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HANDBOOK

CARING FOR POSTPARTUM MOTHER AND NEWBORN BABY



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Author

Le Thanh Tung

Pham Thi Thanh Huong

Co-author

Tran Thi Viet Ha

Vu Thi Le Hien

PREFACE

Postpartum period is counted from the placenta peels out to the end of 6 weeks postpartum. During this period, there are many risks for both mother and child, the midwife is the person who directly takes care of the health of the mother and baby, monitoring the situation of both to promptly detect abnormal signs, avoid the risk that these signs develop quickly, which can be fatal. To be able to do these things, midwives must be equipped with extremely complete knowledge, master specialized knowledge and how to detect signs of disease. Accompanying pregnant women throughout the hospital stay.

The handbook of postpartum and neonatal care will provide primary care midwives and mothers with the most basic knowledge about the postpartum period, and at the same time equip midwives with a scientific approach with strategies to effectively and safely care for mothers and babies at this stage in accordance with the midwife's functions and duties, The handbook of postpartum and neonatal care will provide primary care midwives and mothers with the most basic knowledge about the postpartum

period, and at the same time equip midwives with a scientific approach with strategies to effectively and safely care for mothers and babies at this stage in accordance with the midwife's functions and duties, response to the message of the 4 Steps project is:

- + Reduce maternal and neonatal mortality
- + Achieve the goals of the World Health Organization
- + Strengthen family, social and national health
- + Developing midwifery skills
- + Develop training programs and teach high-level Midwives.

The content of the handbook includes 07 chapters: Anatomical and physiological changes of mothers after giving birth; Postpartum maternal care; Abnormal signs and instructions for handling; Breast Care and Breast Massage; Family planning measures for mothers after giving birth; Maternal care special cases; Infant care.

During the compilation process, although we have tried to refer to many documents with the desire to send to our colleagues a set of highly applicable documents, but may not be complete and has many limitations and shortcomings.

The editorial board will continue to work on the basis of valuable comments from colleagues, thereby supplementing materials to make the publication "Handbook of maternal and newborn care" more and more complete in the future.

Best regards!

On behalf of Editorial Board

Assoc. Prof. Dr. Le Thanh Tung

TABLE OF CONTENTS

CHAPTER 1: POSTPARTUM MATERNAL CHANGES

..... Error! Bookmark not defined.

HORMONAL CHANGESError! Bookmark not defined.

ANATOMICAL CHANGESError! Bookmark not defined.

PHYSICAL CHANGESError! Bookmark not defined.

CHAPTER 2: POSTPARTUM MATERNAL CARE Error!
Bookmark not defined.

POSTPARTUM FOLLOW-UPError! Bookmark not defined.

POSTPARTUM CARE.....Error! Bookmark not defined.

**COMMON DISCOMFORTS OF MOTHERS AFTER GIVING
BIRTHError! Bookmark not defined.**

**CHAPTER 3: SOME UNUSUAL SIGNS AND TREATMENT
BLEEDING..... 30**

FEVERError! Bookmark not defined.

LOCHIA FOUL.....Error! Bookmark not defined.

LOCHIA BLOCKAGEError! Bookmark not defined.

CHAPTER 4: BREASTFEEDING..... 36

USUAL BREAST CARE.....Error! Bookmark not defined.

**BREAST CARE IN SOME SPECIAL CASES.Error! Bookmark not
defined.**

BREAST MASSAGE49

MEASURES TO MAINTAIN BREAST MILK SUPPLY Error!
Bookmark not defined.

CHAPTER 5: FAMILY PLANS FOR MOTHER AFTER GIVING BIRTH..... Error! Bookmark not defined.

CHAPTER 6: CARE OF MOTHER IN SOME SPECIAL CASES

POSTPARTUM DEPRESSION ... Error! Bookmark not defined.

ABUSED MOTHER.....Error! Bookmark not defined.

MOTHER WHO LOST THE BABY ..Error! Bookmark not defined.

HIV- AIDS INFECTED MOTHER68

CHAPTER 7: NEWBORN BABY CARE 68

USUAL CAREError! Bookmark not defined.

COMMON PROBLEMS IN BABYError! Bookmark not defined.

ILLNESS IN INFANTSError! Bookmark not defined.

IMMUNIZATION SCHEDULE FOR CHILDRENEError! Bookmark not defined.

FREQUENTLY ASKED QUESTIONS..... Error! Bookmark not defined.

CHAPTER 1: POSTPARTUM MATERNAL CHANGES

HORMONAL CHANGES

Progesterone and estrogen levels drop shortly after the baby is born and the placenta is removed. The oxytocin peak occurs immediately after birth to compensate for the drop in estrogen and progesterone levels. Hormones are involved in a woman's emotions and maternal instincts. Prolactin increases rapidly to stimulate milk production

Signs of a hormone disorder

- Decreased sex drive and vaginal dryness
- Postpartum depression
- Postpartum hormonal acne: acne occurs due to hormonal changes in the body. The hormones secreted too much during pregnancy make the skin oily, clogged pores. Thereby creating a favorable environment for bacteria to grow, causing hormonal acne. There are many types of hormonal acne such as cystic acne, inflammatory acne, whiteheads, pustules, etc.
- Some other signs: body fatigue, weight loss, mood swings, insomnia. In addition, when female hormone decline,

you will experience symptoms such as hair loss, allergies, dry skin, constipation, irregular menstruation, heart palpitations, some problems with breast milk when breastfeeding such as little milk, babies not suckling ...

How to overcome female hormone disorders after giving birth

- Exercise regularly
- Add foods rich in fiber such as legumes, vegetables.
Eat white meat like chicken, swan, duck and limit red meat like beef, pork, lamb, goat, offal
- Avoid alcohol and coffee
- Supplement essential vitamins and minerals found in green vegetables and seasonal fruits for the body to improve hormones.
- Get enough sleep: try to maintain 8 hours of sleep / 1 day,
- Add egg yolk to the nutritional menu, but do not abuse it, only add 1 egg a day
- Use of supportive drugs to improve hormonal decline (as indicated)



HEALTHY LIFESTYLE

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ANATOMICAL CHANGES

❖ Uterus:

Changes in the body of the uterus that are uterine contraction help the uterus gradually shrink after birth

- The cervix fully closes in about 12 to 13 days.
- The uterine lining is gradually regenerated, after 2 weeks the Decidua layer is completely removed and the mucosa begins to recover

❖ Vulva, vagina, appendages

- The ligaments of the uterus, fallopian tubes, and ovaries gradually return to normal after parturition in direction, position and length.
- The vulva and vagina gradually shrink around 15 days after giving birth, returning to normal.
- Postpartum hymen is torn, leaving only remnants of the hymen margin.

❖ Breast changes:

- The breast is strongly developed after giving birth, the breast is enlarged, the nipple is lengthened, the veins under the breast skin are prominent, the milk glands are enlarged.

- The phenomenon of lactation usually occurs 2-3 days after giving birth

Urinary system changes

- ❖ After delivery, not only the bladder wall was congestive edema but also the submucosal congestive phenomenon.
- ❖ In addition, the bladder has an increase in capacity and relative insensitivity to the pressure of urine volume in the bladder, so it is necessary to monitor for urinary retention, or urinary retention after childbirth.
- ❖ Paralytic effects of anesthetic drugs, especially spinal anesthesia, temporary neurological dysfunction of the bladder are also contributing factors.
- ❖ Urinary retention and bacteriuria in an injured bladder plus dilated renal pelvis and ureters create favorable conditions for the development of postpartum UTI. The dilated renal pelvis and ureters will return to normal after 2-8 weeks postpartum.

PHYSICAL CHANGES

Uterine involution

After childbirth, the uterus is about 13cm high above the pubic symphysis, and on average, the uterus is retracted 1cm per day, so about 12-13 days after delivery, the uterus can no longer be palpated above the pubic symphysis.

Uterine contractions depend on:

- Giving birth in comparison to the uterus shrinks faster than giving birth to a womb.

- The delivery uterus usually contracts faster than the cesarean section.

- Breastfeeding women's uterus shrinks faster than non-breastfeeding women.

An uninfected uterus shrinks faster than an infected uterus



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Lochia:

Lochia is the vaginal discharge you have in the first days of the postpartum period.

- + In the first 3 days, the lochia is red.
- + From the fourth to the eighth day after delivery, the lochia will be waterier and more pinkish to brownish in color.

+ From the 8th day onwards, the lochia is creamy or yellowish in color.

- Lochia has a stale, musty odor like menstrual discharge. If there is an infection, the discharge will have a foul odor or pus. The amount of lochia is more or less dependent on each woman, but usually more in the first 2 days and less until the 15th day after giving birth, there is almost no more lochia.

Breast discharge:

- In women who give first deliver, milk is released on the 3rd and 4th day after birth.

- People who give from second deliver, milk is released on the 2nd and 3rd day after giving birth.

- Manifestations: The breast is full, the milk glands develop much, are enlarged, the veins under the breast skin are prominent, discomfort, low fever, $T^{\circ} \leq 38^{\circ}C$, rapid pulse, when there is real milk release, the The above phenomenon disappears.

Urinary disorders

Usually occurs 3-4 hours after vaginal delivery, 6-8 hours after cesarean section (after catheter removal).

- Manifestations:

+ Painful urination: The mother does not dare to urinate because of the pain.

+ Urinary frequency: The mother urinates many times, each time a little less, uncomfortable.

+ Urinary retention: The mother feels the need to urinate but cannot urinate or the mother does not feel the need to urinate but the bladder is very full.

- How to handle:

+ Practice holding urine and practice urinating at a certain time, usually every 3 hours, drink plenty of water, relax when urinating.

Exercise helps restore pelvic floor. Clean the perineal stitches after giving birth with warm water.

+ Treat perineal suture infection if any.

The bladder can be heated with warm water.

+ In case you still can't urinate, the medical staff may put a catheter, use some drugs to stimulate bladder contractions to support urination

Other phenomena:

- Chills after childbirth, but only transient, pulse, blood pressure normal.

- Constipation: due to decreased intestinal motility during childbirth

- Systemic phenomena: the pulse often slows down, and it takes 5-6 days to return to normal. Body temperature remains normal. Blood pressure returns to normal 5-6 hours after delivery. Breathing will be deeper and slower. The weight of the mother's body decreases from 3-5 kg due to the excretion of sweat, urine, and lochia, in the first 10 days.

- Return of menstrual period: if the mother does not breastfeed, menstruation may return after 5 weeks, which is a sign of the end of the postpartum period, and from there it is possible to get pregnant.

CHAPTER 2: POSTPARTUM MATERNAL CARE

POSTPARTUM FOLLOW-UP

Monitor uterine contractions; lochia; breast discharge; genital; other changes: weight, form, mental health.

Follow-up for the first 6 hours postpartum *(the mother is in the delivery room)*

- This is a very important stage, prone to complications. Therefore, midwives need to closely monitor and guide pregnant women.

- Give children skin-to-skin contact
- Breastfeeding early in the first hour after birth
- General condition: skin, mucous membranes, pulse, temperature, blood pressure, breathing rate
- Uterine contractions: especially safe sphere formation in the first 2 hours after birth
- Vaginal bleeding

From the 6th hour to the 24th hour postpartum

- General condition: skin, mucous membranes, pulse, temperature, blood pressure, breathing rate

- Uterine contraction
- Lochia
- Breasts: help mothers breastfeed properly,
- Perineal stitches (if any)

From the 24th hour to the end of the first week postpartum

Monitoring and early detection of infections

- General condition: skin, mucous membranes, pulse, temperature, blood pressure, breathing rate
- Breast discharge: detection, nipple abnormalities, treatment of blocked milk ducts
- Uterine contraction
- Lochia
- Perineal sutures: dry, heal well, indicated for suture removal
- Defecation, urination
- Personal hygiene, nutrition



From the 2nd week to the end of 6 weeks postpartum

- General condition: temperature, facial expression, breathing;
- Lochia: no more blood and end
- Uterus: pressure is painless, the size of the uterus decreases and hides under the pubic symphysis
- Defecation: detect and treat constipation
- Breastfeeding

Detect abnormal signs: Abdominal pain; bleeding, fatigue; milk loss

POSTPARTUM CARE

Mental: after giving birth, the mother may have psychological trauma leading to depression, so it is necessary to

- Encourage, explain
- Care, closeness, sharing with mothers
- Collaborate with families to support mothers

Exercise, rest

- During the first 6 hours in bed (in the delivery room)
- After 6 hours, help the mother to sit up and exercise early on the spot
- In the following days, exercise gently, relax, do not do heavy labor

Do not have sex for 6 weeks after giving birth (Have sex only when you feel healthy both physically and mentally)

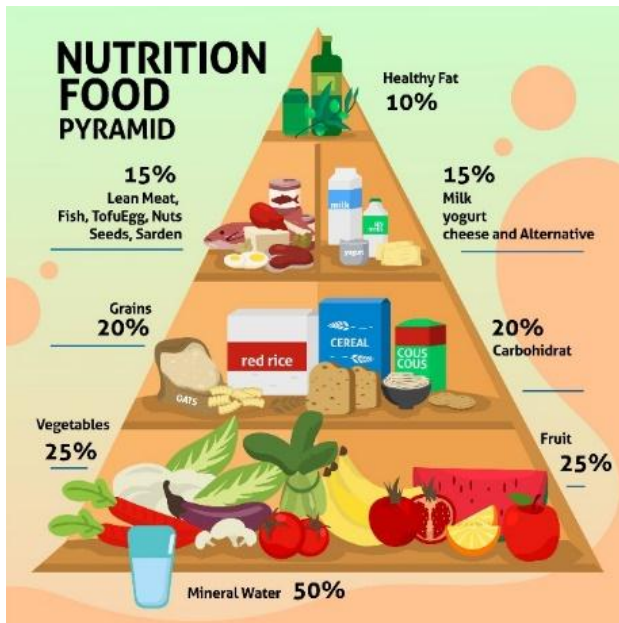
Personal hygiene

- Practice personal hygiene

- Pay attention to hygiene in the external genitalia, clean the perineal stitches (if any), after each bowel movement, wash and wipe from front to back.
- Cleaning and taking care of 2 breasts

Nutrition

- Eat enough, easy to digest, eat many meals a day
- Drink enough water
- Supplement with vitamins, fruits
- Do not use stimulants, eat too salty, spicy



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Breastfeeding with breast milk

- The benefits of breastfeeding
- + Benefits for the mother
- + Benefits for children
- Guide to breastfeeding properly, on demand
- How to maintain milk supply?



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Perineal stitches

How to clean the perineum?

- Clean the external genital with boiled water, clean at least 3 times a day, especially after urinating, after cleaning should dry the intimate area with a soft towel.

Keep the stitch area dry and clean. It is best to avoid letting the wound come into contact with the fabric surface

- Change pad regularly to ensure no infection to the stitches

<p style="text-align: center;">COMMON DISCOMFORTS OF MOTHERS AFTER GIVING BIRTH</p>
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Urinary retention:



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Expression

- After giving birth about 3-4 hours onwards, the mother feels the urge to urinate but cannot urinate.
- A mass appears that is the bladder bridge, pressing on the feeling of tightness.
- After being instructed to sit up to urinate, the mother could not urinate on her own, and the feeling of tightness and discomfort increased.

Causal:

- During labor at birth, when the fetal position is low, usually the fetal head presses on the bladder neck or urethra, causing

urine stagnation, causing the bladder to stretch, when it is stretched a lot, it loses tone, bladder neck muscle contraction.

- During childbirth, the episiotomy must be cut to help the baby's head come out easily, after birth, the cut must be sewn up, the stitches are swollen, making the mother not dare to push to urinate because of pain.

After giving birth, the bladder is not sensitive to stimulation when the urine is full, causing urinary retention.

- Injury to the pelvic nerve during childbirth.

An epidural can reduce sensation in the lower abdomen for up to 8 hours, thereby temporarily affecting the bladder.

- In addition, when urinary retention, the movement of urinary catheter many times causes cystitis, making the symptoms of urinary retention clear.

Handling - Care

- Early exercise after birth. (If after 6 hours, you have not urinated on your own, do gentle movements in place such as sitting up, stimulating stimulation, warm compressing the bladder area)

- Drink a lot of water.

- Do not hold urine due to postpartum pain. Encourage the mother to urinate on her own should not fear the pain of the perineal stitch.
- Practice pushing to urinate normally in a natural urine position.
- Clean the vulva area with gynecological hygiene wash.
- Always keep the vulva area dry to avoid infection of the perineal suture.
- Adequate nutrition to help restore health after childbirth.
- Need to have a separate toilet to ensure privacy and cleanliness

Constipation

Causal

- During pregnancy, it puts pressure on the colon, reducing intestinal motility, this process can continue for many months after birth.
- After giving birth, mothers often lose blood, lose water due to lochia, making the colon not well nourished.
- Postpartum mothers often take some vitamins and nutrients such as calcium, iron, then drink powdered milk... these ingredients have a side effect of causing constipation.

- Diet high in protein, eat less vegetables, fruits ...
- The mother loses a significant amount of water to make milk for breastfeeding, while drinking less water (for fear of dilute milk), causing dry, hard stools.
- After giving birth, mothers are often sedentary, lying in one place, often under stress, inhibiting bowel movements.
- Postpartum mothers often have pain when defecation (may be due to caesarean section or perineal stitches have not healed), making defecation difficult, psychologically afraid to go, and then hold back defecation leading to constipation

Handle - take care

- Exercise, gentle movement
- Drink lots of warm water
- Add foods rich in fiber
- Change in toilet habits
- Keep your mind relaxed and relaxed

Breast engorgement

Expression

- Breast engorgement is a common phenomenon, appearing 2-7 days after birth.

- The mother feels pain, heat in the whole chest.
- The breasts are hard and produce very little milk if pumping.
- There are many swollen lumps in the chest. In addition, there are axillary lymph nodes

Handle - take care

- Breastfeed in many different positions, suck often
- Using a breast pump / milking machine
- Use a cooler bag or cool cloth on the breast between feeds
- Take pain relievers as prescribed
- Take a warm bath
- Gently massage the breast to let the milk flow

Painful perineal stitches

Expression

It is normal for stitches to be sore and swollen for about a week after giving birth because this is the time the wound heals. However, this also depends on the location of each person.

- The suture will dissolve on its own and this will take from 2 to 12 weeks, depending on the type of suture.

- The mother has pain after cutting and suturing the perineum (non-absorbable suture).

Some problems can occur with the perineal suture such as the perineal stitch is open, torn, suture broken, the suture is festering or has a bad smell, itchiness.

Handle - take care

Cold compress: A method that can help relieve pain and reduce inflammation.

- Painkillers: pain relievers as prescribed, do not affect milk quality.

- Adjust position: Choose a suitable sitting position such as a soft cloth, guide the mother to lie down and exercise appropriately.

Abstain from sex: pain during sex in the first few months after giving birth

- Stitch care: Keep stitches clean and dry;

- Do not enema the stool

- A nutritious diet helps the stitches heal faster, eat a lot of fiber and drink a lot of water to avoid constipation, which can damage the unhealed stitches.

- It is necessary to limit vigorous exercise to avoid damaging the wound. However, postpartum mothers can move around the house gently to increase blood circulation to the perineal area.

- Plasma irradiation helps reduce pain and stitches heal faster.

Lower abdominal pain:

Causal

- The uterus must continue to contract to push the lochia out and at the same time return to its original size.

- The mother has lost strength during childbirth, so her body is weak and her stamina is very poor, so she feels more pain when the uterus contracts.

- The pain is worse when the mother breastfeeds because the uterus contracts more, so the pain is more intense.

Expression

- Abdominal pain is strongest in the first 2 days after giving birth, making the mother almost unbearable. By the third day, the pain will gradually decrease.

- First time birth is less painful than mothers who give birth for the second time onward

- After each pain, lochia is expelled

- There is also abdominal pain and pain in the perineum cut/tear, if any

Handle - take care

- Breastfeeding

- Abdominal massage

- Gently change lying position

- Light exercise while lying down to move the pelvic floor and abdominal muscles

- Urinate at the right time

- Eat some foods to help relieve stomach pain quickly

If any of the following abnormalities are accompanied by signs of lower abdominal pain, it may be: lochia obstruction or endometritis

- + Mild fever

- + Feeling of tightness and pain in the lower abdomen

- + Vaginal discharge with little lochia and bad odor

- + When touching the abdomen, it feels hard and lumpy

+ Examination of the cervix, it is found to be fully closed, when using the hand to dilate the cervix, it is found that the lochia is dark black with a bad smell

+ Feeling a lot of pain when pressing the cervix

Insomnia, stress, fatigue

Causes



- Due to changing the daily routine to take care of children
- Changes in hormone levels
- Feeling pain after giving birth
- Stress and mood swings

- Breastfeeding
- Iron deficiency causes insomnia

Expression

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- Difficulty sleeping at night, waking up many times during the night, having trouble sleeping
- Waking up too early, it's hard to go back to sleep after waking up.
- Feeling tired after waking up, feeling sleepy during the day but unable to sleep.
- Feelings of irritability, irritability, anxiety, depression.
- Difficulty paying attention, concentrating on work, making mistakes, easily causing accidents when working or moving.

Handle - take care

Encourage, close, share, explain to mothers and families to support, avoid stress for mothers, share child care work

- Adjust sleep habits, create space, comfortable sleeping position

- Change to a reasonable diet, supplement minerals

- Exercise instruction: practice deep breathing and relaxation techniques

- Can use some sedative herbal tea

- Advise mothers to sleep when the baby sleeps: let yourself rest and create your own sleep routine

- Relieve problems of anxiety and stress mothers

- Advise the mother to avoid using stimulants: caffeine and alcohol

- To improve sleep, mothers should exercise and avoid using electronic devices before bed

CHAPTER 3: SOME UNUSUAL SIGNS AND TREATMENT

BLEEDING

The cause

- Abnormalities in the period of Placental discharge: due to retained placenta, uterine atony.
- Injury to the genital tract due to uterine rupture, cervical tear, perineal tear, vaginal tear.
- Blood clotting disorder (this cause is rare).

Expression

- Bleeding over 300ml after giving birth
- Uterine contraction is poor, high above the navel, soft density
- The whole body may be shocked: rapid pulse, low blood pressure, pale skin, mucous membranes, not mentally alert

Prevent:

- Counseling for mothers with a planned birth
- Periodic antenatal check-up, taking iron and folic acid tablets to prevent anemia

- Pay special attention to high-risk mothers such as prolonged labor, multiple births, large fetuses, etc.
- Closely monitor: pulse, blood pressure, uterine contractions, vaginal bleeding, especially 6 hours after birth to detect bleeding promptly.

Initial treatment

- Call for support from colleagues: announcement; ring the bedside bell; call...
- Let the mother lie down with her head low in a well-ventilated place
- Active resuscitation: oxygen, respiratory support, circulation
- Rub the fundus of the uterus, block the uterine arteries
- Set up transmission lines, execute medicine orders
- Transfer and be accompanied by a medical staff if you are at a lower level

FEVER

Postpartum fever is quite dangerous to health and life, the level of danger depends on the cause of the fever. There may be fever due to breast discharge, blood loss, water and electrolyte loss, bacterial infection. If the fever is not caused

by an infection, it is usually a low-grade fever, with a normal body, with no accompanying signs of infection

The cause

- Postpartum infections or infections of the perineum, vulva, vagina and cervix.
- Infection of the surgical site
- Endometriosis
- Inflammation of the uterus and appendages
- Pelvic peritonitis
- Generalized peritonitis
- Thrombophlebitis
- Blood infection

Treatment- Care

- Let the patient rest in a well-ventilated, draft-free place
- Temperature:
 - + If the body temperature does not exceed 39 degrees Celsius: take off warm clothes, wear cool clothes, do not cover the blanket. 1–2-hour temperature measurement 1 time.

+ If the body temperature is 39 degrees Celsius or higher: It is necessary to take paracetamol in accordance with the correct dosage. If the patient can't take the drug with nausea, an anal suppository can be used.

- Apply cool to reduce fever

- Rehydration and electrolytes for the patient with Oresol according to the instructions for use.

- Eat normally with liquid foods, easy to digest such as porridge, soup, drink more fruit juices such as oranges, lemons, etc.

- Carry out medical orders: take antibiotics...

LOCHIA FOUL

Reason

It could be due to an infection in the uterus or an infection due to a perineal tear

Expression

- Vaginal discharge with an unpleasant odor.
- Bleeding profusely, does not decrease, blood clots appear.
- Change the color of the lochia: chocolate color, latex color.

- Pressing on the bottom of the uterus will produce a black discharge with a foul odor.
- There may be abdominal wall reaction
- Patients with mild fever or feeling chills, fatigue, dizziness

Treatment- Care

- Instruct the mother to clean the body, clean the external genitals, clean clothes, spaciouly change tampons regularly
- Care of perineal stitches
- Help the mother urinate so that the bladder is empty, limiting the hindrance to the contraction of the uterus.
- Ensure the principle of sterility during the procedure.
- Administer antibiotics as ordered

LOCHIA BLOCKAGE

The lochia is stuck in the uterus, unable to get out

Reason

- After active caesarean section
- Losing a lot of blood during delivery

- Factors during pregnancy that cause the uterus to stretch too much such as large fetus, multiple pregnancy, polyhydramnios, prolonged labor
- Postpartum care is not good, lazy to exercise

Expression:

- Uterine contractions are poor, pressure is painful, and mobility is poor
- Little or no vaginal discharge, fishy odor
- Whole body: fever, fatigue, pale skin

Treatment- Care

- Implement good management when the mother is pregnant
- Early, gentle exercise
- Breastfeeding, proper nutrition
- Dilation of the cervix by hand or by instrument when indicated
- Carry out medicine orders

CHAPTER 4: BREASTFEEDING

USUAL BREAST CARE

Breast hygiene

Always wash your hands before touching your breasts.

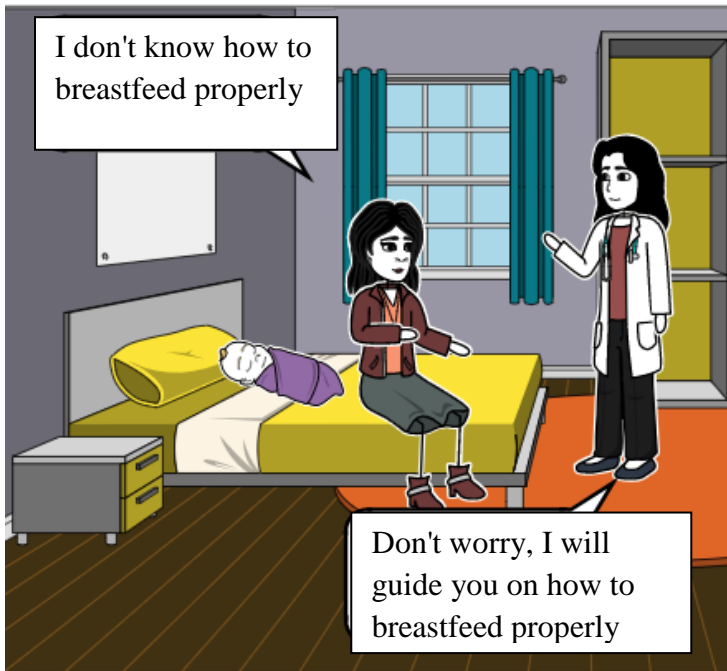
- Only clean 2 udders with clean water
- After each feeding, the mother can express a little milk on the nipple and the dark circle around the nipple to protect the skin
- Massage 2 breasts regularly

Wear the right bra

- After 1 week of birth, the mother can wear a bra to help the first bust be properly supported to avoid sagging later. Can be used for 1-2 hours and then taken off to avoid discomfort.

- Choose a bra that is the right size and has a soft material to alleviate any undue discomfort and ease postpartum breast care

Instructions for proper breastfeeding



Breastfeeding time

- Feed the baby within the first hour after birth to take advantage of colostrum
- Breastfeeding on demand, Exclusive breastfeeding for the first 6 months.
- Start introducing solid foods from 6 months and continue breastfeeding until 24 months.
- If the baby is sick and cannot suckle, express milk and feed it with a spoon or cup.

How to hold a baby while breastfeeding

- The baby's whole body is facing and close to the mother (skin-to-skin)

- The baby's face is close to the breast, the baby's chin touches the mother's breast.
- The child's mouth is wide open, the child's lower lip is brought out.
- The areola above the baby's upper lip is more exposed, the areola below the baby's lower lip is less visible.
- The baby sucks slowly and deeply, hears the baby swallow.
- The baby is satisfied, full and not fussy at the end of the feed.
- The mother does not have sore nipples.

Breastfeeding positions



Cradle



Laid back



Football hold



Cross-cradle



Side-lying



Australian hold

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How to raise the breast when breastfeeding

- The thumb rests on the breast.
- The remaining fingers rest on the chest to support the bottom of the breast.
- Breast lift index finger

Guide mothers to help babies latch on to the breast correctly

- Keep the body and head straight.
- The baby's face is towards the breast, the nose corresponds to the nipple.
- The baby's body is close to the mother.
- Support the whole body, not just the neck and shoulders.

Before feeding, squeeze out a few drops of colostrum.

- The mother brings the nipple to the baby's lips.

- Wait when the baby's mouth is wide open, quickly move the nipple into the baby's mouth, helping the baby suckle deep into the areola.
- Effective sucking is slow, deep, resting.

BREAST CARE IN SOME SPECIAL CASES
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Breast Erection:*Reason*

Physiological erection usually appears from 2-7 days after birth. However, it can also be caused by a number of other factors such as:

- Breastfeeding improperly
- Blocked milk ducts
- The bra is too tight

Expression

- Two or three days after giving birth, the mother's breasts will be tight, painful and lumpy

Treatment - care

- Instruct the mother to use a hand or a pump to suck out some milk before feeding the baby, can use a warm towel

to cover the breast, gently massage and relax between feedings.

- Instruct the mother to breastfeed properly, to breastfeed often, according to demand, if the child does not suck, instruct the mother to express milk.

- Mothers need to choose the right bra with the right size for their body to avoid discomfort and prevent engorgement

Nipple pain:

Any mother can experience this condition

Reason

- Because the baby's breast is not latched properly
- Due to using the wrong breast pump
- Fungal infections, inflamed nipples

Expression

- The mother will have sore nipples when breastfeeding

Treatment – Care

- Need to build trust for mothers.
- Improves breast latching
- Instructions on how to use the breast pump

- Treat fungus if present

Blocked milk ducts

This is a situation that many mothers face. This phenomenon causes pain and fatigue for the mother and directly affects breastfeeding

Reason

- The mother has too much milk, the baby can't suckle in time and can't pump milk
- The baby is not suckling properly
- Mother does not breastfeed often
- Bras are too tight, too tight, compressing milk ducts and causing blockages

Expression

- The mother's breasts are tight and painful
- Milk production is also less, even if the mother actively expresses milk by hand or uses a breast pump.
- The mother's breasts begin to appear hard, rough, different sizes, and feel painful to the touch.
- The mother may have a fever, around the breasts appear nodules, touching the chest feels unusually hot.

Treatment – care

- Day pressed by hand
- Hot compress
- Keep your mind at ease.
- Feed often, suck on the healthy side first
- Use the suction pump to support, pay attention to the diet.
- Can be used more pain relievers, antibiotics

Mastitis

Reason

- Caused by bacteria entering the breast tissue
- Mothers do not breastfeed properly, milk accumulates
- The mother's nipple is indented or too flat, the baby will bite and suck on the nipple, forming small wounds and widening ulcers.

Expression

- The mother's breast will be red, hard, swollen, painful
- Possible fever, headache, fatigue.

Treatment – Care

Get plenty of rest and have a healthy, balanced diet

- Avoid letting the breasts always be in a state of fullness, clogged milk.

- Feed the baby one by one, if the baby does not finish sucking, the excess milk must be removed to avoid stagnation of milk.
- Change the breastfeeding position, do not use the breast as a pacifier.
- If after trying the remedies within 24 hours, the symptoms do not improve, must be examined and treated

Breast abscess

Reason

- Improper breastfeeding mothers can cause cracked nipples or the baby's teeth bite into the nipple... creating conditions for bacteria to enter the breast.
- Mothers who let milk stagnate in the mammary gland easily cause breast abscess.
- Blocked milk ducts: mothers do not clear the milk ducts after giving birth, do not express excess milk when nursing, causing milk to become blocked, unable to escape, leading to curdled milk, compressing the tubes. Other milk ducts form abscesses in the breast.

Expression

- Very tight breast, high fever, swollen breast in one area, hot, red, painful.

- Poke the swollen area to see pus.

Treatment – Care

- Commune level: transfer to higher level after giving high dose antibiotics.

- District level: injection, drainage, giving antibiotics.

- Pay attention to always clean the breasts, especially the nipples.

Before breastfeeding, the mother needs to clean the nipple. If the baby does not finish the milk, it is necessary to express all the milk, sucking from each breast

- Strengthen the body's resistance.

- If the milk ducts are blocked, the mothers need to unblock the milk ducts immediately to avoid the case of long-term blocked milk ducts leading to breast abscesses.

Cracked nipples

Reason

- Breastfeeding in the wrong position causes damage to the mother's nipples

- Improper use of breast pump leads to nipple damage.

- The mother has an infection of the breast and nipple.

skin diseases in nipples

- Children infected with yeast, thrush can spread bacteria from the baby's mouth to the mother's nipple, thereby causing some damage to the nipple.

Expression

- Dry cracked skin
- Peeling skin, with white scales around
- Soft, deformed nipples

The crack may ooze or bleed.

- The mother feels pain while breastfeeding.

Treatment – Care

- Improves the correct way of latching on the breast

Put a few drops of breast milk on the nipple neck and gently massage the surrounding areas. Do it 3-5 times a day

- Use topical medications as prescribed for both mother and child

- Make sure to wear the right bra

- Before and after each feeding, use warm water and a soft towel to clean the nipples and around the udder, pat dry.

Feed your baby evenly on both breasts

- If the breast shows swelling, pain, tightness, cracked nipples, the mother should stop breastfeeding and immediately go to a specialized medical facility for the doctor to guide care and treatment.

Inverted nipples, flat nipples

This is a condition in which the nipple is flat or deeply inward relative to the areola, where the nipple is pulled inward to the breast instead of outward. This condition does not affect the mother's health, but breastfeeding can make it more difficult.

Reason

Mainly due to congenital, endocrine disorders, age, external trauma. Typical is:

- Women with congenital breast depression due to underdeveloped breast tissue density / inherited from the mother
- The ratio of estrogen and phytoestrogen is imbalanced, a strong endocrine disorder that causes breast tissue to shrink (usually in pregnant women)

- The aging process causes the skin and breast muscles to "degrade" severely and pulls the nipples (usually in premenopausal women).

- The milk ducts are hard, clustered, causing the nipples to sink deeply (usually in nursing mothers)

- The sequelae of the accident, damaged nipple plastic surgery causes the breast tissue to die and shrink.

Treatment – Care

- Before going to bed or after bathing, mothers should use one hand to lift the breast, with the other hand, use three thumbs, index and middle to grasp the areola part, pull the nipple out, and gently guide the nipple. Breast up, down, right, left for a few minutes, after pulling the nipple out, you can also gently rub it with your fingers, then wipe it with a warm towel, 2-3 times a day, each time 15 - 20 minutes, when the skin is firm, the nipple will not fall inward anymore.

- There are some tools such as nipple suction machine, you can use the machine to suck the nipple out, then use the tip of the thumb, index finger and middle finger to pull out, massage and wipe the nipple as above.

- Help mothers make the nipples longer, combined with milking for the baby to eat with a cup, expressing milk directly into the baby's mouth.

- Builds confidence in mothers, explaining that babies suckle from the breast, not from the nipple.

- Also, can use products to support nipple protrusion:
Flexible cup, nipple protector

BREAST MASSAGE

In order to ensure that the baby is provided with an abundant and nutritious milk supply, in addition to a beneficial diet for the milk glands, regular breast massage is also a solution to stimulate the mother's milk glands to secrete milk.

Note when massaging breasts

- Before massage, mothers need to wash their hands with sterile gel or use soap. Because unclean hand hygiene can affect the health of children

- Do not use any massage oils because they can affect the baby while breastfeeding.

Avoid strong massage or deep pressing movements.
Instead, massage gently and relax

6 simple steps Breast massage for mothers.

- Step 1: Use your thumb, index finger and middle finger to gently stroke the artery of the mammary gland. This massage helps to reduce the symptoms of congestion in the mammary glands

- Step 2: In the areola, the mother continues to use 3 fingertips to rotate around 4 circles. When performing the movement, you can rotate and change the direction of rotation continuously. This makes your areola softer and makes it easier for your baby to suckle.

- Step 3: At the nipple, pinch 3 fingers together, grab and pull the nipple out slightly. The effect of this movement will help strengthen the reflex function of milk secretion when the baby suckles.

- Step 4: Use one hand to support the C-shaped breast and then use the hand force to gently shake the breast and slowly increase the amplitude and frequency of the oscillation. Along with that, use the left finger, index finger as well as the middle finger of the other hand to place on the areola to massage. This helps the mother reduce the accumulation of milk residue.

- Step 5: Place a mother's hand outside the range of the areola. Then use your thumb and index finger to press down vertically. Use the other hand to stroke in the direction of the milk glands from the inside out and from the bottom to the top to soften the areola of the mother, reducing the hardness of the tissues.

- Step 6: Use one hand to massage the breast and areola, with the other hand, gently press and pull the nipple out. This action will help improve the situation of inverted nipples or shortened nipples that make it difficult for babies to suckle

<p style="text-align: center;">MEASURES TO MAINTAIN BREAST MILK SUPPLY</p>

- Eat enough protein, sugar, fat. vegetables rich in vitamins.

- Reasonable labor

- Peace of mind

- Breastfeed properly, make sure to run out of milk (lack of milk) after each feeding

- Do not tighten the breast

- Planned birth

- Limit the use of the drug while breastfeeding

STEPS FOR EXPRESSING BREAST MILK

Steps for expressing breast milk by hand

- Prepare milk containers such as sterilized cups or bottles, or specialized milk bags

- Before expressing milk, the mother should wash her hands thoroughly and use a soft, clean towel to wipe over the breast; then sit or stand comfortably and keep the cup or bottle close to your breast.

Place your thumb on top of the nipple and areola, with your index finger below, opposite the thumb into a C shape, supporting the breast with other fingers. Press the thumb and index finger gently inward and against the chest wall (don't press too hard because it will clog the milk duct), press in and then release, the milk may not come down at first but after a few presses, the milk will begin to come down and flow out.

- You should express each side for at least 3-5 minutes until the milk flow slows down, then switch to the other side. After the mother has finished expressing milk, continue to

feed the baby so that the baby receives the last milk that the mother cannot express

Steps for expressing breast milk by pump

- Choose a breast funnel that fits the breast. The mammogram funnel should fit snugly against the nipple, but there should still be enough room for the nipple to not be pressed against the wall of the funnel.

- The nipple should be in the center of the mammogram funnel. Before pumping, it is also important to wash your hands, breast funnel, and milk bottle.

- Can moisten the mammogram to increase the sucking, tight seal. Begin suction with the highest vacuum pressure the mother is comfortable with.

- Massage breasts before and during pumping to help milk flow easily. Both breasts can be pumped at the same time to shorten milking time.

STORE BREAST MILK AFTER EXPRESSING

- Use a glass or hard plastic container with a tight lid or a dedicated milk storage bag, label the outside with the date and time of milking. The first expressed milk will warm and feed the baby first, then the milk will be used later.

- Do not fill the bottle with milk,
- Each milk container should only contain about 60 - 120ml, just enough for 1 child's meal to avoid waste and ensure hygiene.
- Milk should not be stored in the refrigerator door, but milk should be stored in the bottom of the refrigerator compartment and the top of the freezer compartment.
- Time to store breast milk: If it is at a temperature of 19 - 26 degrees Celsius, it can be best preserved for 4 hours (it can be stored for 6-8 hours). In the refrigerator, the temperature is ≤ -4 degrees Celsius, the best storage time is 4 days (can be kept up to 6-8 days).
- When you want to store milk in the freezer, the mother should put the milk in the refrigerator first and then transfer it to the freezer. Similarly, when you want to defrost, you should move the milk from the freezer to the cooler for a while for the milk to thaw before using it.

HOW TO USE STORED BREAST MILK

- Milk stored in the refrigerator often has a layer of scum floating on the surface, but underneath the milk looks like water.

- To use, should be steamed (if storing milk in the freezer) or warmed by placing the milk container in a bowl of hot water (if storing milk in the refrigerator), shaking the bottle well before giving it to the baby. eat. If the milk after defrosting has a cloudy white color, it is likely that the milk has been spoiled.

Do not defrost milk at room temperature, as this will cause bacteria to grow in the milk. Do not heat breast milk or microwave it as it will lose nutrients. Milk after thawing, if the baby does not finish the milk, it must be discarded, not used or stored. Do not mix excess curd with freshly expressed milk.

- Do not shake freshly defrosted bottles and avoid rapid defrosting in boiling water.

CHAPTER 5: FAMILY PLANS FOR MOTHER AFTER GIVING BIRTH

Postpartum family planning to control the ability to have children, adjust the birth interval, the number of children in the family

When to use birth control after giving birth

- After giving birth, you should abstain from sexual relations for the first 6 weeks because this is the time to help the uterus recover, the perineum heals and especially the vaginal discharge.
- Depending on the health status and circumstances of each person, it is advisable to choose the right postpartum contraception method.



Source: Stoyset's photo downloaded from Freepik

https://www.freepik.com/free-vector/contraception-methods-conceptillustration_10201002.htm#query=Contraception%20methods&position=1&from_view=search&track=sph

Postpartum contraception

** Condom*

A condom, which is placed over an erect penis and blocks semen from entering a woman's vagina, thereby preventing conception. This is the most popular and effective method of contraception available today. This method not only prevents unwanted pregnancy but also avoids the transmission of sexually transmitted diseases. Currently, there are also female condoms, so women can actively use them when needed.

** Breastfeeding amenorrhea*

This is a natural method of birth control. When a mother breastfeeds, it increases the level of prolactin in her blood, which prevents ovulation. Therefore, it will be more difficult for women to get pregnant, helping to prevent pregnancy for a period of 6 months after giving birth.

Mothers must breastfeed their babies regularly and exclusively with breast milk

It can only be applied when the mother has not had her period again because when she has her period, she can conceive at any time.

** Calculate the day of ovulation*

It is one of the natural, popular, easy to apply, inexpensive birth control methods.

Only highly effective for those who have regular menstrual cycles. Not effective for irregular periods.

The absolute safe time to have sex is from the 18th day of the menstrual cycle to the first day of the next period.

** Method of inserting an intrauterine device to prevent pregnancy*

An IUD is a small T-shaped device that is placed inside the uterus to prevent an egg and sperm from meeting. But note that after giving vaginal birth, women who want to use this method of contraception need to wait about 4-6 weeks for the uterus to recover, have not had sex after giving birth, they can put the IUD or put it right when menstruation reappears.

** Method of taking birth control pills*

There are two types of birth control pills: daily contraception and emergency contraception.

Birth control pills contain only progestin. Every day, the pill must be taken at exactly one hour daily to maintain the necessary hormones in the body to prevent ovulation, thin the lining of the uterus, thicken the cervical mucus to prevent sperm from passing through.

Emergency contraceptive pills are used in case of newly having sex but not using any safe method of birth control. The emergency contraceptive pill works like a daily pill but it has a progestin content many times higher than the daily pill so it works to stop ovulation immediately to prevent conception.

** Contraceptive implant*

The flexible birth control implant is about the size of a matchstick and is implanted under the skin of a mother's arm after giving birth. The implant releases progestin into the body to prevent ovulation and can be used for up to 3 years

**Spermicide*

Spermicide comes in a variety of dosage forms such as cream, gel, foam, film, and suppository. The medicine is

placed deep into the vagina, near the cervix. Contains nonoxynol-9, a chemical that kills sperm

CHAPTER 6: CARE OF MOTHER IN SOME SPECIAL CASES

POSTPARTUM DEPRESSION

Risk factors

Due to sudden changes in hormone levels in the body

- Due to negative emotional factors
- Due to fatigue
- Due to a history of depression
- Due to family and life factors

Expression

- Depression, restlessness, moodiness
- Cry a lot
- Stay away from family and friends
- Loss of appetite or eating more than usual
- Chronic insomnia or sleeping too much
- Excessive fatigue
- Lack of interest or pleasure in surrounding activities even if you normally enjoy it

- Frequent feelings, irritability and anger
- Always worry that I'm not a good mother
- No interest in the baby or feeling that the baby doesn't seem to be your own

Decreased memory, decreased ability to think, concentrate or make decisions

- Thoughts of harming yourself or the baby
- Frequent thoughts about death or suicide



Source: Pch.vector's photo downloaded from Freepik
<https://www.freepik.com/free-vector/depressed-mother-sitting-crib-with-newborn-child-sad-tired-mom-sleeping-baby-crib-flat-vector-illustration-postnatal-depression-anxiety-motherhood-concept->

banner_26876840.htm#query=depression%20mother&position=8&from_view=search&track=sph

Treatment – Care

Family Care



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<https://www.freepik.com/free-vector/family-doctor-concept-healthcare-modern-medicine-treatment-expertize-diagnostic-medical-specialist-uniform-medical-treatment-recovery-flat-vector->

- Actively support the mother in taking care of the baby and guiding the baby's care.
- Help mothers have delicious, nutritious meals and more complete sleep.

- Support the mother to reduce pain after childbirth.
- Regularly confiding, sharing funny stories about life around, giving the mother new interests to forget sorrow.
- The role of the husband is extremely important to help the wife through the difficult time
- In case of severe postpartum depression, take medication as prescribed by the doctor

ABUSED MOTHER

Detect



Source: Pikisuperstar's photo downloaded from Freepik
https://www.freepik.com/free-vector/gender-violence-concept_8810650.htm#query=violence%20women&position=27&from_view=search&track=sph

Ask and observe the mother to identify signs of abuse

Physical examination: holistic, respectful; subtle. (Watch out for possible signs of abuse)

- Physical signs
- Signs of damage related to reproductive health
- Emotional and behavioral signs

Support consulting

- Ensure that the mother's physical injuries are properly treated or transferred to other specialized departments in the same facility if needed, or to a higher-level medical facility.

- In case the mother is raped, provide emergency contraception when the incident happens as soon as possible.

- If the woman has an unwanted pregnancy: counseling and facilitating access to medical facilities providing abortion services.

- Counseling, providing information to raise awareness about violence against women and the right to protective care.

- Emphasize the safety of mothers and children.

- Referral of abused mothers to other non-medical support facilities (counselors, psychologists, police, courts, authorities, women's unions, etc.).
- Make a follow-up appointment.
- In case of detecting danger to the mother's life, it is necessary to notify the authorities and police, in order to protect and prevent by law.



Source: Pikisuperstar's photo downloaded from Freepik
https://www.freepik.com/free-vector/man-woman-representing-gender-equality-concept_8699711.htm#page=2&query=violence%20women&position=3&from_view=search&track=sph

MOTHER WHO LOST THE BABY

Taking care of a mother who has lost a child needs a lot of different attention to avoid the impact on personal health and also on psychology. Because after the death of a child, a woman is not only affected physically but also mentally.

Mentally



Source: Pch.vector's photo downloaded from Freepik
https://www.freepik.com/free-vector/woman-giving-comfort-support-friend_7732674.htm#query=appease&position=1&from_view=search&track=sph

- Encourage the mother to balance her mental state,
- Advise family and relatives, especially husbands, to talk and confide more so that the mother feels comforted and always has someone by her side.
- Encourage the mother to actively do the things she loves such as listening to music, reading, shopping, to clear her mind.
- Plan your next pregnancy.

Nutrition

- Diet full of nutrients, quickly recover the body's damage
- Add protein, vitamins and inorganic salts, add iron to prevent anemia
- Choose foods that are easy to digest

Reduce milk erection

- Apply hot or cold compress
- Breast massage
- Eat foods that cause pepper and milk loss: guava leaves, mulberry leaves; Put cabbage leaves on your chest
- Use milk-digesting drugs: PH8 pain reliever....
- Milking: relieve tension

- Wear a corset

Preventive measures

- Focus on nutrition and regular prenatal care for mothers to have a healthy pregnancy and baby.

- Periodic antenatal check-ups and especially close monitoring of pregnant women with a history of stillbirth and treatment (if any) of other maternal diseases should be carried out.

- Avoid bad habits such as smoking, drinking or addiction and lead a healthy lifestyle.

- Mothers who are in the high-risk group, have had multiple miscarriages or were stillborn during pregnancy, must be screened and have related tests.

- Improve living and working conditions for mothers during pregnancy

HIV- AIDS INFECTED MOTHER

Mother's Care

- For HIV-infected mothers, after giving birth, mothers will be consulted and transferred to HIV/AIDS care and treatment establishments;

- It is necessary to advise mothers to continue using antiretroviral drugs according to the current regimen of the Ministry of Health;
- Counseling on contraceptive methods for HIV-infected mothers, the best method is using condoms;
- Encourage mothers to disclose HIV status to their partners and encourage mothers to take their partners for HIV testing;
- Counseling mothers to participate in social organizations, peer groups...

Caring for infants born to HIV-infected mothers

- For children born to HIV-infected mothers who are considered HIV-exposed children, they can only choose one of two ways to feed their children: exclusive breast milk or complete replacement milk.
- If breast-feeding, should exclusively breastfeed, do not feed or drink any food or drink, including white water, except in cases where vitamin, mineral or drug supplements are required; need to be counseled about the risks to the infant when breast-feeding.

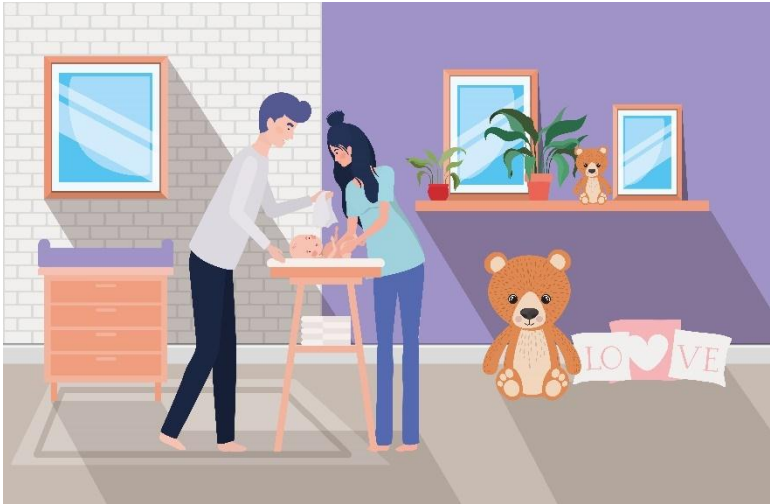
- In the case of infant formula feeding, it is the process of feeding a child without breast milk, completely replacing it with a diet that provides enough energy and nutrients to meet the child's needs until the child can eat other foods. food with the family; Need to be consulted about the disadvantages of feeding a baby with milk replacer.

- Newborns are transferred to the outpatient clinic to monitor their physical, mental, and motor activities, receive treatment according to the current protocol of the Ministry of Health and do early PCR testing for HIV-exposed children.

CHAPTER 7: NEWBORN BABY CARE

USUAL CARE

Changing diapers



Source: Image by Grmarc downloaded from Freepik
https://www.freepik.com/free-vector/parents-taking-care-newborn-baby-with-diaper-changer_4990090.htm#query=Changing%20diapers&position=3&from_view=search&track=sph

Change the baby's diaper when the diaper is wet or when there is stool in the diaper.

It is common to need to change a baby's diaper shortly after feeding

Most babies urinate after each feed or at least several times a day. Stool color and essence may vary as follows

- + The first 48 hours after birth: baby stools are dark green and mucoid

- + On the 3rd - 4th day, the baby's stools become brown and loose

- + On the 5th day, the child's stools are light yellow and liquid. If the baby is bottle-fed, the stool will be thicker and yellow-gray in color

Baby bath



Source: Iconicbestiary's photo courtesy of Freepik

https://www.freepik.com/free-vector/caring-smiling-mother-washing-her-baby-child_1311436.htm#query=bath%20baby&position=24&from_view=search&track=sph

- After 24 hours after birth, it is usually the midwife who bathes the baby first. After that, when discharged from the hospital, the mother or relatives will be the one who often has to bathe and clean the children. Before taking bath for the baby, they must prepare all the supplies such as diapers, clothes, towels. Baby should be bathed every day

- Prepare warm bath water just enough for the baby, (no more than 37 degrees, can be used to measure the temperature to ensure the right temperature for the baby)

- Pour water into the bath

- Take off the shirt, diaper and hat, then wrap the baby in a large cotton towel, leaving only the head and face

- Use a cloth cloth soaked in warm water to wipe the eyelids, corners of the eyes from the inside out, wipe the mouth, behind the ears and under the chin, then wipe the face.

- Wash your hair with baby shampoo. Avoid getting soap in your eyes and water in your baby's ears

- Use a baby shower gel to bathe, clean the folds, but do not wet the navel, wipe the hands and feet and between the fingers.

- Bathe the genitals and anus last. In girls, wipe the genital area from front to back

- Use a soft towel to dry the child's body

Navel care

- Clean the umbilical cord with 70° alcohol solution every day.

- Use a cotton swab to wipe around the umbilical cord close to the skin (umbilicus) and the umbilical cord part

- The navel should be left open and the diaper should be wrapped low below the navel. This helps to avoid infection and drying out the belly button because the more covered it is, the easier it is for germs to grow.

The umbilical cord usually falls off 10-14 days after birth.

Put the baby to sleep

Newborns can sleep for 16 to 18 hours a day, but they probably won't sleep for a long period of time, with most naps lasting only a few hours.

Ways to put your baby to sleep:

- Make sure your baby is getting enough milk before going to bed and changing diapers
- Let the child lie in a quiet room, the most suitable room temperature is 27-28° C, the lights are dim
- Line a towel under the child's shoulders and head so that the child's neck is straight to help the child breathe easily
- Gently massage the baby's abdomen and legs
- Sing lullabies to your child, or turn on white noise

Safe for babies to sleep

Use a swaddle to keep your baby sleeping on their back or side. Babies who sleep on their stomachs have a higher risk of sudden death syndrome

- Do not put other objects or stuffed animals in the crib because there is a risk of crushing the baby's face, causing suffocation

Breastfeeding



Source: Freepik's photo downloaded from Freepik

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[mother-breastfeeding-her-child-](https://www.freepik.com/free-vector/hand-drawn-)

[illustration_21743809.htm#query=baby%20feeding&](https://www.freepik.com/free-vector/hand-drawn-)

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- Advice on the benefits of early breastfeeding: benefits for the baby; benefits for mother
- Perform the first feeding on the mother's belly,
- Instructions on how to breastfeed correctly, evaluate an effective feeding

COMMON PROBLEMS IN BABY



Source: Macrovector's image downloaded from Freepik https://www.freepik.com/free-vector/crying-baby-reasons-composition_4320614.htm#query=new%20born%20baby%20cry&position=28&from_view=search&track=sph

Baby crying, vomiting

Newborns often cry, Midwives can recognize crying when the baby is hungry or crying when the baby is wet or in need of a mother, Babies can also cry when overstimulated.

Try to be responsive to your baby's needs and most importantly, feed him when he cries

- Hungry baby – feed baby

- Baby wet diapers – change diapers

- Mothers have more skin-to-skin contact with the baby: this is the most effective way to soothe the baby's discomfort. When the child is fussy, the mother uses her hand to stroke the cheek, hug and comfort the child, and can sing a gentle lullaby for the child to stop crying.

- When your baby is full and wants to burp - Hold the baby with his head high and pat his back after feeding

- When the child vomits: tilt the child's head to the side, to prevent the child from choking on vomit. Then quickly clear the vomit from the child's mouth, throat, and nose. Cupping hands on both sides of the back to reassure the child, and at the same time help the child cough up the remaining vomit in the throat out.

- Bathe the baby daily with warm water and gently massage to make the baby feel comfortable and comfortable, reduce fussiness. This also supports the blood circulation in children very effectively.

- When the child does not stop crying, despite doing everything or the child continues to cry, high-pitched voice or persistent moaning, it must be taken to a medical facility for examination and treatment to exclude injuries in the child.

Quit suckling

Reason

- Children's bodies are changing physiologically
- A medical problem that causes the baby to cry and stop sucking suddenly
 - The baby is crying because the mother gives formula milk
 - Babies are not psychologically comfortable when suckling

Treatment – Care

- Feed the baby in a room with soft light to stimulate the baby's observation. Since then, the baby is distracted but sucks better.
 - Changing breasts while breastfeeding

Mothers should limit the use of formula milk when the baby is less than 6 months old. If the baby is not nursing, instruct the mother to express milk in a bottle.

- Change the breastfeeding position for the baby
- Mother should massage the breast to adjust the amount of milk flow accordingly.
- When the baby is full, the mother should absolutely not force the baby to continue breastfeeding. It is best for the mother to let the child eat and sleep on time and live in a scientific way.

If the child shows signs of gas, pat the child on the back to burp

- If the baby sleeps for more than 3 hours, instruct the mother to wake the baby up to feed the baby

Physiological jaundice

Expression

- Appearing after 24 hours of age, mild jaundice is only jaundice (yellowing of the face, neck, chest and abdomen above the navel) without other unusual symptoms

- Bilirubin/blood concentration should not exceed 12mg% in term infants and not more than 14mg% in preterm infants,...

The rate of increase of Bilirubin/blood does not exceed 5mg% in 24 hours.

Newborn urine is dark or yellow (infant urine is usually colorless) and stools are pale.

Treatment – Care

- Physiological jaundice without medical intervention.
- As long as the baby is fully breastfed, the body will excrete bilirubin
- Jaundice should go away within 1 to 2 weeks.
- Note that the child's room should be full of light

Physiological weight loss

In the first few days after birth, the baby's weight decreases by no more than 10% compared to the beginning, the child still eats and sleeps normally, which is physiological weight loss. The cause may be due to dehydration of the baby through the respiratory tract, by the child excreting feces and urine or by vomiting the dirty fluid, amniotic fluid that the

child has swallowed during labor. There are 2 types of weight loss:

Rapid weight loss and quick recovery: Right on the first day after birth, the baby started to lose weight and continued to lose weight on the 2nd - 4th day, about 20-50g/day. After that, the baby's weight recovers to its original weight. This type of weight loss accounts for about 25%, is common in healthy children, good pens, mothers with a lot of milk.

Slow weight loss and slow recovery: On the 2nd - 3rd day, the child just started to lose weight, continued to lose weight until the 7th - 8th day, then stopped, then slowly gained weight, until the 12th - 13th day it was equal to the weight. initial. This type is more common. If the baby is breastfed early, on demand, without time, the baby will surely lose less weight and recover quickly.

Diaper rash

Expression

The baby has redness in the diaper area, such as the anus or around the genitals, which may be accompanied by a foul odor.

The red marks over the day will gradually spread to the groin and buttocks.

From small, pale red spots gradually turn to bright red. Then it becomes red, oozing, bleeding, even leading to an infection.

Children are picky eaters, lose sleep or cry often because of pain in the damaged skin.

Symptoms of diaper rash are harmless at first, but if left untreated, they can lead to other opportunistic conditions such as fungal and neonatal infections.

Common causes

- Sensitive skin
- Allergy
- Rubbed
- + Infections, fungal infections
- + Use plastic underwear

Treatment – Care

Wipe urine and feces with a soft cloth or cotton ball dipped in warm water, wiping the skin folds. Do not wash too many times a day

- Should use products specifically for children to avoid irritating the baby's skin, with a neutral pH

Occasionally leave the baby without diapers to let the baby's skin breathe when exposed to the air

- Change diapers often, dry baby's bottom before putting in new diapers

ILLNESS IN INFANTS

Respiratory distress

Expression

- Cyanosis
- Grunting sounds with breathing
- Nasal flaring
- Rapid breathing or apnea
- Chest retraction

Causes and risk factors

- Premature babies
- Children with siblings with neonatal RDS syndrome;
- Pregnant women with multiple pregnancies (two or more babies);
- Pregnant women who have had a caesarean section and have not gone into labor;

- Pregnant women with diabetes;
- The baby is hypoxic, reduced perfusion during birth;
- The baby has hypothermia, unable to keep the baby's body temperature warm after birth

Common complications of neonatal RDS syndrome

Newborn respiratory failure can worsen in the first few days after birth. This syndrome is dangerous in that it can be fatal if the child is not treated in time. Children with prompt treatment can face long-term health complications such as:

- Bleeding into the brain or lungs
- Intellectual disabilities
- Blind
- Interstitial emphysema
- Bronchopulmonary dysplasia
- Renal failure (due to severe respiratory failure)

How to prevent neonatal RDS syndrome

Maintain a healthy weight before pregnancy and gain the right amount of weight during pregnancy.

- Do not smoke, drink alcohol, use drugs or abuse drugs.

- Pre-pregnancy health check and follow the schedule of regular antenatal check-ups, perform prenatal screening tests and newborn screening..

Treatment and management of chronic conditions such as high blood pressure, diabetes, depression as well as thyroid problems.

- Get all vaccines before and during pregnancy to prevent infectious diseases such as flu, chickenpox, rubella ...

- In mothers with a history of heavy obstetrics, it is necessary to consult the appropriate interval between pregnancies.

- Pregnant women who have a high chance of giving birth prematurely, the mother will be considered for lung maturation injections. prevention of neonatal RDS syndrome.

- Only have a cesarean section when prescribed by a doctor, absolutely do not recommend this birth method

Fever

Fever is rare in infants. Usually, babies have a fever when the temperature (measured in the ear and front forehead) is greater than 38 degrees Celsius. In addition, babies with fever also have other symptoms such as less

feeding, fatigue, and fussiness. , irritable and also need to observe additional symptoms if you see the baby shivering, bleeding, convulsion, shortness of breath, cyanosis, lethargy, etc., so quickly take the child to the hospital for examination and treatment. timely treatment.

Reason

- Children with fever caused by bacteria: pneumonia, urinary tract, ear or blood infections or meningitis
- Newborn with viral fever, virus: dengue fever...
- The child has a fever after vaccination

Your child has a fever from dressing too warmly or spending too much time outside on a hot day

Treatment – Care:

- Shower with warm water

When bathing with warm water, the water will evaporate from the baby's skin and will help lower the body temperature. In addition, bathing also helps the baby feel more comfortable and comfortable. It is important to make sure the temperature of the water is about 2 degrees lower than the baby's body temperature and only take a quick 5 minute bath.

Absolutely do not bathe with cold water because the high temperature difference can make the baby shiver, chill and the condition will get worse.

- Cool with a warm towel

This is a simple but effective way to reduce fever for babies, just dip a few towels in warm water, then wring them out and apply them on the baby's body, especially in the forehead and armpit areas. , legs, arms and groin. Continuously change new towels when the old towels are dry.

- Change baby's clothes

- + When a newborn has a fever, the body temperature will rise, so if you wear too many clothes or wear thick fabrics, the temperature will continue to rise because you cannot escape. At this time, the baby should wear clothes with thin, light fabric, good absorbency.

- + Fever often causes the body to sweat a lot, so change your baby's clothes often. Humidity can make your baby uncomfortable, leading to chills and higher fevers.

- Keep your baby in a cool place

+ In order to help the baby feel comfortable and reduce the fever, the mother should try to create conditions for the baby's room to always be cool, do not leave the baby in a place that is too hot or too cold. The appropriate room temperature when a child has a fever is between 21-23°C.

- Add more water

+ Doing this not only has the effect of reducing fever but also helps the body avoid dehydration caused by fever. For babies under 6 months old, mothers should breastfeed or formula milk more often.

+ When the baby is 6 months old or older, can help the baby reduce fever by giving him more natural juices. Replenish water for the body by eating thin porridge, soup...

- Use medicine for babies with fever

Need to be guided by the doctor's dosage according to the weight of the baby. Usually give your baby common fever-reducing medicines in the form of sachets or syrups to make them easier to absorb

Pathological jaundice

Expression

-Dark jaundice appears early, within 1-2 days after birth;

- Jaundice not only appears on the face and eyes but also spreads to the abdomen, arms and legs;

- Jaundice does not go away after 2 weeks for full-term babies and 3 weeks for premature babies;

- Jaundice combined with other unusual symptoms such as vomiting, fever, crying a lot, discolored stools...

- Jaundice in premature babies, especially premature babies under 35 weeks of gestation

- Can be dangerous for the baby, this case needs to be examined and treated in hospital.

Prevention of Pathological Jaundice

- Take good care of your health during pregnancy, complete antenatal check-ups by appointment to be able to detect early and promptly treat diseases during pregnancy. Thereby avoiding premature birth, low birth weight, overweight, infection from mother to child.

- When giving birth, you need to go to a medical facility to be monitored and delivered by medical staff.

- Give the baby colostrum right after birth, get enough breast milk (breast milk or formula if the mother has medical conditions that can't breastfeed) and keep the baby warm to help prevent hypothermia, hypoglycemia, and hypothermia. pass meconium soon after birth.

- The baby's room must have enough light to easily monitor the baby's skin color.

- When the child shows signs of jaundice, it is necessary to take the child to a medical facility for timely detection and treatment of pathological jaundice.

Dermatitis

Expression

- Children's skin appears red, sticky and scaly.
- Baby's skin is dry, covered with white or yellow-brown patches.
- Children feel itchy, uncomfortable

Treatment – Care

- Exclusive breastfeeding for the first 6 months of life to strengthen the baby's immune system;
- Keep the bedroom area and the child's surroundings well ventilated, cool, clean and with ideal humidity;

- Dress the child in sweat-wicking, cool and soft clothes that are free of dust or easily irritating to the skin;

- Bathe the child every day with the use of a benign lotion to maintain moisture and balance the skin;

- Choose a shower gel that has the right pH, is non-irritating and does not contain detergents;

Avoid risk factors such as dry climate, dust, animal dander, pollen

- Breastfeeding mothers should eat foods containing antioxidants that increase the resistance of the skin

Umbilical inflammation

Expression

- Right at the base of the baby's umbilical cord is red and swollen

- + In the umbilical area of the newborn baby, there is a pus discharge with a bad smell or the umbilical cord is still wet after falling off

Redness of the skin around the navel

- + Bleeding navel

- The child has a high fever over 37.5 degrees Celsius, the baby has rapid breathing (over 60 breaths/minute), the baby has jaundice

- Crying, fussy baby

Classification of umbilical cord infections according to the World Health Organization

- Mild infection: Swelling, redness occurs only at the baby's umbilical stump.

- Moderate umbilical cord infection: The degree of redness and swelling occurs right at the base of the umbilicus and spreads around with a diameter of less than 2cm, accompanied by symptoms of fever, jaundice in newborns...

- Severe umbilical cord infection: The swelling, redness spreads more than 2cm and begins to necrosis down to the muscle layer under the child's skin, along with symptoms of sepsis, septic shock.

Treatment – Care

- Ensure sterility before and after birth.

- Cut and clamp the umbilical cord with sterile instruments.

- Wash your hands before taking care of the baby.

- Leave the navel open and dry, avoid applying chemicals or foreign objects to the navel.

- It is necessary to observe the navel and the umbilicus every day for early detection of infection.

- Leaving the navel open, not bandaged is a way to make the navel quickly dry and fall off, keep the navel clean

IMMUNIZATION SCHEDULE FOR CHILDREN

<i>Ages</i>	<i>Vaccination</i>
- Newborn	- Tuberculosis, Hepatitis B 1 st dose
- 2 months old	- DTC (Diphtheria, tetanus, pertussis(whooping cough)) 1 st dose; Poliomylitis (Sabin), Hepatitis B 2 nd dose
- 3 months old	- DTC 2 nd dose, Poliomylitis 2 nd dose
- 4 months old	- DTC 3 rd dose, Poliomylitis 3 rd dose, Hepatitis B 3 rd dose
- 9 months old	- Measles
- From 12 - 23	- DTC booster dose, Poliomylitis 1 st

months old - From 24- 35 months old	booster dose - Poliomyelitis 2 nd booster dose
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Source: Felicities image downloaded from Freepik
<https://www.freepik.com/free-vector/children-student-get-vaccines-with-doctor-protect-from->

[virus_18784742.htm#query=vaccinnation%20for%20children&position=46&from_view=search&track=ais](#)

In addition to the above vaccines, there are a number of vaccines that are administered on request:

- + Hemophilus influenzae type B (H.I.B) vaccine
- + Measles - Mumps - Rubenlla vaccine
- + Japanese encephalitis vaccine B
- + Meningococcal type A and C . vaccines
- + Vaccine against Chickenpox

**SKILLS AND ATTITUDES
MIDWIVES NEED WHEN
TAKING CARE OF
MOTHERS AND BABIES
AFTER BIRTH**

- Listening to sharing, being friendly and respecting the opinions of mothers and their families
- Explain their questions
- Dedicated and thoughtful guidance on issues to be noted for mothers and babies in the postpartum period
- When the mother has a mental breakdown after giving birth, she should encourage her family members to talk, have the



necessary attitudes and actions to help and support the mother.	
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FREQUENTLY ASKED QUESTIONS



What should mothers eat after giving birth?

- Iron supplements: foods rich in iron such as mushrooms, black fungus, red apples, animal liver and legumes
- Vitamin supplement: Foods such as tomatoes, vegetables, ripe fruits

- Add fat: Foods rich in fat include: chicken, pork leg, fish
- Calcium supplement: Milk, shrimp, fish...
- Do not eat salty, spicy spices, use stimulants, carbonated drinks

When can a mother have sex after giving birth?

- The recovery of each mother's health after giving birth also depends on her health and postpartum care, so the specific time for each couple depends on the way they give birth, the health status of the woman. women and the psychology of the couple after giving birth
- Only resume sex when both feel ready and comfortable.
- Be proactive in using safe birth control methods

For vaginal birth

- For those who have good health and recover quickly, after at least 6 weeks, they can have sex again.
- Be proactive in using safe birth control methods

For cesarean section

- Women who have had a caesarean section should abstain from sex for at least 3 months after giving birth.

- Having sex soon after giving birth will cause pain, dissatisfaction, great influence on emotions as well as becoming a psychological obsession for both husband and wife.

- Only when you feel that your health is stable, there is no pain, you are mentally ready and inspired for love, you can have sex again.

What should mothers do to ensure that their babies can eat breast milk while at work?

- Milking: by hand or by machine
- Preservation of milk: at room temperature for 8 hours, in the refrigerator for 48 hours, in the freezer for one month.
- Before feeding the baby, preserved milk needs to be warmed again

When will the baby be bathed after birth?

- Babies are born with a waxy layer and amniotic fluid covering their body, this is a protective membrane from the mother's womb, so when the baby is born, this membrane still retains the essence of softening the skin and immunity for the baby. Bathing this membrane immediately after birth will make the baby's skin drier. This membrane helps your

baby fight bacteria, fungi, even pneumonia or meningitis on the skin within 24 hours.

- Besides, if the baby is taken to the bath right after birth, it will cause a sudden change in the baby's body temperature, making it easy for the baby to panic and cry. Crying because of fear can produce a stress hormone that is not good for the baby's health.

After 2 weeks, the baby's navel has not fallen off, what should I do?

- If the baby's navel is dry, the baby doesn't cry or stop sucking, it's still normal

- If the baby's navel is red, swollen or has a foul discharge, it is necessary to go to a medical facility immediately for timely treatment.

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Midwifery teachers-NDUN discuss implementation of the 4 Steps Project