



# Plan for Childbirth



*Your life is our life's work.*

# Giving birth is one of the greatest moments in life.

Having a baby is a momentous event. The birth process is unique to each woman, and it can be unpredictable. This guide is meant to help you get things in order for the birth experience you envision. You'll get tips on everything from preparing a birth plan to packing for your hospital stay to recognizing the signs of labor.

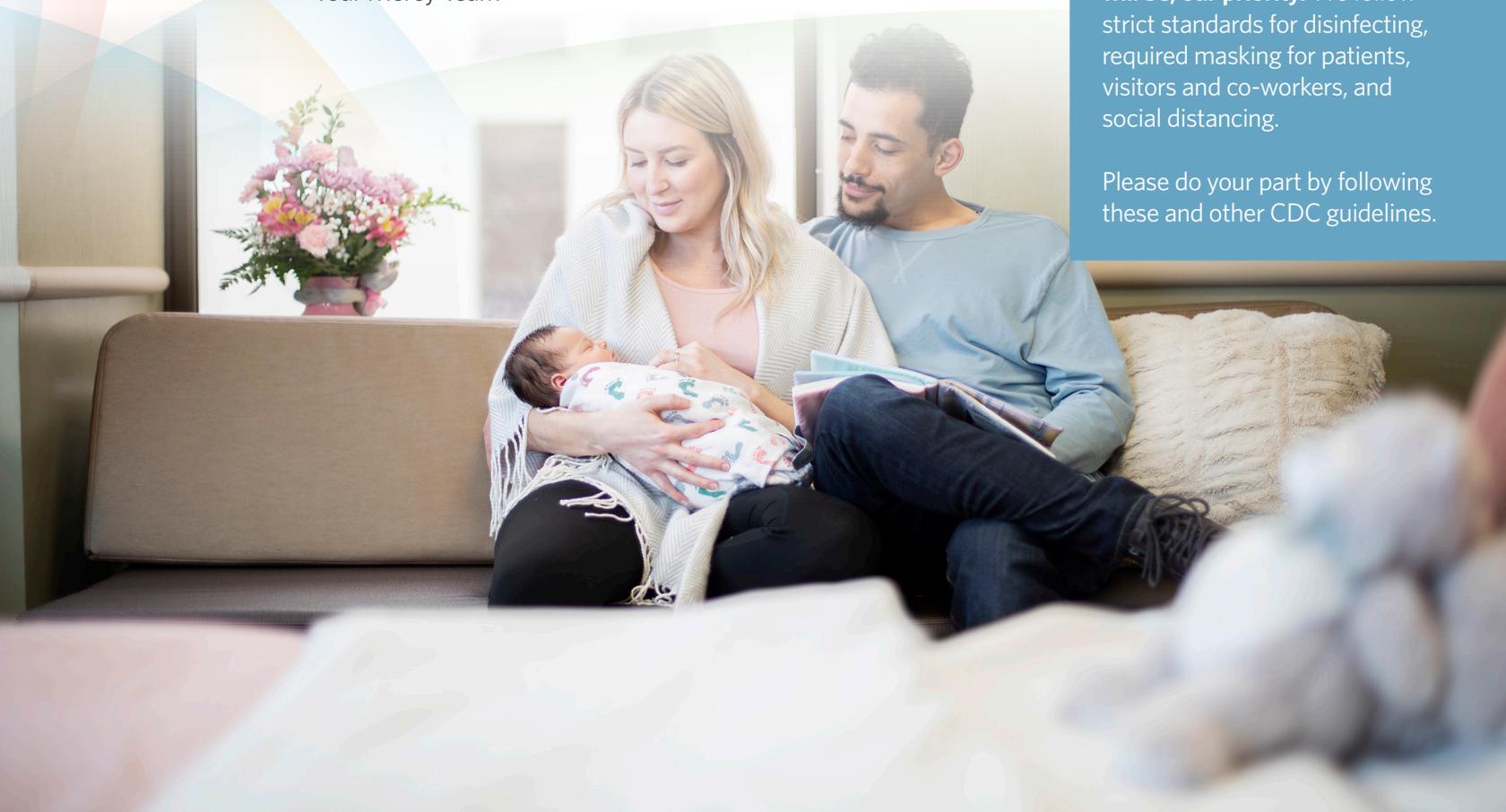
Through it all, you can trust your Mercy team to honor your wishes regarding birth preferences wherever possible. If changes in circumstance require changes to your plan, we'll help you through it. Our team is here to give you and your baby the healthiest, happiest experience.

All the best,

Your Mercy Team

**The safety of our patients and caregivers has been, and always will be, our priority.** We follow strict standards for disinfecting, required masking for patients, visitors and co-workers, and social distancing.

Please do your part by following these and other CDC guidelines.



# It's almost time.

## Third trimester (week 28 - birth)

Many of the changes your body goes through in the first six months of pregnancy will continue or resume in the third trimester:

frequent urination, body aches, fatigue, puffiness, congestion, heartburn, moodiness, varicose and spider veins, weight gain (1 - 2 pounds a week up till birth), breast enlargement, stretch marks, etc. You may see an increase in these symptoms or changes in how they feel.

**Aching in your back, hips, pelvis** and belly could be keeping you up at night. Pregnancy hormones continue to relax the joints between the pelvic bones and stretch ligaments that support the uterus, causing pain. It may help to support your back with a pillow when you sleep or sit.

**Numbness and tingling of the arms,** hands and legs can happen when body swelling compresses nerves. You may even lose a bit of sensation on the skin over your belly as it stretches tight. Getting up frequently to walk around may help; a wrist splint may ease symptoms in the hands.

**Hemorrhoids** can be uncomfortable late in pregnancy, thanks to the water retention that swells varicose veins in the rectum. Keep topical hemorrhoid cream on hand and ask your care provider about a safe stool softener. Don't take laxatives without consulting your provider.

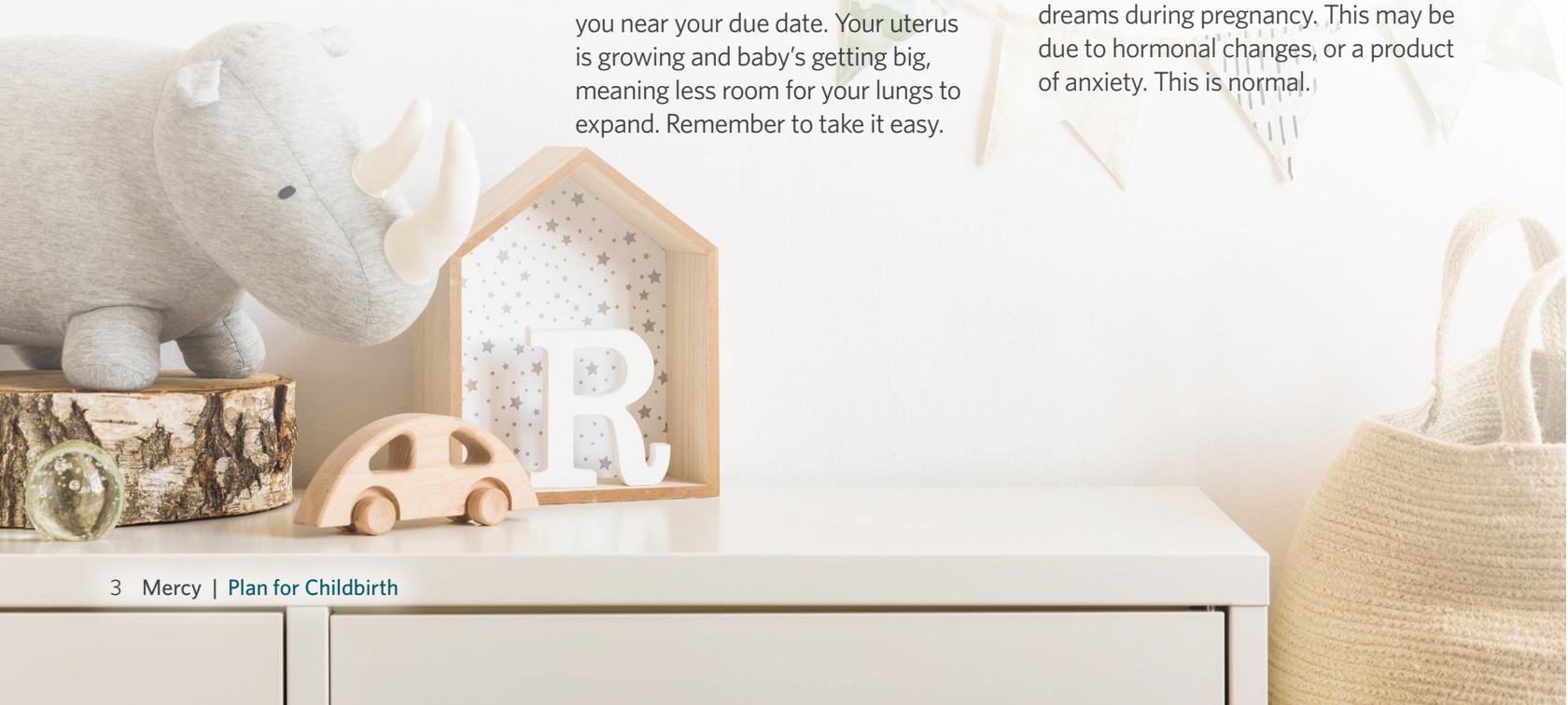
**Shortness of breath** is common as you near your due date. Your uterus is growing and baby's getting big, meaning less room for your lungs to expand. Remember to take it easy.

**You'll be emotional at times** as the realities of childbirth and parenthood begin to weigh on you, especially if this is your first pregnancy. How painful—and how long—is labor? Can I handle it? It may help to start birthing classes. There, you'll get information and childbirth training for a smoother delivery. You may also take comfort in the camaraderie of other mothers-to-be.

### A word about sleep

All of these late-pregnancy symptoms may leave you awake at night. You'll be getting up to urinate more often. Your growing belly might prevent you from finding a comfortable sleeping position, and the mere act of rolling over could be a chore. Side sleeping is usually best—preferably on your left side, which promotes good circulation for you and the baby. Place pillows behind your back and between your knees to ease joint pain.

Many women report strange or vivid dreams during pregnancy. This may be due to hormonal changes, or a product of anxiety. This is normal.



# New Parent Organizer



## Month 7: Planning for the “must-have’s.”

**Stock up on the basics so that you have all the essentials ready to go as soon as you arrive home from the hospital.** This includes plenty of newborn diapers, clothing, linens and supplies.

**Invest in baby carriers.** Some models are a combination carrier and car seat. Other soft cloth carriers let you carry your baby as you do your daily chores. Carriages and strollers must be strong and stable so they won't tip over.

**Ask for help.** Almost all new mothers will tell you that they're surprised at how little time they have for keeping the house clean. Maybe you've never considered asking for help keeping your house in order, but the birth of a baby can cause you to change your mind. Having family or friends help with cleaning can make the last months of pregnancy much easier.

**Make plans for your older child while you'll be in the hospital.** Continue preparing your child for his or her new brother or sister. Be sure you have a special game or toy to keep your child busy when the new baby comes home, and let your child know you were thinking especially of him or her.

**Pack your bags.** At last, it's time to prepare a tote bag. It's easy to get confused in the excitement of labor, so put your bag in a visible place where you won't forget it. If you need new pajamas, a robe or slippers, it's time to go shopping. Also remember to pack your glasses and other personal items.

**Lean on friends and family.** This month is a good time to line up your loved ones for other help. Ask for a casserole brigade so you don't have to worry about cooking; MealTrain.com makes it easy for friends to coordinate your meals. If older children need rides to soccer practice or to school, this is the time to alert friends or neighbors. Don't be afraid to ask for mini-breaks that will give you and hour off from baby care so you can exercise, go for coffee or just get out of the house.

Practice your breathing. You'll want to practice breathing and muscle strengthening exercises until you can do them without thinking. You can even practice during commercial breaks while you're watching TV. Practice will help you get through labor pain.

## Month 8: Making sure it's safe.

**Now's the time to childproof your house from top to bottom.** Take a look around and make your home as baby-safe as you can.

Visit your local hardware store for child safety products. Put safety latches on cabinets and doors within a baby's reach.

**Make baby's bed safe** by making sure the railings are no more than 2-3/8 inches apart (a soda can shouldn't fit through the railings.) Your baby's mattress must fit snugly into the bed frame, covered with a fitted sheet.

## Don't use:

- Bumper pads
- Blankets
- Comforters
- Sheepskins
- Quilts
- Duvets
- Stuffed animals

***These dangerous items can strangle or smother an infant.***

**Choose a safe car seat.** This isn't always a simple matter. You'll want to research safety issues and compare products before buying a car seat. Baby's car seat needs to be a rear-facing infant seat that's secured to the vehicle's back seat. Follow the directions for putting in your car seat or have it installed by a trained person. Many fire departments offer this service.

## Month 9:

**Organize diaper supplies.** If you've decided to use cloth diapers, you may need to arrange for a diaper service at least three weeks before your baby comes home. If you are going with disposable diapers, stock up on newborn size.

**Wash your baby's clothes** with a mild soap. This removes allergens and chemicals that may give your baby a rash, and it's one less thing to do in those busy days after baby comes home.

**Decide on cord blood.** Preserving umbilical cord blood when you deliver needs to be planned in advance. For more information, talk to your provider.

Post a list of emergency numbers for your baby's provider, your ambulance service, emergency room, fire station, poison control center, close neighbor and your nearest relative. It's also a good time to make a family escape plan in the event of a fire or other emergency.



# Choosing and touring your birth center.

The third trimester is your time to put your birth plan in place. That starts with contacting your preferred Mercy birthing hospital to schedule a tour around week 30... earlier if you're considering other options. You can use the sample birth plan in the next section to make some decisions about your labor and delivery experience.

The hospital staff may cover a number of things during your tour, although the details will vary by location:

- Visits to labor and delivery, postpartum rooms and triage (if your hospital has one)
- Birth suite, private rooms and semi-private rooms, where available
- Nursery and NICU
- Hospital policies and instructions: parking, check-in, visiting hours
- Advance registration paperwork

## Completing your birth plan

Attending a labor and birth preparation program will provide the knowledge you need to create a meaningful birth plan. Your plan will help you make decisions about pain management, episiotomy, cord blood and other options, so you can achieve the birth experience that's best for you and your baby. Please take some time to complete your Mercy Birth Plan and share it with your private provider several weeks or months prior to your baby's birth.

## Your labor support team

You want a strong support system with you as you progress through labor and birth. Expectant moms often include a variety of people including the baby's father, their mother, a sister or a close friend as part of their labor support team. Your provider and the nurses at Mercy are an important part of your team as well. Together they will keep you informed of your labor progress and answer questions or concerns you may have along the way. If you've already selected a pediatrician, your birth team will likely want to know who your provider is when you choose your hospital. If you haven't chosen yet, use Mercy's online resources to find a care provider near you.

## You may find these websites helpful:

- American Congress of Obstetricians and Gynecologists ([acog.org](http://acog.org))
- Association of Women's Health, Obstetric and Neonatal Nurses ([awhonn.org](http://awhonn.org))
- Childbirth Connection ([childbirthconnection.org](http://childbirthconnection.org))
- Lamaze International ([lamaze.org](http://lamaze.org))
- March of Dimes ([marchofdimes.org](http://marchofdimes.org))

## Count on Mercy Kids for Exceptional Pediatric Care

Mercy Kids is a network of care for kids across Mercy's four states. It not only represents pediatric hospitals in St. Louis and Springfield, MO, but hundreds of pediatricians, family medicine providers and specialists focused on caring for kids. For a list of Mercy Kids pediatricians near you, visit [mercy.net/NewDoctorFinder](http://mercy.net/NewDoctorFinder)

# My Mercy Birth Plan



## Completing Your Birth Plan

Please take some time to complete your Mercy Birth Plan and be sure to share it with your private physician several weeks or months prior to your baby's birth.

Attending a labor and birth preparation program will provide the knowledge you need to create a meaningful birth plan. A list of classes available at the Mercy hospital near you is available on [mercy.net](http://mercy.net).

**Expectant mother**      Name \_\_\_\_\_  
Birth date \_\_\_\_\_ Physician \_\_\_\_\_

**Baby**      Due date \_\_\_\_\_ Physician \_\_\_\_\_

## My labor support team

*I plan to have the following people with me during my labor and birth:*

Partner \_\_\_\_\_ Relationship \_\_\_\_\_  
Doula \_\_\_\_\_  
Other visitor \_\_\_\_\_ Relationship \_\_\_\_\_  
Other visitor \_\_\_\_\_ Relationship \_\_\_\_\_  
Other visitor \_\_\_\_\_ Relationship \_\_\_\_\_

## Comfort measures

*I plan to try these additional comfort measures (check all that are desired):*

- Walking, squatting and using a birth ball
- Labor in water using a shower or tub\*
- Listening to music (please bring your own)
- Massage\*
- Aromatherapy (scented oils, fresh flowers - please bring your own)\*
- Wear my own clothes during labor (hospital gowns are also available)

## Monitoring my contractions and baby's heart rate

*I would prefer (check all that apply):*

- Checking on the well-being of my baby using intermittent monitoring
- Continuous electronic monitoring
- To be up and about in my room and in the hallways using wireless monitoring
- Placement of internal monitors using a fetal scalp electrode and/or intrauterine pressure catheter if medically necessary
- Whatever is recommended by my physician for the safety of me and my baby

\*Not available at all Mercy locations.

## Intravenous access (IV)

*I prefer to have IV access using this method:*

- Saline lock: A short tube attached to your IV, that may be safely disconnected from the IV bag and pole, when not in use
- Continuous IV: access into a vein with tubing and fluids attached

## Pain management

*I plan to:*

- Labor and give birth with little or no intervention so please don't offer pain medication. I will let you know if I change my mind.
- Narcotic pain medication given through my IV, if safe for me and my baby
- Epidural anesthesia
- Nitrous oxide\*
- To make these decisions as I progress through labor, keeping all options available

## Bag of water breaking

*I would prefer to:*

- Allow my bag of water to break on its own
- Have my bag of water artificially broken if medically necessary

## Pushing preferences and birth

I would like to try (check all that are desired):

- Lying on my side to push
- Squatting in bed using the squat bar
- Sitting upright in bed
- On all fours

## Episiotomy

I would prefer:

- To not have an episiotomy
- Do whatever my provider recommends for the safety of me and my baby

## Cutting the umbilical cord

I plan to:

- Have my labor partner cut the umbilical cord
- I would prefer that my provider cut the umbilical cord
- Other \_\_\_\_\_

## Immediate care of my baby following birth

I plan to (check all that are desired):

- Have my baby placed skin-to-skin with me on my chest immediately following the birth
- Have the nurse clean my baby first, then place them in my arms for bonding
- Keep my healthy baby with me at all times

## Feeding my baby

I plan to (check all that are desired):

- Initiate breastfeeding shortly after the birth
- Exclusively breastfeed my baby on demand
- Pump and give my baby breast milk from a bottle
- Bottle feed my baby with infant formula. *Formula preference: (Formula availability may differ by location)*
  - Similac®
  - Enfamil®
  - GoodStart®

## Pacifiers

I would prefer to:

- Not allow the use of pacifiers or bottles during the hospital stay
- Allow pacifiers for my bottle-fed baby

## Administration of baby's antibiotic eye drops

I would prefer:

- Administration of antibiotic eye drops per hospital routine
- Delay the administration of antibiotic eye drops for up to one hour after the birth

## Circumcision

I plan to (check all that are desired):

- Have my baby boy circumcised
- Not** have my baby boy circumcised
- Arrange for a Bris at the hospital eight days after my baby boy's birth

## Mother-baby Unit

I plan to (check all that are desired):

- Keep my baby with me
- Have my formula-fed baby cared for in the newborn nursery at night
- Keep my breastfed baby with me at all times, including overnight, to learn feeding cues
- Have my partner spend the night during my hospital stay

## Other things that are important to me:

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This birth plan serves as a communication tool between you, your provider and your nursing staff. It helps us know what is most important to you during your baby's birth and hospital stay. The birth process is unique to each woman and can be unpredictable. Expect that you may need to alter your birth plan if health becomes a concern. You can trust our team to honor your wishes while protecting you and your baby. Bring your completed birth plan to one of your prenatal visits. Your physician will review your plan and answer questions that you may have about what to expect during the labor and birth of your baby.

## Signatures\*

Expectant mother \_\_\_\_\_

Date \_\_\_\_\_

Provider \_\_\_\_\_

Date \_\_\_\_\_

*\*Signatures serve to acknowledge the expectant mother's birth preferences and that her physician is aware of her wishes.*

# About C-sections

**A C-section may be planned or unplanned. In most cases, providers do cesarean sections because of problems that arise during labor. Reasons you might need an unplanned C-section include:**

- Labor is slow and hard or stops completely.
- The baby shows signs of distress, such as a very fast or slow heart rate.
- A problem with the placenta or umbilical cord puts the baby at risk.
- The baby is too big to be delivered vaginally.

**When providers know about a problem ahead of time, they may schedule a C-section. Reasons you might have a planned C-section include:**

- The baby is not in a head-down position close to your due date.
- You have a problem such as heart disease that could be made worse by the stress of labor.
- You have an infection that you could pass to the baby during a vaginal birth.
- You are carrying more than one baby.
- You had a C-section before, and your provider thinks labor presents risks.

Most women who deliver by C-section go home after two to four days, and recovery can take several weeks. In some cases, a woman who had a C-section in the past may be able to deliver her next baby through the birth canal. Ask your provider if vaginal birth after cesarean (VBAC) might be an option for you.

## Delivery options.

### Vaginal delivery

Prior to delivery, your birthing team will discuss your childbirth preferences and make every effort to accommodate them. Vaginal delivery is the most common type of childbirth. Your baby is delivered through the birth canal with the support of your provider or midwife. You may want to consider epidural anesthesia to help control pain, or you may want to explore natural childbirth. Talk with your care provider about your options.

Most vaginal deliveries go smoothly, but some may require additional care, such as medication or emergency procedures. In some cases, a Cesarean section may be necessary. Your Mercy care team will monitor your delivery to ensure your safety and comfort and coordinate any care you need.

### Inducing labor

The last few weeks of pregnancy can be physically and emotionally draining for some pregnant women. However, unless medically necessary for the health of mom or baby, it is not recommended that labor be induced until you have completed at least 39 weeks of pregnancy. This will help insure that your baby is mature enough to be born. If it becomes medically necessary to induce your labor, please have a discussion with your provider about methods of induction.

After delivery, your Mercy team will help you recover by providing attentive, personalized care for you and your baby. Most moms go home one to two days after natural childbirth, but the length of your stay will depend on your provider's recommendations. We want to ensure you are both ready to start a healthy, joyful life together.

# Preparing for your hospital stay.

Listed below are suggestions for what to bring with you to the hospital for your baby's birth. We recommend that you start packing several weeks before your baby's due date. Your comfort is important to us at Mercy so we provide many things to help make your hospital stay relaxing and enjoyable.

## Labor and Birth Rooms

### Bring For Expectant Mom:

- Photo ID and medical insurance card (required)
- Birth plan (if you have completed one)
- Baby book for footprints (optional)

### Clothing and personal items

- Eyeglasses, contact lens case and solutions (if you need them)
- Loose, comfortable clothes
- Toothbrush, toothpaste and mouthwash
- Bathrobe
- Socks & slippers
- Shower shoes
- Hair bands, ties, or barrettes
- Your favorite pillows or a blanket from home

### Labor support bag

- Portable audio and video players (i.e. iPod) and headphones
- Your favorite music CDs
- Lip balm or moisturizer
- Rolling pin or tennis ball for backache
- Massage tools
- Vibrating massager
- Lotion for massage by partner
- Aromatherapy scents
- Focal point, such as an ultrasound picture of your baby or a vacation photo

### For distraction:

- Books, magazines, or cards for early labor

## Our Labor and Birth Rooms provide:

- Hospital gowns
- Birth ball/peanut ball
- Baby footprint sheet
- TV with DVD player\* and auxiliary jack\* for MP3 players
- Newborn Channel® for mom and baby care education (also available on the Mother-Baby Unit)
- Ice packs for cold therapy
- Clear liquids including ice chips, juice, jello, broth and popsicles

## Mother-Baby Unit

### Bring For Expectant Mom:

- Nightgowns or other comfortable, loose clothing
- Nursing bra
- Hair care products, hairbrush and make-up
- Comfortable, loose going-home outfit and shoes
- Flip flops

### Bring for Baby:

- Car safety seat properly installed in your car
- Going-home outfit (a one-piece sleeper is easiest)
- Receiving blankets
- Pair of socks or booties
- Knitted cap

## Our Mother-Baby Unit will provide:

- Personal hygiene supplies including underpants, sanitary pads, peri-bottle and ice packs
- Breast pump and breast care supplies when medically necessary
- Newborn feeding supplies including infant formula
- Diapers, diaper wipes, skin care products, blankets, sleepsacks\*, and t-shirts for baby
- Bulb syringe for suctioning baby's mucous

## Suggestions for your Partner:

*Having your own bag of things will help to make you comfortable during labor and an overnight stay.*

- Electronic devices for taking pictures and videos
- Cell phone, Laptop (Wi-Fi available) and chargers
- Non-perishable snacks and energy drinks
- Cash for vending machines and guest trays
- Mints or chewing gum for fresh breath
- Change of clothes
- Basic toiletries including toothbrush, toothpaste, mouthwash, shampoo, and soap
- Bathing suit and shower shoes if assisting mom with labor support in the shower or tub\*
- Comforter and pillows from home if partner plans to spend the night
- Medications you might need, including prescriptions or over-the-counter



\*Not available at all Mercy locations.

# Recognizing labor.

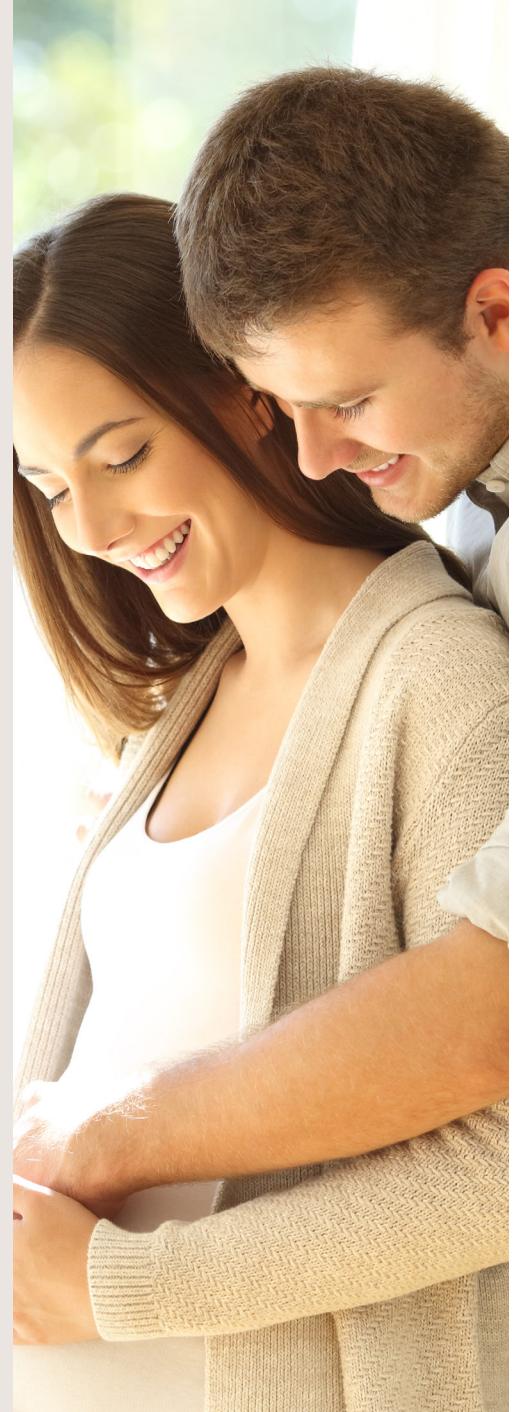
Every woman experiences labor differently, but most have a handful of labor signs in common.

“**Lightening**” is what happens when the baby drops down into your pelvis. This can happen hours before labor, or up to a few weeks before. You may discover you can breathe a little easier as the baby’s repositioning eases the pressure on your lungs; the trade-off is often an increased urge to urinate, thanks to added pressure on the bladder.

**Your bag of water breaks.** Your baby grows inside you in a bag filled with amniotic fluid that provides warmth and protection from the outside world. For some women the bag of water breaks on its own as a first signal that labor has begun. Your provider may recommend artificially breaking your bag of water to help labor progress. Take time in a prenatal visit to talk with your provider about when it’s appropriate to break your water.

**Contractions** are a sign of labor but many women—especially new moms—aren’t sure if the discomfort they feel is the real deal. Braxton Hicks contractions, or false labor, can start as early as 16 weeks. These practice contractions are irregular and only last a few minutes but can be uncomfortable. If the contractions become regular, painful or persistent, contact your provider.

**You’ll lose the mucus plug in** the minutes or hours before labor starts. The mucus plug is a thick mass of mucus that prevents bacteria from entering the cervix. Your cervix will begin to thin out and relax before labor and your body will expel the mucus plug. Known as “bloody show,” the plug may be tinged pink or red with blood. It may even be clear and not noticeable at all.



Braxton Hicks Contractions	True Labor Contractions
Contractions are weak, start strong then taper off, or do not get stronger.	Intensity gradually increases.
The duration of contractions and time between them are irregular.	Contractions are evenly spaced and will grow closer together. Each will last about 30 – 70 seconds.
A change in position or activity may stop contractions.	Walking, resting and moving around do not stop them.
Pain is usually isolated in the front of your belly.	Back-to-front pain in the belly and back is typical of true labor.
There are no changes to the cervix.	The cervix dilates to 3 cm in early labor, 7 cm in active labor, and reaches full dilation at 10 cm. Your provider will measure dilation.



# Labor and delivery: what to expect.

**Ideally, labor will begin on cue and baby will arrive close to the expected due date.** However, if that projected date has come and gone and you still haven't begun labor, your provider may recommend inducing labor. Generally, labor is induced when it's not safe for you and your baby to wait for natural delivery. It's a good idea to discuss the possibility of inducing labor with your provider or midwife before your due date, so that you understand what will happen if it becomes necessary.

Labor can be uncomfortable, but there are a number of things you can do to help manage discomfort naturally. Include the ones you like in your birth plan, so we can make sure you have what you need when you get to the birthing center.

## Monitoring your contractions and baby's heart rate.

Our care team will monitor your baby's heart rate, which is a good indication of how well your baby is tolerating the labor process. Mercy follows the American College of Obstetricians and Gynecologist (ACOG) recommendations, which include a minimum of 30 minutes when you first arrive in labor and birth. Continuous monitoring is appropriate if your baby's heart rate is unstable, if you are receiving medications to stimulate your labor, or if you have pregnancy complications.

## Here's more of what to expect during labor and delivery.

### Intravenous access (IV)

For the safety of you and your baby, most providers prefer IV access to provide fluids, medications or if you plan to have epidural anesthesia. An IV will not limit your ability to move around.

### Pain management

Having a baby is hard work. There are many ways to decrease your pain during labor and birth, including an epidural or a combination spinal and epidural known as a CSE\*. Some women prefer to go without or delay receiving pain medicine by trying natural comfort measures first.

### Episiotomy

Episiotomy refers to an incision that's made between the mother's vaginal opening and rectum to allow more room for the baby's birth. Although the practice of routine episiotomy is no longer common, it may be medically necessary in some cases. It's a good idea to talk with your provider about episiotomy before you go into labor.

### Cutting the umbilical cord

Many labor partners enjoy being involved by cutting the baby's umbilical cord immediately following the birth. Your provider will provide guidance when the cord is cut.

## When to call your provider

**Especially if this is your first child, you may be anxious about your labor signs.** That's normal, and it helps to know that most women do just fine during labor. However, if you do have any unusual symptoms such as vaginal bleeding, pelvic pain or leaking fluid, especially during early labor, call your provider right away or go to the hospital. If bleeding or pain is severe, call 911. Mercy's experts are specially trained in caring for emergencies during labor, and we'll provide the best possible care to keep you and your baby safe.

## Cord blood collection and donation

New parents have the option of having their baby's cord blood collected immediately following the birth. Cord blood can be used to treat many life threatening illnesses including leukemia, metabolic disorders, genetic disorders or immune deficiencies. Some parents choose to pay a fee to a private company to have the cord blood stored for their own use. Many other parents donate their baby's cord blood for public use. It is important to arrange for a private or public donation prior to your baby's birth.

*\*Not available in all Mercy locations. Check with your provider.*





# Baby's first hours.

We want to keep healthy moms and babies together as much as possible. To encourage bonding, consider having your baby placed skin-to-skin on your chest immediately following birth. Your baby will stay warm, and the instinct to find the breast and initiate nursing will often occur naturally. If you prefer, your baby can be cleaned, swaddled and then placed in your arms for bonding. Your nurse will stay nearby to monitor your baby's breathing, heart rate, color and temperature.

## Colostrum

Colostrum, the first milk your body makes, is important to your baby's health. It helps prevent infection and prepares the baby's stomach for future feedings.

Expressing colostrum within the first six hours will give your body the best start to producing a full milk supply. Our registered nurses are prepared to help you give your baby the colostrum when baby is ready, and will contact one of our lactation consultants if you need additional help during your hospital stay.

## Circumcision

Circumcision is a common surgical procedure performed on baby boys prior to discharge from the hospital. This involves surgical removal of the foreskin that covers the tip of the penis. Your provider can help prepare you for what to expect and answer your questions about circumcision. All baby boys receive anesthesia prior to the procedure.

# Postpartum recovery.

Here is some of what you can expect during your postpartum recovery.

Symptom		What to do
<b>Weight loss</b>	Most women lose about 10 pounds during birth. Weight loss slows considerably after that.	Wait at least six weeks to attempt additional weight loss—then take it slow. Focus on rest and nutrition, and accept that it may take time.
<b>Water retention.</b>	Postpartum edema may continue for about a week after delivery.	Drink plenty of water and take short walks when possible.
<b>Belly pain</b>	Pains in the lower abdomen, called “afterpains,” happen as the uterus heals and shrinks.	Apply a hot water bottle or warm compress to your belly.
<b>Baby blues</b>	Sadness after childbirth is normal as hormones change.	Contact your provider if sadness continues or deepens over time. This could be more serious postpartum depression.
<b>Breast soreness</b>	It is normal to have some soreness in the breasts and nipples during the first few days of breastfeeding.	If soreness continues beyond the first days, experimenting with feeding positions. It could be that the baby isn’t latching on fully.
<b>Perineum soreness</b>	The perineum is the area between the vagina and anus. Even without tearing or episiotomy, the perineum will be sore and possibly swollen for several weeks after vaginal birth.	You can apply cold packs to the area to relieve pain and swelling.
<b>Vaginal bleeding and discharge</b>	Bleeding and discharge (lochia) is common, even after a C-section. This will be heavy in the first week or so as your body expels the extra fluid and tissue that nourished your baby. Lighter bleeding or spotting can last up to six weeks.	Use only sanitary pads (no tampons) during this time. It is normal to pass small clots, but contact your provider if you notice any clumps larger than a quarter.
<b>Stitches</b>	A torn or cut perineum will require stitches. The stitches will heal and absorb over the next seven to 10 days.	Keep the area clean by rinsing it with a squirt bottle filled with clean, warm water after using the bathroom.
	With a C-section, the visible stitches in the skin should heal in 5 - 10 days. The stitches in the underlying layer of skin will take up to 12 weeks to completely heal.	

**What’s next?** Give your newest family member a safe and happy start in life. **Mercy’s Newborn Care Guide** walks you through welcoming your little one into your home. Download yours at [mercy.net/NewbornCare](https://mercy.net/NewbornCare)





*Your life is our life's work.*