collecting placentas in hospitals from unsuspecting mothers, after it was learned that 360 tons of it were annually being bought and shipped by French pharmaceutical firms. They used it to make a protein, albumin, for burns and to make enzymes to treat rare genetic disorders.

Americas

North America For Navajo Indians, it is customary to bury a child's placenta within the sacred four corners of the tribe's reservation as a binder to ancestral land and people. The Navajos also bury objects with it to signify the profession they hope the child will pursue.

In Hawaii the placenta is brought home and washed, then buried following a religious ritual with a tree planted on it. It is believed this binds the child to his or her homeland. The “iewe” (placenta) of the newborn child is sacred and must be handled in a sacred manner in order to provide for the physical health of the child.

South America In some regions of South America the placenta is burned

Oceania

New Zealand Maori gift the Placenta or Whenua as a gift to Papa Tua Nuku or Mother Earth. In Maori, the word for land and placenta are the same - whenua, and illustrates the connection between them and it is usually planted with a tree on family land.

Some Aboriginal tribes bury the placenta either under the tree where they birthed or under an ant pit for the green ants. Many believe that when the green ants eat the placenta no more babies will come or at least not for a while.

In Samoa the placenta must be totally burned or buried so it will not be found by evil spirits. Burying or burning it at home also ensures the child will remain close to home as it moves through life. If buried under a fruit tree, the placenta provides nutrition for the tree that in turn will provide years of nutrition for the child.

Postnatal Practices

Bali: The first few months after birth are dedicated to healing—and holding. Babies in Bali don't touch the floor for the first 105 days after birth, but instead are held continuously by their mothers and other close family members.

Bulgaria: Bulgarian mamas are, by far, the most pampered ladies on the leave scale; not only do employed moms-to-be receive 45 days of fully paid leave before their babies arrive, they receive two full years of paid leave once they've given birth. Oh, and they also have the option of tacking on an additional year of unpaid leave before they return to their jobs—which will patiently await their return for 3+ years!

Canada: In addition to 15 weeks of maternity leave for a new mom, there are another 35 weeks of paid leave to be divided between mom and dad so that both have plenty of time for bonding with baby.

Postnatal Practices

China: During a ritual referred to as “sitting the month,” new moms take an entire month off from their duties to simply stay in bed, heal and connect with their newborns.

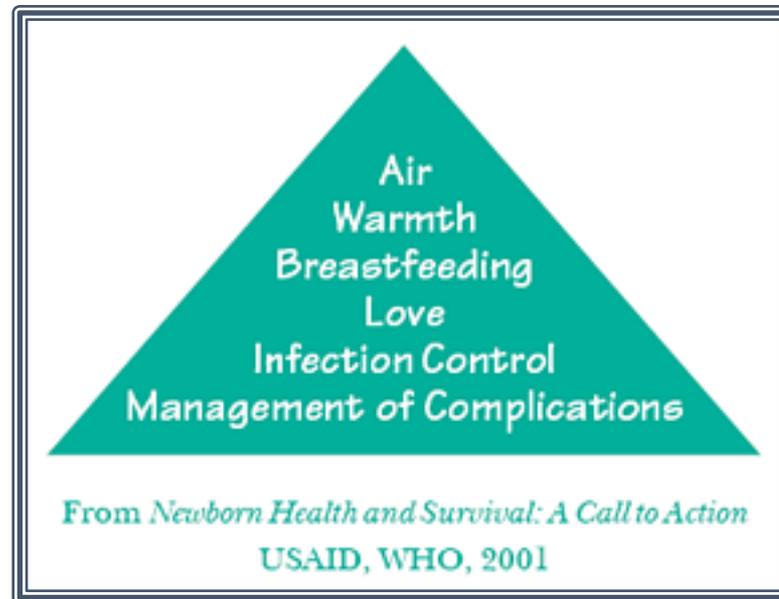
Cuba: Cuban mummies get six months of maternity leave to take care of themselves and their wee ones before returning to their daily duties.

Guatemala: As a part of la cuarentena, family members and close friends take over household duties while a new mama goes through 40 days of healing and mother-infant bonding.

United Kingdom: British mothers receive 39 weeks of maternity leave paid in full, and an additional 12 weeks with partial pay.

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Warmth

- Long-term effect on mother-infant behaviour of extra contact during the first hour post partum. V. Follow-up at three years. Wiberg B, Humble K, de Château P. *Scand J Soc Med*. 1989;17(2):181-91.

First time mothers and their infants who had had an extra 15-20 minutes skin-to-skin and suckling contact during the first hour after delivery behaved differently, had a longer duration of breast-feeding, and expressed different opinions on child rearing practices at follow-ups 36 hours, 3 and 12 months after delivery

- Early contact versus separation: effects on mother-infant interaction one year later. Bystrova K, Ivanova V, Edhborg M, Matthiesen AS, Ransjö-Arvidson AB, Mukhamedrakhimov R, Uvnäs-Moberg K, Widström AM. *Birth*. 2009 Jun;36(2):97-109. doi: 10.1111/j.1523-536X.2009.00307.x.

Conclusion: Skin-to-skin contact, for 25 to 120 minutes after birth, early suckling, or both positively influenced mother-infant interaction 1 year later when compared with routines involving separation of mother and infant.

Breastfeeding

- The percent of US infants who began breastfeeding was high at 77% in 2013
- Of infants born in 2010, 49% were breastfeeding at 6 months, up from 35% in 2000. The breastfeeding rate at 12 months increased from 16% to 27% during that same time period.
- The early post-partum period is a critical time for establishing and supporting breastfeeding. There are two indicators related to immediate and continued contact between mother and baby during the hospital stay: skin-to-skin contact within one hour after birth and rooming-in together throughout the stay.
- Support from lactation consultant at Lactation clinic at UNMH
- Support from La Leche League International at www.llli.org

Ten Steps To Successful Breastfeeding proposed by the World Health Organization and the United Nations Children's Fund in 1990

Step 1 Have a written breastfeeding policy that is routinely communicated to all health care staff

Step 2 Train all health care staff in skills necessary to implement this policy

Step 3 Inform all pregnant women about the benefits and management of breastfeeding

Step 4 Help mothers initiate breastfeeding within half an hour of birth

Step 5 Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants

Step 6 Give newborn infants no food or drink other than breast milk, unless medically indicated

Step 7 Practice rooming-in: allow mothers and infants to remain together 24 hours a day

Step 8 Encourage breastfeeding on demand

Step 9 Give no artificial teats or pacifiers to breastfeeding infants

Step 10 Foster the establishment of breastfeeding support groups and refer mothers to them or discharge from the hospital or clinic

Love

- Challenges early on: delivery trauma, infant health issues, maternal hormonal fluctuations, depression and health
- Quiet bonding time

Home visiting programs

- Home Visiting is a service provided by qualified professionals within the home to parents, prenatally and/or with children birth to age three.
- CYFD in New Mexico manages the various home visiting programs and there is a single intake form
- NAPPR-Tribal Home Visiting program

Home Visiting Outcomes:

1. Babies are Born Healthy

2. Children are Nurtured

3. Children are Physically and Mentally Healthy

4. Children are Ready for School

5. Children and Families are Safe

6. Families are Connected to Formal and Informal Supports

Fussy Baby Network

Call us if you:

- have questions about your infant's development
- are concerned about your baby's crying, sleeping, or feeding
- think your baby has colic
- want to talk with an infant specialist about your baby
- are exhausted or overwhelmed and would like to talk with someone

Our infant specialists are familiar with all the latest research in infant crying, sleeping, and feeding issues and are available for private, in-home consultations, or to talk with you on the phone. When you contact us, an infant specialist will listen to your concerns, provide support, and work with you to find effective ways to care for your baby. All services are available in English and Spanish.

Fussy Baby Network NM

Albuquerque, New Mexico Fussy Baby Network® services are integrated into the FOCUS home visiting programs within the University of New Mexico Department of Development and Disability. For information about Fussy Baby Network® Albuquerque Metro, contact Ybeth Iglesias at **(505) 250-6423**.

Sleep

Newborns sleep in 2- to 4-hour intervals, waking up to eat.

They sleep 16 hours total.

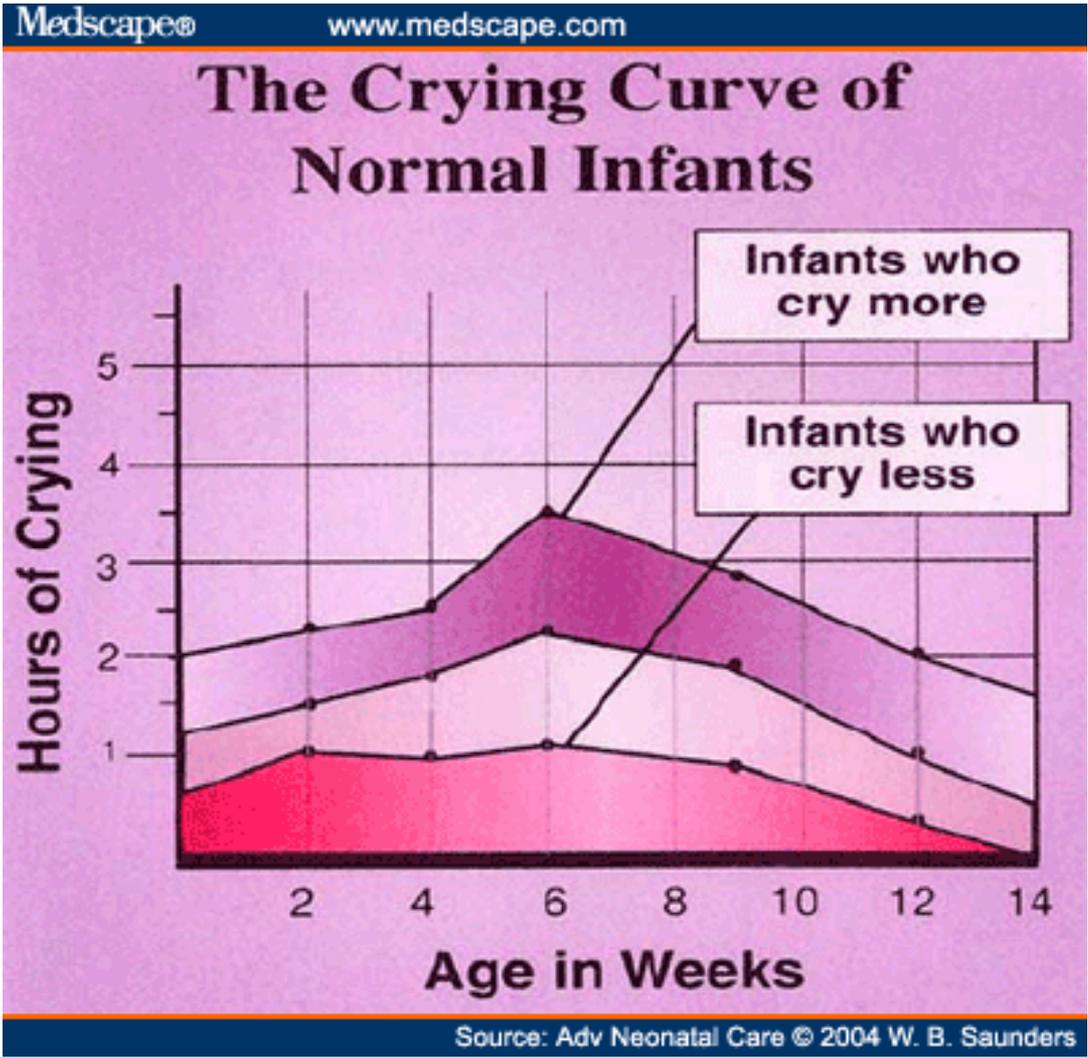
Baby sleep cycles are far shorter than those of adults, and babies spend more time in rapid eye movement (REM) sleep, which is thought to be necessary for the extraordinary development happening in their brain. REM sleep is lighter than non-REM sleep, and more easily disrupted.

Babies this age tend to stir and look restless during sleep. Because of reflexes they can't control, it's common to see them twitch their arms and legs, smile and make sucking noises.

Newborns aren't born knowing how to soothe themselves to sleep, so you may need to help, with tricks like using a pacifier, swaddling, rocking and breastfeeding.

There is no such thing as spoiling a newborn.

Crying



Premature Infant

Each year, nearly 500,000 babies are premature.

That's 1 of every 8 infants born in the United States.

About 15% of all premature births are multiple pregnancies.

At birth, a baby is classified as one of the following:

- Low Birth Weight Infant (any live born baby weighing 2500 gram or less at birth; VLBW: <1500 gm; ELBW:<1000 gm)
- Premature (less than 37 weeks gestation)
- Full term (37 to 42 weeks gestation)
- Post term (born after 42 weeks gestation)

If a woman goes into labor before 37 weeks, it is called preterm labor.

Premature Infants

- Prematurity is the *leading cause of newborn death*
- Medical complications are common in premature babies
- Premature babies can suffer lifelong consequences, such as:
 - Mental retardation
 - Blindness
 - Chronic lung disease
 - Cerebral palsy

Premature babies are also more likely to have diseases such as heart disease and diabetes as adults

Late Preterm Infants

- Babies born between 34 and 37 weeks are called
 - “Late Preterm” infants
 - 4 to 6 weeks early
- Often not low birthweight
- Often appear healthy and go to the normal newborn nursery, but may not be as healthy as they look

Late Preterm Infants

- Even Late Preterm Infants are at higher risk for problems at birth, such as
 - Breathing problems
 - Temperature instability
 - Jaundice
 - Feeding problems
 - Low blood sugar
- Late preterm infants are also at higher risk for problems later in life:
 - Chronic Health problems
 - Hyperactivity or ADHD
 - Significant behavior and learning problems

Late Preterm Infants

- Late preterm infants also have:
 - Higher risk of dying in the first year of life than full-term babies
 - Higher risk of being admitted back to the hospital with problems than full-term babies
 - Brains which are much smaller and underdeveloped compared to full-term infants

Development of the Human Brain Through Pregnancy

- The brain is the last major organ to develop
- The baby's brain at 35 wks weighs only 2/3 what it will weigh at term
- Lots of important brain growth happens in those last few weeks

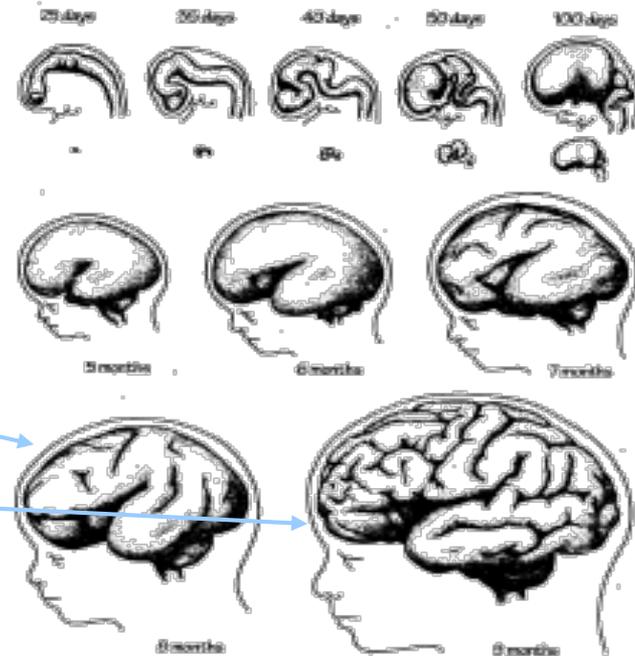


FIGURE 2-3
Fetal growth of the brain. Drawings are enlarged to show detail between twenty-five and one hundred days postconception. Actual sizes (proportional to lower drawings) are shown in the second row.

Modified from W.M. Gross, "The development of the brain,"
Scientific American, September 1976, by permission of Nelson Pearson.

Who is likely to have a preterm baby?

- No one can predict who will have a preterm birth
- Preterm labor can happen to any pregnant woman

Women who are at high risk:

- Women with a previous baby born preterm
- Women pregnant with twins, triplets or more
- Women with certain uterine or cervical abnormalities

Factors that increase the risk of Preterm Labor

- A weakened cervix that begins to open (dilate) early, also called cervical incompetence
- Birth defects of the uterus
- History of preterm delivery
- Infection (such as a urinary tract infection or infection of the amniotic membrane)
- Poor nutrition right before or during pregnancy
- Preeclampsia -- high blood pressure and protein in the urine that develop after the 20th week of pregnancy
- Premature rupture of the membranes (placenta previa)

Other factors

- Age of the mother (mothers who are younger than 16 or older than 35)
- Being African-American
- Lack of prenatal care
- Low socioeconomic status
- Use of tobacco, cocaine, or amphetamines

Other Factors that Increase the Risk for Prematurity

Medical Factors

- Infections
- Diabetes
- High Blood Pressure
- Clotting problems
- Bleeding from the vagina
- Short time between pregnancies
- Woman who is very overweight or very underweight

Lifestyle factors

- Smoking in pregnancy
- Late or no prenatal care
- Drinking alcohol
- Using illegal drugs
- Excessive use of prescription drugs
- Domestic Violence
- Stress
- Lack of social support

The Cost is high

- The emotional toll
- Impact on business
 - Direct employer health care costs
 - Loss of productivity
- Hospital costs
- Costs to the community' s early intervention and education systems
- Costs of treating chronic illnesses

Maternal Complications-longer recovery

- Diabetes (Pre-gestational and Gestational)
- Hypertension (Pre-Eclampsia/Eclampsia)
- Current C/S rate ~ 30% (Some reports as high as 50%)
- Amniotic fluid embolism
- Shoulder Dystocia
- Thrombophlebitis
- Endometritis

Postpartum depression

Postpartum Hemorrhage

- Any blood loss significant enough to cause signs and symptoms
- Traditionally >500 cc for vaginal birth and >1000 cc for cesarean section
- May be resolved surgically if
 - Laceration repair
 - Retained placenta (late hemorrhage)
 - Placenta accreta

Be Prepared

- Advise moms how to maintain healthy lifestyle
- Encourage help with meals, cleaning and errands after delivery
- Support system is essential
- Make provisions for older children
- Advise moms to be clear re: analgesia, breastfeeding/bottle-feeding
- Parents to discuss care of baby prior to delivery-structure vs. needs
- Parents awareness of possible complications
- Importance of customs