

CHAPTER 14

The first few hours after the birth

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The first few hours after the birth



After the birth of the placenta, the mother's body should start to recover from labor. The baby should breathe normally and start to keep herself warm.

The midwife should stay for a few hours after the birth to make sure the mother and baby are healthy, and to help the new family to eat and rest.

What to do for the mother

Check the mother's physical signs

Check the mother's temperature, pulse, and blood pressure regularly — at least once an hour if she is having any health problems.

Clean the mother's genitals, belly, and legs

Help the mother clean herself after the birth. Change any dirty bedding and wash blood off her body.

Wash your hands and put on gloves before you touch the mother's genitals, just as you did before the birth (see pages 53 to 55). Clean the mother's genitals very gently, using very clean water and a sterile cloth. If you have some disinfectant, like betadine, add a little to the water. Do not use alcohol or any other disinfectant that might sting the mother. You can use a little mild soap or even salt if you do not have disinfectant.

Wash downward, away from the vagina. Be careful not to bring anything up from the anus towards the vagina. Even a piece of stool that is too small to see can cause infection.

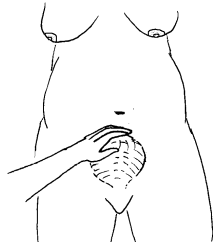


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Prevent heavy bleeding

After the birth, it is normal for a woman to bleed the same amount as a heavy monthly bleeding. The blood should also look like monthly blood — old and dark, or pinkish. The blood comes out in little spurts when the womb contracts, or when the mother coughs, moves, or stands up.

Very heavy bleeding is dangerous. To check for heavy bleeding in the first few hours after birth:



Feel if the womb is getting hard.

- feel the womb to see if it is contracting. Check it just after the placenta is born. Then check it every 5 or 10 minutes for 1 hour. For the next 1 to 2 hours, check it every 15 to 30 minutes. If the womb is hard, it is contracting as it should. Leave it alone between checks. If it is soft, see page 236 to learn what to do.
- check the mother's pads often for too much bleeding — 500 ml (about 2 cups) is too much.
- check the mother's pulse and blood pressure every hour. Watch for signs of shock (see page 239).

Check the mother's genitals for tears and other problems

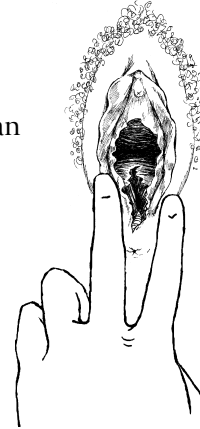
Use a gloved hand to gently examine the mother's genitals for tears, blood clots, or a hematoma (bleeding under the skin). Also check to see if the cervix has prolapsed (dropped down to the vaginal opening).

If the mother has a tear

If you do not know how to sew a tear, if there is nowhere nearby where she can go to have the tear sewn, or if the tear is small, it can probably heal without sewing.

Ask her to rest in bed for 2 weeks with her legs together most of the time. She should move her legs regularly, but she should not climb up or down steps or steep hills. Someone else should do the cooking and cleaning for the family. To speed healing, she should also eat plenty of healthy food.

To learn how to sew a tear, see page 356.

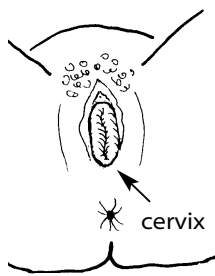
***If the mother has a hematoma or pain in the vagina***

Sometimes the womb gets tight and hard and there does not seem to be much bleeding, yet the mother still feels dizzy and weak. If this happens, she may have bleeding under the skin in her vagina called a hematoma. The skin in this area is often swollen, dark in color, tender, and soft.

Although a hematoma is painful, it is usually not serious unless it gets very large. If the hematoma is growing, press on the area with sterile gauze for 30 minutes or until it stops growing. If the mother has signs of shock, treat her for shock (see page 239) and get medical help so the blister can be opened and the trapped blood can come out. If you know how, you can drain it yourself by opening it with a sterile scalpel. After draining, put pressure on the area with a sterile gauze until the bleeding stops.



If the cervix can be seen at the opening of the vagina



If you can see the cervix at the vaginal opening after childbirth, the womb has prolapsed into the vagina. This problem is not dangerous, and the cervix will usually go back up inside the mother in a few days. You may be able to push the womb farther in with a gloved hand. Help the mother raise her hips so that they are higher than her head. Ask her to do squeezing exercises (see page 44) at least 4 times a day.

Watch her closely for signs of infection during the next 2 weeks (see pages 271 and 272).

If the cervix stays at the vaginal opening for a month or more, the mother should get medical advice. A cervix that stays prolapsed can cause problems when the woman has another child.

Help the mother urinate

A full bladder can cause bleeding and other problems. A mother's bladder will probably be full after birth, but she may not feel the need to urinate. Ask her to urinate within the first 2 to 3 hours. If she is too tired to get up and walk, she can squat over a bowl on the bed or on the floor. She can also urinate into a towel or thick cloth while lying down. If she cannot urinate, it may help to pour clean, warm water over her genitals while she tries.

If the mother cannot urinate after 4 hours:

1. Check her bladder (see page 161). If it is not full, help her drink fluids.
2. See page 352 for ways to help a woman urinate.
3. If she still cannot urinate, she may need to have a catheter inserted (see page 352). If you have not been trained to use a catheter, get medical help.

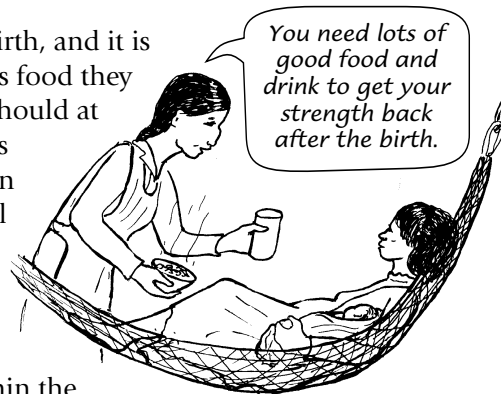


A mother should try to urinate soon after the birth.

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Help the mother eat and drink

Most mothers are ready to eat soon after birth, and it is good for them to eat any kind of nutritious food they want. If a new mother is not hungry, she should at least have something to drink. Fruit juice is good because it gives energy. Many women want something warm to drink, like herbal tea. Some juices, like orange juice, also have vitamin C, which can help healing. (But she should avoid soda pop like Coke that is full of sugar and chemicals but not nutrition.) Encourage her to eat soon, within the first few hours, and to drink often.

**If the mother cannot (or will not) eat or drink after 2 or 3 hours**

- The mother may be ill. Check for bleeding (see page 236), infection (see page 271), and other signs of illness that may be taking away her appetite.
- The mother may be depressed (sad, angry, or without any feelings). Encourage her to talk about her feelings and needs.
- The mother may believe that certain foods are bad to eat after a birth. But she must eat to recover from the birth and to be able to care for her baby.

Eating after birth

Midwives, healers, family members, and doctors may all have different advice about the food women should eat during pregnancy and after birth. The nutrition information in this book is based on the ideas most Western doctors, nurses, and midwives learn. Other systems of medicine and local customs prescribe different ways of eating, such as avoiding spicy foods, or only eating warm foods. Some of these ideas may not seem of value to those who practice Western medicine, but they still offer benefits.

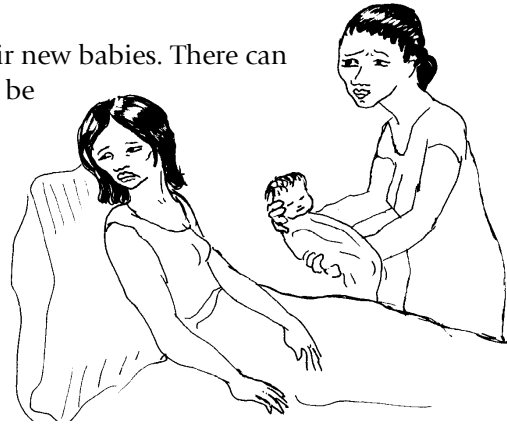


However, some customs, such as avoiding protein, are dangerous. Eating only one kind of food is not enough, and avoiding certain foods can lead to serious health problems. After birth, women need to eat as much as or more than they did when they were pregnant. They need the same mix of foods: main foods, vegetables and fruits, and protein foods like beans, eggs, nuts, meat, or milk. Talk to the mother and her family about what she plans to eat after the birth. Help her eat a wide variety of healthy foods. See pages 33 to 42 for more about nutrition.

Watch the mother's feelings about her baby

Mother is not interested in her baby

Some mothers do not feel good about their new babies. There can be many reasons for this. The mother may be very tired, or she may be ill or bleeding. She may not have wanted a baby, or may be worried that she cannot take care of one. She may be very depressed.



What to do

- Check the mother for signs of blood loss or infection.
- You might talk to the mother about her feelings, or you may feel it is better to leave her alone, and to watch and wait.
- If the mother is depressed, or if you know that she was seriously depressed after a past birth, talk to the family about giving her extra attention and support in the next weeks. Usually this depression passes in time, but sometimes it takes a few weeks or even months.
- Make sure someone in the family takes care of the new baby.



Watch the mother for infection

A new mother's temperature is often a little higher than normal, especially on a hot day.

But if the mother feels ill, has a fever or a fast pulse, or feels soreness when her womb is touched, she may have an infection. Infection is more likely if her waters broke early in labor, if the labor was long, or if she was exhausted during labor.

What to do

1. Check to see if she is dehydrated (see page 159).
2. Give her lots of water and other fluids to drink.

If she continues to have a fever, she may have an infection. See page 271.

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Help with breastfeeding

Breast is best for both the mother and baby. If the mother is not sure she wants to breastfeed, ask her to try breastfeeding just for the first few weeks or months. Even a short time of breastfeeding is better than none.

Make sure the mother understands that if she breastfeeds her baby:

- her womb will more quickly go back to its normal size.
- the baby is less likely to get diarrhea and other illnesses.
- the mother will have more money for her family. (It is more expensive to bottle feed a baby.)

See Chapter 16, starting on page 280, for more on breastfeeding.



To help a mother with HIV/AIDS feed her baby safely, see page 293.

Give the new family some time alone

If the mother and baby are healthy, give them time alone. New parents need time with each other and their new baby. They may also need privacy to talk, laugh, cry, or celebrate in some way.

What to do for the baby

After the birth, when the mother and baby are stable, check the baby over from head to toe. Many health problems can be prevented or cured if you find them quickly.

Wash your hands, just as you did for the birth, and put on clean gloves. It is easy for a new baby to get an infection, so everything that touches the baby must be as clean as possible. But there is no need to bathe the baby right away. Bathing, even in warm water, will make her cold. You can safely wait a few hours or even a few days. Wear gloves until the baby is clean and dry to help protect you from getting an infection.

While you examine the baby, keep her warm. Cover her head and the parts of her body you are not examining. If possible, you should warm up the room. Be gentle with the new baby. Babies feel as much as adults do and gentle care will help them feel strong and safe.

The most important things to check for a new baby are her general appearance and other physical signs. Check these as soon as you can after the birth. The other parts of the newborn exam can wait a few hours.

What to do for the baby

If you can, write down what you find on a chart. A chart will help you remember to do each step, and to notice changes that happen over time. Here is an example of a chart you can use:

Mother's name		Baby's name				
physical signs	hour 1	hour 2	hour 3	hour 4	hour 5	hour 6
general appearance						
breathing						
heartbeat						
temperature						
weight and length	shoulders, arms, and hands					
head (skull)	belly					
ears	genitals					
eyes	hips					
nose and mouth	legs and feet					
neck	back					
chest	skin					

General appearance

The way a baby looks and sounds can tell you a lot about her health. Notice everything! Is the baby small or large? Fat or thin? Do her arms, legs, feet, hands, body, and head seem to be the right size? Is the baby tense or relaxed? Active or still? Listen to the baby's cry. Every baby's cry is a little different, but a strange, high, piercing cry can be a sign of illness.

Baby is limp, weak, or does not wake up

Many babies are very sleepy for the first few days after birth. They should wake up from time to time to breastfeed. When awake, the baby should respond to noise and touch. If the baby does not respond, or seems unusually weak, slow, or limp in the first few hours, she may have one of these problems:

- difficulty breathing (see page 254)
- infection (see page 277)
- sleepiness from drugs or herbs given to the mother during labor
- not enough sugar in the blood (see page 254)

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**Not enough sugar in the blood**

A very weak baby may need more sugar in her blood. This is especially likely if the baby is very big or very small, if the birth was very hard or long, or if the mother has diabetes (see page 115). The baby may stay cold or tremble.

Breastfeed the baby as much as possible — there is sugar in breast milk.

If the baby does not seem more awake and alert in 12 hours, **get medical help**.

Physical signs: breathing, heartbeat, temperature

Check the baby's physical signs every hour for 2 to 6 hours after the birth, or more often if the baby is having problems.

Breathing rate

Count the baby's breaths for one full minute by watching her belly rise and fall. It is normal for breathing to slow down and speed up from moment to moment. A new baby should take between 30 and 60 breaths in a minute while she is resting.

A baby who is breathing too fast, too slow, or with difficulty may be having trouble getting enough air, or may be having other problems.

Baby has trouble breathing, or takes more than 60 breaths a minute

If a baby has trouble breathing, or if she takes more than 60 breaths a minute, it is a warning sign. It could mean that the baby has an infection, has breathed in her own stool, has drugs in her blood from the mother, or has other problems.

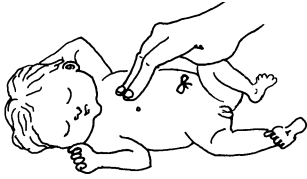
What to do

- Keep the baby warm.
- Check for signs of infection (see page 277).
- Lay the baby with her head lower than her bottom to help fluids drain. Suction the baby (see page 209) — especially if you think she might have breathed stool into her nose or throat.
- Encourage the baby to breastfeed.
- If the baby stops breathing — do rescue breathing (see page 242).
- Get medical help.



Heartbeat

A new baby's heart should beat between 120 and 160 times a minute. It may beat as slow as 100 beats a minute or as fast as 180 beats a minute.



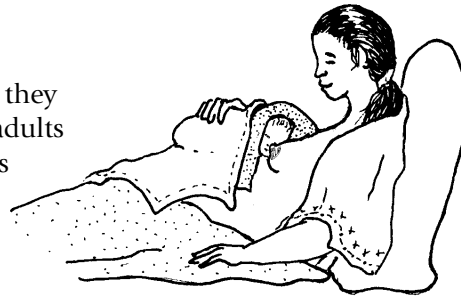
If the baby's heartbeat is too fast, she may have an infection (see page 256).

If the heartbeat is too slow, give rescue breathing (page 242). If the heart rate does not get back to normal, get medical help.

Temperature

Keep the baby warm

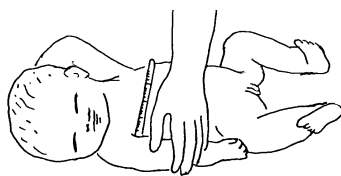
Babies must stay warm to stay healthy. But they cannot keep themselves warm as easily as adults can. The easiest way to keep a baby warm is to put her next to her mother's skin. The mother is exactly the right temperature for the baby. Cover them both with blankets and be sure to cover the baby's head.



If the mother cannot hold her baby for a bit (for example, if she gets up to urinate), someone else can hold the baby. This person should wash their hands well before handling the baby.

Temperature and health

A healthy baby's temperature is around 37°C (98.6°F).



To check the baby's temperature, gently put the silver end of the thermometer into her armpit. Then hold the baby's arm against her body for 3 minutes. If you do not have a thermometer, feel the back of the baby's neck while you touch a healthy person. If the baby does not feel as warm as the healthy person, her temperature is too low.

A baby whose temperature is 36.5°C (97.7°F) or less should be warmed quickly. Do not wait. She should warm up if she is against her mother's skin, between her breasts (see page 257). If she will not warm, try using hot water bottles.

Fill hot water bottles (or jars) with hot water, wrap them in cloths so you do not burn the baby, and put the bottles next to the baby's body.



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Infection

When a baby gets an infection, she usually has a low temperature, 36.5°C (97.7°F) or below. Other signs of infection:

- a baby who cannot keep warm even when wrapped in blankets
- a high temperature (fever) especially one lasting more than 4 hours
- a baby who takes more than 60 breaths a minute
- a baby who seems ill
- a baby who sucks poorly
- a baby who has a weak, fast heartbeat

If the baby shows any of these signs of infection, get medical help. If the nearest medical help is more than 2 hours away, give the baby antibiotics on the way. See page 279 for the kind and amount of medicine to give.

Get medical help if the baby cannot warm up after several hours — even if she has no other signs of infection.

The baby's body**Weight**

Every baby is different, but most healthy babies weigh between 2.5 and 4 kilograms (between 5.5 and 9 pounds).

You may be able to get a scale from the local health authority, buy a hanging fish scale, or make one of the homemade scales on page 445. But you do not need a scale to have an idea of what a normal baby weighs. Every time you hold a baby, think about the weight. Guess whether that baby weighs more than most babies, or less, or about the same. This way, you will know when a baby is very small or very large — even without a scale.

**Very small babies**

Very small babies who are less than 2.5 kilograms (5.5 pounds) have a higher risk of infection, breathing problems, and jaundice (see page 279). The smaller the baby, the greater the risk. Small babies also may have trouble breastfeeding and digesting their food. Some babies are small because they were born early, and some are just small.



If there is a well-equipped medical center nearby, it may be best to take very small babies there to be cared for. But if you are going to care for a small baby at home, there are some things you can do to help him stay healthy.



What to do

1. Keep the baby warm. The best way to warm him is against his mother's skin. Place the naked baby, with a hat and a diaper, inside the mother's clothing, against her skin and between her breasts. Keep this skin-to-skin contact day and night. The mother will have to change the baby's position to breastfeed. If the mother needs to bathe, put the baby next to another person's skin until the mother is done.

2. Give breast milk. Breast is best for all babies, but it is even more important if the baby is very small. Breast milk is easiest for the baby to digest, it gives the best nourishment, and it protects the baby from illnesses. A small baby may not be able to eat much. Keeping him close to the mother's body will help him to breastfeed often. In this way, he will get enough to eat.

If the baby is not able to breastfeed, the mother should remove milk from her breasts by hand (see page 285). The mother should feed the baby the breast milk with a very clean cup or spoon until he is strong enough to breastfeed. Give the baby as much breast milk as he will take and as often as he will take it. He must eat to grow.



3. Visit the baby every day for the first few weeks, to check for warning signs. Be sure the mother knows the signs of jaundice (see page 279), breathing problems (see page 241), and infection (see page 277). If the baby develops any warning signs, get medical help.

Causes of small babies

Babies come in all sizes — that is normal. But small babies are much more likely to have problems than bigger babies.

And the size of a baby is not just a matter of chance. Mothers who get enough food and care in pregnancy usually have bigger babies. Mothers who did not get enough food and care usually have smaller babies.

Small babies are often born to:

- mothers who did not get enough to eat in pregnancy.
- mothers who had to do very hard work during pregnancy.
- mothers who did not get good medical care in pregnancy.
- mothers who smoke cigarettes.
- mothers who were exposed to pesticides or toxic chemicals in pregnancy.
- mothers who have had many babies before.



Note: A small baby does not make an easier birth. And small babies have many more health problems. For a healthy birth and a healthy baby, women must eat enough.

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Baby weighs more than 4 kilograms (9 pounds)

Some babies are big because their mothers had diabetes. These babies may have problems with the amount of sugar in their blood. Make sure these babies breastfeed often and stay warm.

Watch big babies carefully for the first 2 days. If they seem tired, weak, or sick, they may not have enough sugar in the blood. See page 254 and get medical help.

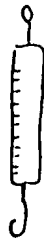


Weighing a baby with a scale

If you have a scale, you can find out exactly how much a baby weighs. (See page 445 for how to make your own scale.)

If you have a hanging scale, follow these steps:

1. Attach a cloth to the scale.
2. Adjust the scale so that it is at 0.
If there is no knob to adjust the scale, write down how much the cloth weighs (the number that the scale is at when the cloth is attached).
3. Put the naked baby into the cloth to weigh him.
4. If you were able to adjust the scale, it will tell you the weight of the baby.



Adjust the scale to **0** or weigh the cloth.



If there is no knob to adjust the scale, you must subtract the weight of the cloth to find out the weight of the baby.

For example:	
<i>Baby and cloth together weigh</i>	3.25 kilograms
<i>Cloth alone weighed</i>	<u>- 0.25 kilograms</u>
So baby alone weighs →	3.00 kilograms

If you have a scale that you stand on, follow these steps:



1. Weigh yourself, and write down the weight.
2. Get off the scale.
3. Get back on the scale holding the baby without his clothes or blankets. Write down the weight.
4. Subtract your weight from the combined weight of you and the baby.

For example:	
<i>You and baby together weigh</i>	62 kilograms
<i>You weighed</i>	<u>- 59 kilograms</u>
So the baby alone weighs →	3 kilograms

Length

If you have a tape measure, measure the baby from the top of her head to the bottom of her heel. Most babies are between 45 and 53 centimeters (18 to 21 inches). Babies who are not within this range may have problems.

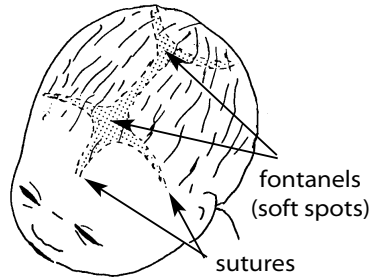
Head

If you have a tape measure, measure the baby's head, just above the ears. The normal size for a baby's head is 35 centimeters (13 to 14 inches). Write down the head size. A very large or small head can be a sign of illness or disability in the child.



Head shape, suture lines, and fontanels

The skulls (head bones) of children and adults are solid, but a new baby's skull is made of 5 separate pieces. The spaces between these 5 pieces are called sutures or suture lines. The baby's skull also has 2 larger soft areas called fontanels or soft spots.



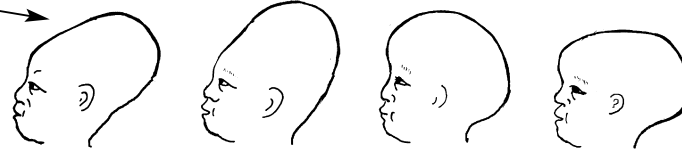
These spaces between the skull bones allow the skull pieces to move during birth. This helps the baby's head squeeze through the mother's vagina.

Sometimes the skull bones have to overlap for the head to be born. This is called molding. When the baby is first born, his head may be in a pointed or flattened shape. It will usually become more normal in 1 to 3 days. Here are some of the different shapes you might see at birth.

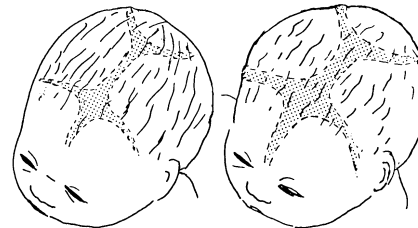
Molding is normal.

Gently feel the sutures with your fingers. The front suture should stop

at or near the top of the forehead. Notice if the sutures are a normal width or unusually wide. Also gently feel the soft spots. Are they soft, or tense and bulging? Do not push on the soft spots — you could hurt the baby.



If the sutures are unusually wide, if the front suture goes down to the middle of the forehead, or if the soft spots are tense or bulging, the baby may have hydrocephalus (water on the brain). Hydrocephalus can cause disabilities that affect the child's brain and thinking, or other serious problems. Get medical advice. An operation can help the baby.



Normal suture lines and soft spots.

Not normal. Could be hydrocephalus.

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Caputs and hematomas

Some babies have a swelling called a caput in the area that was pressed against the cervix during labor and birth. A caput usually crosses a suture line. It will go away in 1 or 2 days.



Normal: caput crosses suture line

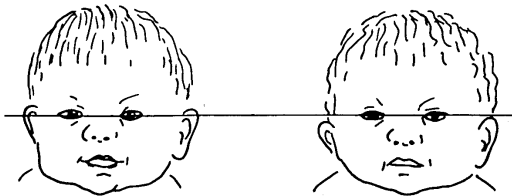
Not normal: hematoma

If you find a swelling on the head that does not cross a suture line, it may be a hematoma. This means that the birth was difficult for the baby. Hematoma can cause the baby to get jaundice as she heals (see page 279). If you find a hematoma, check the baby every day for signs of jaundice until the hematoma is gone. If possible, get medical advice.

Ears

To check the baby's ears, look straight into her face. Imagine a line across her eyes. Some part of each ear should be above this line.

Some babies with low or uneven ears have other problems inside their bodies. A baby with low ears should be watched carefully. If both ears are below the line, the baby may have kidney problems and you should get medical advice.



Ears above the eyes are normal.

Ears below the eyes can be sign that something is wrong.

To check the baby's hearing, softly clap near the baby's ear. Most babies will move when they hear a sound. If the baby does not seem to hear, get medical advice.

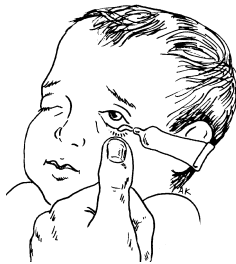
Eyes

Look at the baby's eyes. Notice if they seem normal, and if they move together. A little bit of blood under the surface of the white part of the eye is normal. The blood should go away in a few days.



A little blood in the white part of the eye is normal.

Put medicine in the baby's eyes to prevent blindness



If a mother has chlamydia or gonorrhea (see page 323), she may pass it to her baby during birth. The infection gets into the baby's eyes, and can cause blindness. Many, many women have chlamydia or gonorrhea and do not know they have it. Unless the mother has had a test to show that she **does not** have these infections, give the baby medicine in the eyes to prevent blindness.

To prevent blindness

- put a line of erythromycin 0.5% to 1% eye ointment in each of the baby's eyes, within the first 2 hours after the birth

or

- put a line of tetracycline 1% eye ointment in each of the baby's eyes, within the first 2 hours after the birth

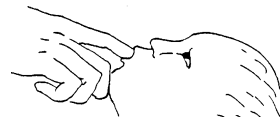
or

- drop 2.5% solution of povidone-iodine in each of the baby's eyes, within the first 2 hours after the birth

In some areas, people use silver nitrate (or other "silver" eye medicines) in the baby's eyes. These medicines stop gonorrhea blindness, but they do not stop the blindness that comes from chlamydia. Silver nitrate also irritates the baby's eyes for a few days. If you can get erythromycin or tetracycline eye medicine, use one of them. But use silver nitrate if that is all you have.

**Nose and mouth**

First check if the baby can breathe easily through his nose. If not, try suctioning the baby (see page 209).



Then, gently stroke the baby's cheek. He should turn his head toward your finger. This is called the rooting reflex. Put a very clean finger inside the baby's mouth. The baby should suck on your finger. If there is no rooting reflex, and if the baby does not suck, he may be very weak or sick. Get medical help.

Babies with cleft lip (harelip) and cleft palate

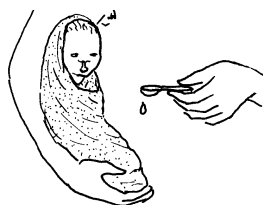
A cleft lip is an opening or gap on the baby's upper lip, often connecting to the nose. A cleft palate is a split in the roof of the baby's mouth. These problems can be fixed by an operation when the baby is older. Cleft lip is often repaired when the baby is 4 to 6 months old. Cleft palate is often repaired when the baby is about 1½ years old.



cleft lip

cleft palate

Babies with cleft lip or cleft palate may need some help breastfeeding. For babies with cleft lip, the nipple should go deep into the baby's mouth, so the breast fills up the cleft. If there is still a space in the lip, the mother can put her finger over it.



For babies with cleft palate, the nipple should go as far back into the baby's mouth as possible. Point the nipple to the side of the cleft. The baby should drink with his head up so that milk does not go into his nose. If the baby cannot breastfeed, the mother can remove milk from her breasts by hand (see page 285) and feed the baby with a very clean spoon.

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Babies with cleft lip or cleft palate may also have more ear infections and other health problems as they get older. Be sure the mother knows this. Also, a baby with a cleft lip may look unusual, and some parents feel upset when they first see their child. It is important to listen to how these parents feel, and also to remind them of the beauty of their children.

Neck

Check the neck for swelling and lumps. Also, the baby's head should move freely. If you find any problems, get medical advice.

Chest

Breathing

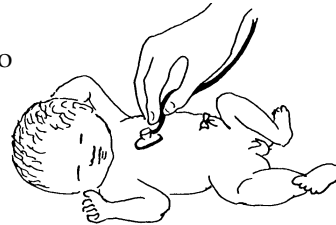
Watch the baby breathe. If the skin between and under the baby's ribs sucks in when he takes a breath, the baby is having trouble breathing (see page 240).

Listen to the baby's breathing. Use a stethoscope or fetoscope if you have one. If not, just use your ear. You should hear breathing sounds on both sides of the chest, and on both sides of the back. If you do not hear breathing sounds on both sides, one lung may not be working. Get medical help immediately.

Heart sounds

If you have a stethoscope or fetoscope, use it to listen to the baby's heart sounds too.

It is hard to describe heart sounds in a book. If possible, someone should teach you what normal heart sounds are like. But listen to the baby's heart sounds even if you are not skilled. Over time you will learn what sounds normal, and will be able to notice unusual sounds. If the heart sounds unusual, get medical advice.



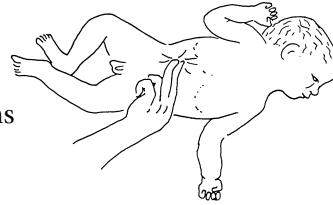
Shoulders, arms, and hands

Look at the baby's arms and hands. Do they look normal? Does the baby move them normally?

Sometimes a baby's shoulder, collarbone, or arm breaks during the birth. Feel them to see if there are any odd lumps or breaks. A baby with a broken bone may cry in pain, but he may not. Simple breaks will usually heal on their own, but if possible, get medical help.

Belly

Look at the belly. Does it look normal? What happens to the area around the cord when the baby cries? If some of the baby's insides push the skin out, this means the belly muscles are not connected. This is called an umbilical hernia. Get medical advice.



Next, feel the belly. When the baby is not crying, the belly should be soft. Check for lumps, cysts (round sacs of fluid), or other odd shapes under the skin. If you find anything unusual, get medical advice.

Note: The freshly cut cord can easily become infected. To prevent infection, keep it clean and dry. Always wash your hands before touching the cord and do not cover it or put anything on it. Check to see if the cord has stopped bleeding. If it is still bleeding, clamp or tie it again.

Genitals and anus

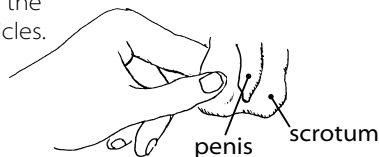
Look at the baby's genitals. All babies' genitals look swollen after birth. If the baby was breech, the genitals may be very swollen.

Make sure that the anus is really an opening, and not covered over with skin. If the baby has had a bowel movement, you know that this part of the body works. If the baby has no anus, or if it is closed, get medical help right away.

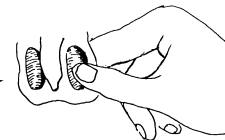
For a boy

First look at the baby's scrotum. The scrotum is the sac under the penis. Inside the sac, there are 2 smooth, firm balls called testicles where the boy's sperm is stored. During pregnancy, the testicles form inside the boy's body and they usually drop down (descend) into the scrotum before birth. You should be able to feel the testicles and move them down with your fingers.

Feel the testicles.



If you could see through the scrotum, the testicles would look like this.



If you cannot find one or both testicles, ask the baby's parents to check again in a month or so. If the testicles still have not come down, get medical advice.

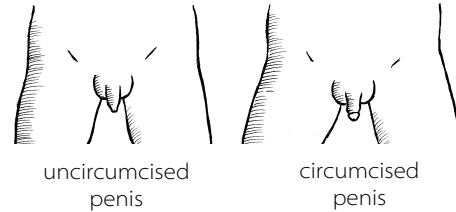
Next, check to see if the hole at the end of the penis seems in the right place. If the penis does not look normal, get medical advice.

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Male circumcision

Circumcision is an operation to remove the skin around the tip of the penis (foreskin). Sometimes the baby boy is circumcised right after birth, or a few months after birth. Sometimes he is not circumcised until he becomes a young man. Some boys are not circumcised at all.

Circumcision is important in many cultures and religions, but it is not medically necessary. The risks of circumcision are infection, bleeding, injury to the penis, and pain and trauma to the baby. Only a skilled person with sterile tools should circumcise a baby. Circumcised men may not feel as much sexual pleasure in the penis as uncircumcised men.



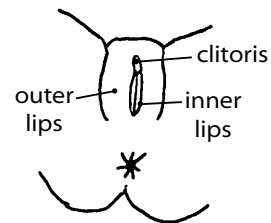
Parents of uncircumcised babies should clean their baby's penis as they do the rest of the baby's body. They should not pull back the foreskin to clean under it until it pulls back easily, usually after a few years.

Some boys are born with their testicles high in their bodies — not in the sac. This can be normal. But it is much more common in boys whose mothers were exposed to toxic chemicals.

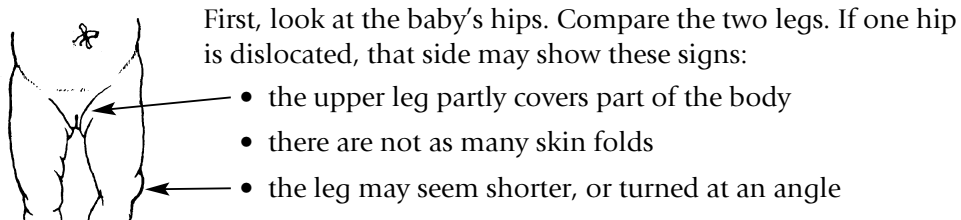
If many baby boys in your community have testicles that did not drop down, there may be toxic chemicals in the air, water, or soil that are causing problems for the whole community. And the whole community should work together to protect themselves from these chemicals.

For a girl

Make sure that the girl has both outer and inner "lips" of her genitals. She should also have a small opening to her vagina. If she does not have an opening, she may need an operation. She should get medical help right away. Tell the parents that it is common for girls to have a small amount of blood from the vagina for 1 to 2 days after birth.



Hips and legs



What to do for the baby

Hold both legs with the knees bent, like this:



Then, open them wide, like this:



If you feel or hear clicking, the hip is dislocated.

If there is a click when you move the baby's hips, get medical advice.

To treat a dislocated hip

The parents will need to keep the baby's knees high and open. They can:

use many layers of diapers.



lay the baby on his belly with his legs open.



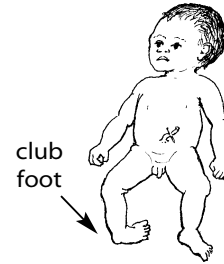
or carry the baby like this:



Also, try to feel the baby's pulse in the place where the leg and genitals come together. A skilled person may have to teach you. If a skilled person cannot find this pulse, the baby may not have good blood flow to the legs. Get medical advice.

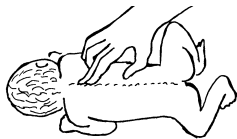
Feet

Look at the baby's feet. If one foot turns inward and cannot be straightened, he may have a club foot. This can usually be fixed with a cast if the baby gets help in the first few days. The book *Disabled Village Children* has more information on treating club foot.



Back

Turn the baby over and look at her spine. Look for holes, sores, cysts, growths, or tufts of hair.



Move your fingers down the baby's spine to feel the bumps of her spinal bones. Can you feel a flat spot in the spine? Are there any holes in the skin at the bottom of the spine where the baby's buttocks begin?

If you find any holes, sores, growths, or tufts of hair, get medical advice.

Skin

Look carefully at the baby's skin. Some babies have spots on their skin. For example, the baby might have large, dark patches on the lower back or bottom. Other babies have red patches on their faces. These spots are not harmful. Other spots, like small red rashes, can be a sign of infection. If you are not sure, get medical advice.

Color

The baby should be a normal color within a few hours of the birth.

If the baby stays blue

- If a baby's hands and feet are still blue, but the baby is warm, there is probably not a problem. Some babies' hands and feet stay blue for 1 or 2 days after the birth.
- If the baby's lips or face are still blue one hour after birth, the baby may have a problem with his heart or lungs. He may also need oxygen. Go to the hospital now.



If the baby looks yellow

If the baby seems yellow less than a full day and night after the birth, he may have jaundice or an infection. See page 279, and get medical help.

If the baby is pale

A pale, limp baby may be anemic or have other problems. Get medical help now.

If the baby is very red

A very red baby may be OK. Watch him carefully for a week for signs of jaundice. Get medical help as soon as possible if the baby becomes yellow, starts breathing fast, or has trouble breastfeeding.

Baby has birth defects

When you look a baby over from head to toe, you may see signs that she has an illness or disability. Or you may see that the baby is somehow different from other babies. These differences or disabilities may be called birth defects. Birth defects are sometimes small, and not dangerous, like cleft lip. Or they may be very serious and life threatening, like a large opening in the spine (spina bifida). If you find anything unusual, get medical help.

If the baby has a disability, the parents may be very accepting, or they may not. Some parents think that disabilities are caused by curses or bad luck. Others feel sad that their child is not the way they imagined, or not like other children. They may feel overwhelmed by the extra help that they may need to give a disabled child. Parents of disabled children often need extra support.

Help the parents:

1. find good medical care for their child.
2. learn about the child's special needs.
3. learn about the child's strengths. For example, a child who will not walk because her legs are not formed normally, may have very strong arms and hands and be able to do many useful things with them. The same child may also be very intelligent and able to do useful things with her mind.



Clean up and answer the family's questions

There are many helpful books for parents and caregivers of children with disabilities. *Disabled Village Children*, *Helping Children Who Are Blind*, and *Helping Children Who Are Deaf* are all available from the Hesperian Foundation.

What causes birth defects?

Some babies form differently inside the womb, and no one knows why. But many birth defects can be prevented. Some birth defects happen when:

- the mother did not get enough good food to eat in pregnancy.
- the mother was exposed to sicknesses like herpes, chicken pox (varicella), or German measles (rubella) during pregnancy.
- the mother had to work with toxic chemicals (like pesticides) during pregnancy.
- the mother was given unsafe medicines or drugs during pregnancy.

Birth defects should not be treated as a problem for families to deal with on their own. Their causes affect the whole community. To prevent birth defects, we must change the world we live in so that it is safer for women and families.

Giving BCG immunizations

In some places where there is a lot of tuberculosis (TB), a vaccination called BCG is given to all babies at birth. In other places this vaccination is given at birth only to babies of mothers who have TB. BCG vaccination does not always work, so people who have been vaccinated should still be careful not to be exposed. If you do not give the BCG vaccine yourself, remind the mother to have the baby immunized in the first month at the nearest medical center.



To protect against tuberculosis

- give 0.05 cc BCG vaccinebetween the layers of skin (intradermally), 1 time only, within the baby's first 2 months

Do not give BCG vaccine to a baby who may have HIV/AIDS.

labor & birth

Clean up and answer the family's questions

Clean up the birth area. Anything that has blood on it, including the placenta, must be disposed of so it does not spread germs. See page 67 to learn how to safely dispose of tools and wastes.

Make sure the parents have all of their questions answered before you leave.



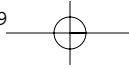
CHAPTER 15

The first weeks after the birth

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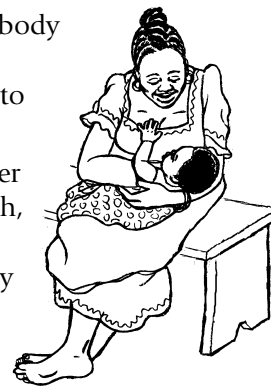


The first weeks after the birth



In the first few days and weeks after the birth, the mother's body will start to heal. Her womb should get smaller and stop bleeding. Her milk should come in. The baby should learn to breastfeed normally and start to gain weight.

The mother and baby will still benefit from your care after the birth. Visit them at least 2 times — the day after the birth, and then again at least once in the following week. If you visit even more, you may prevent more problems. Visit every day if there are signs of problems in the mother or baby.



What to do for the mother

Mothers need care after birth just as babies do.

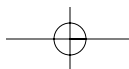
Help the mother care for herself

After birth, the mother's body is tired and her womb is open. It is easy for her to get infected, but she can stay healthy by:

- getting plenty of rest.
- eating a variety of nutritious foods (see pages 33 to 42).
- drinking plenty of fluids.
- staying clean — washing her hands, genitals, and breasts.

In some cultures, women rest in bed with their babies for 2 weeks or more after a birth. This is a healthy custom because it helps the mother heal, helps her and her baby to be closer, and keeps the mother away from germs outside of her home. If possible, the mother should not do difficult work for about 6 weeks.

Remind the woman and her partner that they should wait until the woman stops bleeding before they have sex. Also be sure to talk to the couple about family planning. The woman can become pregnant again soon.



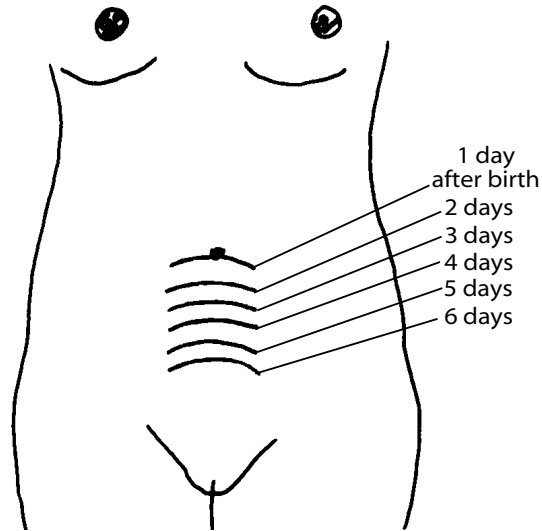
Watch the mother's womb and bleeding

HEALTHY SIGNS After the birth, the mother should bleed about the amount of a normal monthly bleeding or less. Her bleeding should stop after 2 or 3 weeks. Her womb should be firm and get smaller and smaller each day.

WARNING SIGNS

- Womb feels soft or large.
- Mother bleeds a lot.
- Mother has signs of shock.

Check this chart to see where the top of the womb should be after the birth.



The mother's womb

If the womb gets soft, rub it until it is firm (see page 224). Show the woman's family how they can rub the womb when you are not there. Ask the mother to breastfeed more often, and watch for too much bleeding.

Also, feel the womb to be sure it is going down to its normal size. Just after birth, the womb is about halfway between the pubic bone and the bellybutton. The next day, it grows to the height of the bellybutton, and should shrink every day after that.

The mother's bleeding

If the mother soaks more than 1 pad in an hour, she is probably bleeding too much. Rub the womb to help it contract. Remind the family that the mother needs to rest. Working too much often causes bleeding after a birth.



If these methods do not work, give medicines to stop bleeding (see page 231). If the bleeding continues, or if the mother has signs of shock, get medical help right away.

Watch the mother for signs of womb infection

HEALTHY SIGNS A healthy woman keeps a normal temperature — around 37°C (98.6°F).

WARNING SIGNS

- Fever, 38°C (100.4°F) or higher
- Chills
- Fast pulse
- Heavy bleeding
- Bad-smelling genitals or bleeding
- Pains in the belly.
- An ill feeling.



If a woman has any of these signs after a birth, she may have a womb infection. Womb infections are very dangerous — they can quickly kill a woman.

If possible, a woman who may have a womb infection should go to a medical center right away. She can be tested to find out which antibiotic medicines will cure her infection. If you cannot get medical help, treat the woman at home.

Giving antibiotics at home

You cannot be sure which germs are causing a womb infection, so you will need to give 3 antibiotics to kill many different germs. If you do not have all of these antibiotics, it is better to give only 1 or 2 than none at all.

Give the antibiotics until the signs of infection have been gone for 2 days. This may take about 5 days altogether.



To treat womb infection

- inject 80 mg gentamicinin the muscle,
3 times a day for about 5 days

and

- give 2 g ampicillinby mouth, 4 times a day
for about 5 days

and

- give 400 to 500 mg metronidazole.....by mouth, 3 times a day
for about 5 days

Watch the mother for signs of vaginal infection

HEALTHY SIGNS Any tears in the vagina are healing, and the skin is not swollen or hot.

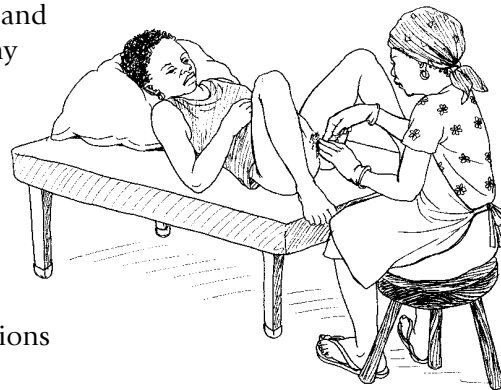
WARNING SIGNS

- Pain in the vagina
- Pus or a bad smell from the vagina
- Swelling, redness, or a hard lump in the vagina

An infection of the vagina is not as dangerous as a womb infection.

Wash your hands well, put on gloves, and look at the woman's vagina. If you see any of the warning signs listed here, she probably has an infection. If you see pus, check to be sure the pus is not coming from high inside her vagina. If it is, she probably has a womb infection.

If the pus is coming from a hard lump or tear on the woman's genitals, get medical help, or follow these instructions to drain the pus yourself.



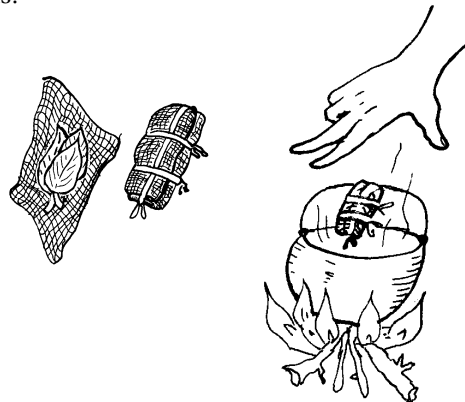
To drain the pus

Warm, wet cloths will usually draw out pus.

If the tear is open

Hold sterile cloths dipped in boiled warm water on the infected area.

If you know plant medicines that will draw out pus, wrap them in a sterile piece of cloth or gauze, and tie the cloth so the plants cannot fall out. Boil the wrapped plants, let them cool a little, and then press on the infected area.



If you feel a hard lump under the skin

If you feel a hard lump, pus or blood is probably trapped inside. Watch the lump each day. If it is painful or growing larger, get medical help.

Watch for other warning signs

The mother's legs are red, hard, painful, or swollen

WARNING SIGNS Very rarely, after a birth, a woman's blood can form a clot in her leg. Signs of a clot are:

- swelling or heat in one leg or foot.
- pain in one leg when it is squeezed or during walking.
- a painful red area on one leg.
- a hard lump in the leg.



A clot can move to a woman's lung and make breathing impossible.

A blood clot is very dangerous. If the clot breaks free and moves through her blood, it can cause problems in other parts of her body. For example, the clot can go into her lung and make it impossible for her to breathe.

If a woman has a sign of a blood clot, go to a medical center immediately. On the way, have the woman lie down with her legs above her hips. Put warm cloths on the swollen area, but do not rub or massage it.

Leaking urine or stool

When urine or stool leaks freely from a woman, she may have a hole in the skin inside her vagina, called a fistula. This hole is caused during labor by the baby's head pressing hard on the skin between the bladder and the vagina, or sometimes the skin between the rectum and the vagina. The pressure of the head is so great that the skin dies and a hole opens up between 3 and 12 days after the birth.

Fistulas can usually be treated. A small fistula may heal on its own: the woman should drink a lot of fluids and take sitz baths (see page 326). If she is catheterized for 3 weeks, urine will be kept out of the fistula long enough for it to heal.

A serious fistula needs to be repaired. There are hospitals that can do this surgery — usually about 3 months after the birth. Help the woman get to a medical center for help.

Fistulas can be prevented

A fistula happens when a woman is in labor for a long time. When a woman has been in labor for many hours, do not keep waiting. Get medical help. To learn more about preventing fistulas, see page 22.



Fistula causes leaking urine.

Give emotional support

It is important to give the mother emotional support. Customs and rituals that honor the mother or celebrate the birth are one way to recognize the work she has done in labor.

What to do if the mother feels very upset or sad (depressed)

Most women feel strong emotions after giving birth. This is normal. Some feel sad or worried for a few days, weeks, or months. When this happens, you can help by listening to the woman's feelings and explaining that the feelings are common.

When these sad feelings are very strong, it is called depression. It may be difficult for the woman to care for herself or her baby. She may even act crazy. A woman who is depressed needs help. She needs help caring for her home and family, and she needs help to stop feeling so upset. If possible, someone should stay with the woman to help and to be sure she does not hurt herself or her baby.

There are also some traditional rituals and remedies, as well as modern medicines, to help a woman feel better. The modern medicines are expensive and can cause other problems, so they should only be taken in extreme cases.

A woman who had feelings like this after a previous birth is more likely to feel them again after this birth.



What to do for the baby

Encourage the baby to breastfeed and watch how she grows

The baby should breastfeed every few hours, from the first hour after the birth on. A baby who is breastfeeding enough and who is healthy should urinate and pass stool, should not have signs of dehydration, and should gain weight.

Baby does not urinate or pass stool within the first 24 hours

The baby should urinate and pass stool within the first day of birth. If the baby does not do so, her urethra or intestines may be blocked. Get medical help right away.

Baby "shoots" vomit

Most babies spit up (vomit a small amount). Usually, the vomit dribbles out of the baby's mouth, especially after eating.

If vomit "shoots" forcefully out of the baby's mouth each time she eats, she may have an infection or something blocking milk from moving through her body.

Get medical advice.



Baby has signs of dehydration

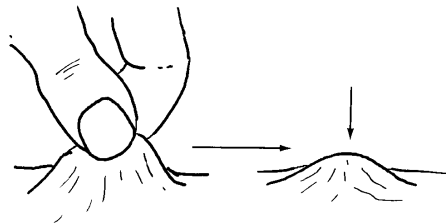
If the baby is not breastfed enough, if she has diarrhea or vomits, or if she has a fever, she can become dehydrated. Dehydration happens when there is not enough water in the body. It is very dangerous, and can kill a baby.

Signs of dehydration:

- sunken soft spot
- sunken eyes
- dry mouth or cracked lips
- urinating less than 4 times a day
- dark-colored urine
- fast pulse and breathing
- skin that is not stretchy



To check the stretchiness of the skin, pinch the skin on your own arm and let it go. Watch how quickly it goes back to normal. Now pinch the skin on the baby's belly and let it go. If the baby's skin goes back to normal more slowly than yours did, she is dehydrated.



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To help a dehydrated baby

Encourage the mother to breastfeed often — every 1 to 2 hours. Also give the baby rehydration drink (see page 160) — a few drops each minute until the baby is better.

Dehydration can be caused by infection (see page 277). If the baby is not better in 4 hours, get medical help.

Bottle-feeding causes dehydration

A common cause of diarrhea and dehydration is giving formula to a baby. If possible, the mother should breastfeed. If she cannot breastfeed, the family must use clean water and the correct amount of formula powder. Bottles and nipples must be boiled to be safe. See page 281 to learn more about formula.

**Baby does not gain weight or grow normally**

It is normal for a baby to lose weight for a few days after birth. But she should regain her birth weight by 2 weeks and continue to gain weight steadily.

A baby who does not gain weight or grow enough may not be getting enough milk. She may also have an infection, diarrhea, or another health problem.

Watch how often the baby breastfeeds. The mother should feed the baby whenever he wants, for as long as he wants — at least every 2 or 3 hours for at least 20 minutes, until the breast is empty. If the baby does not try to breastfeed often, she may be very sick. Take her to a medical center right away.

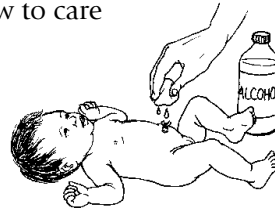
Watch the mother's health. If the mother is ill or not getting enough good food or fluids, she may not make enough milk. Encourage the family to care for the mother and give her extra food.

See Chapter 16, page 280, to learn more about breastfeeding. If the baby just does not grow, get medical advice.

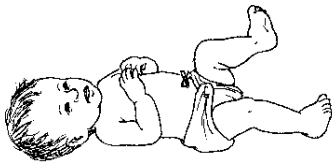
Care for the cord

To prevent the stump of the baby's cord from getting infected, it should be kept **clean** and **dry**. Show the family how to care for it.

- Always wash your hands before touching the cord.
- If the cord becomes dirty or has a lot of dried blood on it, clean it with medical alcohol or strong drinking alcohol or with gentian violet. You can also use soap and water, but be gentle with the cord.
- Do not put anything else on the cord — dirt and dung are especially dangerous.



If you clean the cord, use alcohol.



- If there are a lot of flies where you live, you may cover the cord stump with a clean dry cloth. But usually you should leave it uncovered.

The cord stump usually falls off 5 to 7 days after the birth. There may be a few drops of blood or smooth mucus when the cord falls off. This is normal. But if there is a lot of blood or any pus, get medical help.

Look for signs of infection

WARNING SIGNS

- The baby seems very weak or tired, or stops breastfeeding.
- The baby has diarrhea.
- The baby cannot keep warm, even when wrapped in blankets.
- The baby has a fever above 38°C (100.4°F).
- The baby has a weak, fast heartbeat.
- The baby seems ill.

Cord infection

Infection in a baby is most often caused by germs getting into the cord stump. When the cord is infected, the area around the cord usually becomes red, drains pus, feels hot, or smells bad.



Chapter 15: The first weeks after the birth

Tetanus

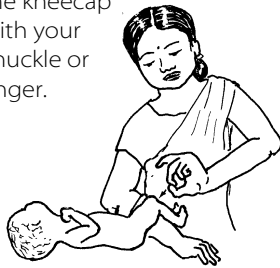
If the cord was cut with something that was not sterilized, or if someone put dirt or dung on the cord stump, the baby can get tetanus. Even with good care and medicine, most babies who get tetanus will die.



To prevent tetanus, pregnant women must be vaccinated (see page 102), and the cord must be kept clean.

A baby with tetanus will usually be stiff, with her head bent back, and will have very brisk (strong) reflexes. Check the baby's reflexes for signs of tetanus:

Let the leg hang freely and tap it just below the kneecap with your knuckle or finger.



If the leg jumps a little bit, the reaction is normal.



If it jumps a lot, the baby may have tetanus.



If you see signs of tetanus, get medical help immediately.

If medical help is more than 2 hours away

- inject 100,000 Units benzylpenicillinon the outside of the baby's thigh muscle, 1 time only



Pneumonia (lung infection)

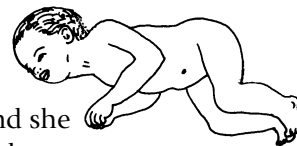


Infection can also happen in the baby's lungs (pneumonia). This is most common if the mother's water broke more than 24 hours before the birth, or if she had a fever during labor.

Signs of a lung infection in a baby are: breathing fast (more than 60 breaths a minute) grunting when she breathes, or sucking in the skin between her ribs as she breathes. Get medical help, especially if the baby is small or was born early. On the way, give antibiotics.

Meningitis (brain infection)

Rarely, a baby becomes infected in the brain (meningitis). A baby with an infection in the brain will have a stiff neck and lie with her head bent back. She may vomit, the soft spot on her head will bulge, and she may become unconscious. A baby with an infection of the brain can quickly die. **Take the baby to a hospital immediately.**



If you have antibiotics, give them on the way to the hospital. See page 279.



Antibiotics for infections in a newborn such as pneumonia, meningitis, and others

- inject 300 mg ampicillin.....in the outside of the baby's thigh muscle, 2 times a day for 7 days

and

- inject gentamicin.....in the outside of the baby's thigh muscle, once a day for 7 days

for a 2 kg or smaller baby: inject 8 mg

for a 3 kg baby: inject 12 mg

for a 4 kg or bigger baby: inject 16 mg

Watch the color of the baby's skin and eyes

Many babies have a yellow color to their skin or eyes a few days after birth. This is called jaundice. Jaundice is caused when a yellow substance called bilirubin builds up in the baby's body. Normally, a new baby's body breaks the bilirubin down in a few days, and the yellow color goes away.

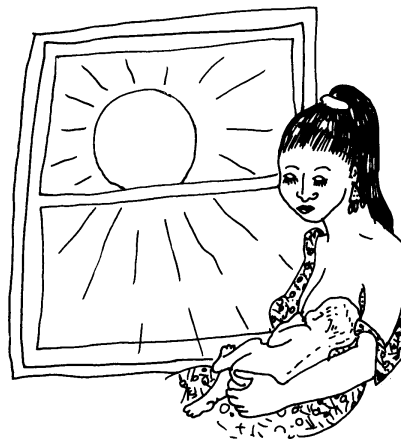
Rarely, the baby can have severe jaundice, which is dangerous. Signs of severe jaundice are:

- The yellow color starts on the first day of the baby's life.
- The yellow color lasts for more than 2 weeks.
- The yellow color extends to the baby's hands or feet.
- The baby seems very sleepy or does not wake up to breastfeed.
- The baby does not stay warm.

If the baby shows any of these signs, get medical help immediately.

Otherwise, help the baby breastfeed often, and give the baby some sun. The sun will help the body break down the bilirubin. If it is warm enough, take off the baby's clothes, cover her eyes, and put her in the sun for 5 minutes once or twice a day. (Too long will burn the baby's skin.)

Put the baby in the sun for 5 minutes or less on each side, a few times a day.



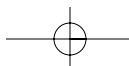


CHAPTER 16

Breastfeeding

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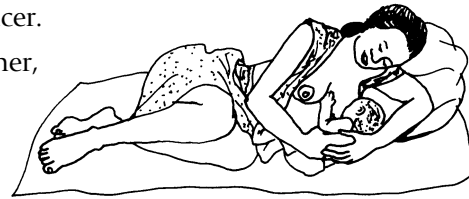
Breastfeeding



Breast is best

Breast milk has all the nutrition a baby needs. It also gives many other benefits:

- Breast milk protects the baby against many illnesses including diarrhea, pneumonia, diabetes, and cancer.
- Sucking on the breast, close to the mother, helps the baby feel safe.
- Breast milk is always fresh, clean, and ready to eat.
- Breastfeeding helps the mother's womb contract after birth and slows bleeding.
- Breastfeeding can prevent the mother from getting pregnant again right away.
- Breastfeeding helps protect the mother against brittle bones (osteoporosis) and some kinds of cancer later in her life.
- Breastfeeding costs nothing — it is free!



Breastfed babies are healthier.

Baby formula can be dangerous

Companies that sell formula and other breast milk substitutes will say almost anything to make people buy them. They may say substitutes are modern, or clean, or as safe and nutritious as breast milk. But **milk substitutes do not have all the benefits of breast milk and, for most babies, they are not safe.**



Bottle-fed babies are more likely to get sick and die.

- Formula is less nutritious.
- Formula is harder for the baby to digest.
- Bottle-feeding requires extra clean water and fuel to boil the water and bottles. If the bottles or water are dirty, bottle-feeding can cause dangerous diarrhea that can lead to death.
- Formula costs a lot of money.
- Some families try to make formula last longer by adding extra water. This makes babies grow more slowly and get sick more.

How to breastfeed

Help mothers start breastfeeding within an hour of the baby's birth. The first yellow-colored milk, called colostrum, is just what a new baby needs. It has the right nutrition and provides extra protection against infection. Colostrum also cleans the baby's intestines. There is no need to give teas or herbs to do this.

If the baby has a hard time breastfeeding at first, the mother can put a few drops of milk on the baby's lips and on her nipple to encourage the baby to suck.

A mother should feed her baby whenever he is hungry, day and night. Many new babies will suckle every 1 to 2 hours. The more the baby suckles, the more milk the mother will make.

Babies should have only breast milk (drink no other fluids and eat no other foods) for the first 6 months. And babies old enough to eat still need to breastfeed until they are about 2 years old or older.



WARNING! Breast milk is the best and only food a baby needs for the first 6 months. If a mother gives a baby formula, water, teas, or cereals before 6 months, the baby will suck at the breasts less. This makes the mother have less milk. These other foods can also cause diarrhea, allergies, or other problems in a young baby.

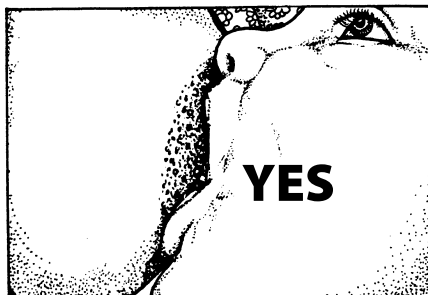
How to hold the baby

A woman may have a difficult time learning to feed her first baby. You can help by showing her the right positions for breastfeeding. A good position helps the baby feed better and prevents sore or cracked nipples.

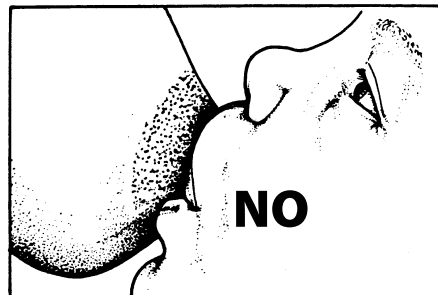
The mother should support the baby's head with her hand or arm. The baby's whole body should face the mother so his neck is not turned. This position makes it easier for him to swallow.

When the baby opens his mouth wide, the mother should bring the baby onto her breast. The baby should have a big mouthful of the breast, with the nipple deep in his mouth.

This baby has a good mouthful of breast.



This baby does not have enough breast in his mouth.



Breastfeeding positions that work well

Chest to chest, chin to breast

The mother's back is straight.



The baby's body is straight and turned toward the mother's.

The baby's head is supported and in a straight line with the rest of his body.

The baby suckles the breast, not just the nipple.



Use pillows or some rolled-up cloth under the baby.

What the mother should eat while breastfeeding

To heal after a birth, and to make breast milk, a woman should eat as much or more as when she was pregnant. And she should eat a wide variety of foods including fruits and vegetables and foods rich in protein and fats — like nuts, beans, cheese, eggs, and meat.

She also needs to drink plenty of liquids. Water, herb teas, fruit juices, and milk will all help her stay healthy and make breast milk.



When the mother works outside the home

When a mother works away from home, it can be hard for her to give her baby only breast milk during the first 6 months. If possible, the mother can bring her baby with her to work, or someone can bring the baby when it is time for her to feed.

In some places, people are trying to get laws passed that allow women workers to take breaks to breastfeed their babies or to remove breast milk by hand.



Removing milk from the breasts

Another way for the mother to give breast milk when she is away is to remove the milk from her breasts. Then someone else can feed the baby for her. She may also want to remove milk by hand if her breasts are too full, or if she cannot breastfeed for some reason but wants to keep making milk.

You can remove milk 2 or 3 times each day ...



... then send or store the milk so someone else can feed your baby.



A woman may be able to get a breast pump to help her remove milk more easily. Some clinics and medical centers loan or rent out electric pumps. They may also sell simple hand pumps at low cost. Some women can easily remove milk by hand.

How to remove milk by hand

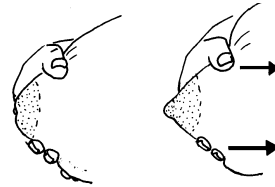
1. Wash a jar and lid with soap and clean water and leave them in the sun to dry.

If possible, pour some boiling water into the jar and then pour it out just before using it. This will kill germs in the jar, and keep the milk safe.

2. Wash your hands well.

3. Put your fingers and thumb at the edge of the dark part of the breast (areola), and press in towards the chest.

4. Gently press the fingers together and roll them towards the nipple. Do not pinch or pull the nipple. Removing milk should not hurt.



5. Move your fingers all the way around the areola so the milk can come out of the whole breast. Do this with each breast until it is empty.

At first, not much milk will come out, but with practice, more will come. The mother can usually remove more milk if she is in a quiet, calm place and feels relaxed. Thinking about her baby while she removes her milk may help the milk flow for her.



Saving milk

Breast milk should be saved in clean, boiled containers. Keep it covered in a cool place, away from sunlight.

Breast milk can sit in a room for about 8 hours before it spoils — as long as the room is not very hot. It can be stored even longer if it is kept cold. Try wrapping the jar in wet cloths. Milk stored in a refrigerator can last for 2 or 3 days. It can also be kept in a very cold freezer for up to 2 weeks, but once it thaws it should not be frozen again.

To warm up milk that has been stored, put the container of milk in a bowl of warm water. Do not microwave breast milk.



WARNING! Milk that cannot be kept cold will spoil and should be thrown out. **Spoiled breast milk can make a baby very sick.**

Chapter 16: Breastfeeding

Feeding milk that has been removed

When feeding milk or formula to a young baby, use a very clean cup or spoon. Even newborn babies can drink from cups. Do not pour the milk into the baby's mouth or she will choke. An older baby can drink from a cup or a feeding bottle and rubber nipple.

Whatever a baby drinks from must be very clean. Unclean bottles and rubber nipples in particular often carry germs that cause serious infections in babies. Boil the cup, bottle, and nipple before using them. If this is not possible, wash them with clean water and soap and let them dry in bright sunlight.

A baby sucks on bottles or pacifiers (dummies) in a different way from how she sucks the breast. She may forget how to suck the breast correctly if she uses a bottle while very young. The more a baby has breastfed before using a bottle, the better. If possible, do not give a bottle to a newborn.

Common difficulties while breastfeeding**Fear of not having enough milk**

Some women are afraid that they do not have enough breast milk. Health workers or family members may even tell them they do not have enough. This is almost never true. **The more a baby suckles, the more milk a mother's breasts will make.**

At times the baby may suddenly want more milk than before. This is normal. It means the baby is growing and so is his hunger. The baby does not need anything else to eat or drink — just let him breastfeed more often and for as long as he wants. After about 2 days of extra breastfeeding, the mother's milk supply will have grown to meet the baby's needs.

If the baby does not seem satisfied,



do not give solid food or a bottle.

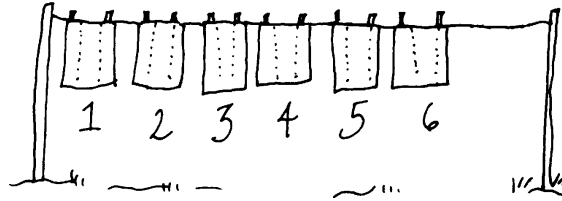


Help him breastfeed more!



Common difficulties with breastfeeding

The baby is getting enough breast milk if he gains weight and urinates more than 6 times a day.



Breast milk gives a baby all the water and nutrition she needs.

Some people give water, teas, tinned milk, or other drinks to their babies — but for the first 6 months this is not necessary and is in fact dangerous. Giving other drinks can fill the baby up without giving her nutrition. Water and other drinks that are not clean can cause infection.

Flat or inverted nipples

Some women’s nipples are flat or inverted (sink into the breast). Even so, the baby can usually breastfeed without a problem. But the mother and baby may need some help in the first few days.



long nipple



flat nipple

Breastfeeding with flat nipples

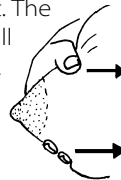
- Start breastfeeding right after birth — before the breasts become full.
- If the breasts are very full, remove some milk by hand to make them softer.
- Gently roll the nipple to make it stand out.
- Cup a hand around the breast and pull back. The nipple will pop out.

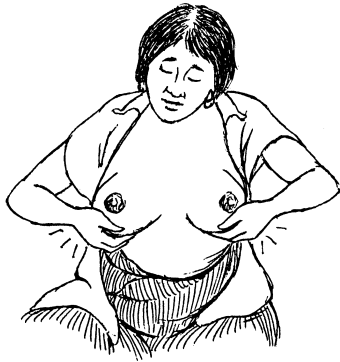


Take the breast like this:



and pull back towards the chest. The nipple will stand up.





Engorged (swollen) breasts

Sometimes a mother's breasts get very full and hard, especially during the first few days after the birth. This can be painful for the mother and also makes her more likely to develop a breast infection. It can also make it hard for the baby to suck the breast. If the mother begins breastfeeding the baby very soon after the birth, and feeds often, she may avoid this problem.

But if a mother's breasts do get swollen, she can try the following:

- Breastfeed the baby more often, both day and night (every 1 or 2 hours, and on both breasts).
- Place hot, wet cloths on the breasts for 15 to 20 minutes before each feeding.
- Put ice, cool cloths, or fresh cabbage leaves on the breasts between feedings. Let the milk leak freely and support the breasts with a bra or cloth.
- If the baby has trouble getting onto the breast because it is swollen, remove a little milk by hand until the breast is soft enough for the baby to take.

Encourage the mother and remind her that this problem will go away soon.

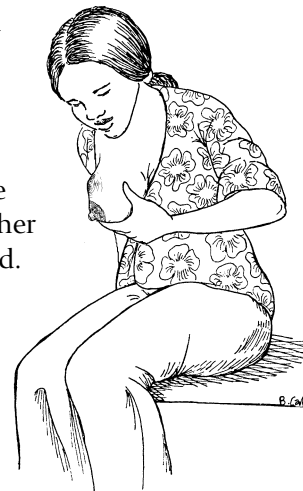
Painful lump in the breast (abscess)

If a painful lump forms in the breast, the milk is probably getting stuck in one part of the breast. If the lump is not treated, the breast can easily become infected.

If a mother has a painful lump, she should:

- breastfeed frequently (every 1 or 2 hours), giving the baby the sore breast first. If for some reason the mother cannot breastfeed, she must remove the milk by hand.
- stay in bed and keep the baby with her so he can feed often.
- drink lots of liquid.
- place hot, wet cloths on the sore breast for 15 to 20 minutes before each feeding.
- use ice or cold cloths between feedings to lessen the pain.
- gently massage the lump as the baby feeds.

Some women have gotten rid of an abscess by drinking 1 tablespoon of vinegar in a cup of water every hour. Putting cabbage leaves on the abscess also might help.



Breast infection (mastitis)

Infection inside the breast can occur if the mother has sore, cracked nipples or full, engorged breasts, if she wears a very tight bra or binding clothing, or if she is very tired or in poor health. Preventing these situations will help prevent breast infection.



Signs of breast infection:

- abscess (painful lump in the breast)
- hot, red, sore area on the breast
- body aches and pains
- fever of 38°C (100.4°F) or higher



For breast infection

- give 500 mg dicloxacillin.....by mouth, 4 times a day for 7 days

or

If you cannot find this medicine, or if the woman is allergic to penicillin

- give 500 mg erythromycin.....by mouth, 4 times a day for 7 days

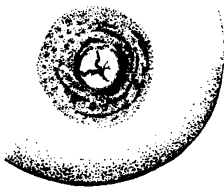
For fever and pain

- give 500 to 1000 mg paracetamol.....by mouth, every 4 hours, until the pain goes away

If a breast infection is not treated early, it will get worse. If an abscess develops and antibiotics do not make it go away, the woman should see a health worker who has been trained to drain an abscess using sterile equipment.



Chapter 16: Breastfeeding

Sore or cracked nipples

If a woman feels pain in her nipples while breastfeeding, the baby is probably not in a good position. If the baby keeps breastfeeding in a bad position, the mother's nipples may crack. Cracked nipples can become infected.

To treat sore or cracked nipples:

- Help the baby get a large mouthful of breast (see page 282).
- The mother can rub breast milk into her nipple. This will prevent infection in the cracks and keep the nipples soft so they will not crack more.
- Encourage the mother to leave her breasts open to air and sunlight when she is not breastfeeding.
- Encourage the mother to keep feeding from both breasts — but she can start with the less sore breast and switch to the cracked one once the milk starts flowing.
- If the pain is too great to breastfeed, the mother can remove her milk by hand and feed the baby with a cup and spoon for a few days.



Offer the whole breast (not just the nipple) so the baby can get a good mouthful.

Thrush

If a baby is in a good position while suckling and the mother still has pain in the nipples that lasts for more than a week, it may be caused by thrush (a yeast infection on the nipple or in the baby's mouth). The mother may feel an itch on her nipples or a stabbing burning pain. The baby may have white spots or redness in her mouth.

How to treat thrush

Mix gentian violet and water to make a 0.25% strength. For example, if you have a solution of 1% gentian violet, mix 1 teaspoon with 3 teaspoons of water.

Use a clean cloth or a finger to paint the nipples and white spots in the baby's mouth once a day for 5 days. Gentian violet will stain clothing and will turn the baby's mouth and the mother's nipples purple — this is normal. The mother should keep breastfeeding. If the thrush does not get better in 3 days, stop using gentian violet and get medical advice.

The baby has gas pains (colic)

If a baby starts to cry and pull his legs up soon after he starts to suck, he may have gas — too much air in the belly. Some babies swallow air when they breastfeed. It may help to let the baby burp.

Lay the baby on your shoulder and rub or pat his back.



or

Lay the baby across your knees and rub or pat his back.



or

Sit the baby up leaning forward and rub or pat his back.



Sometimes a baby seems to get gas pains when the mother eats a certain food or spice. The mother can try eating food without spices, or stop eating a food that may be causing gas for 2 or 3 days (if she is getting enough nutrition from other foods). There is no particular food that should be avoided, because each baby is different.

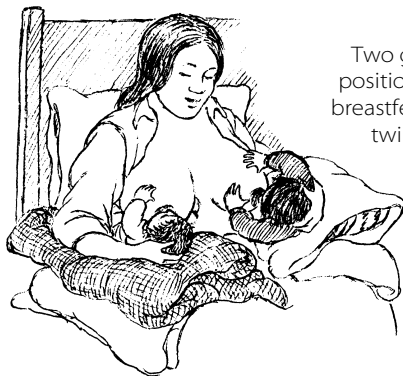
Gas pains usually stop when the baby is about 4 months old.

Situations that affect breastfeeding

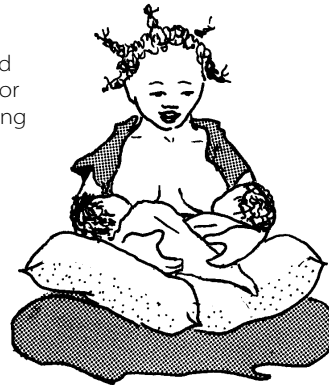
Twins

Twins should be breastfed just like other babies. Remember, the more a mother breastfeeds, the more milk her body will make. A mother can breastfeed both babies at the same time or she can breastfeed them one at a time.

A mother with twins will need more rest, food, drink, and help from her family and from you.



Two good positions for breastfeeding twins.



Chapter 16: Breastfeeding

Small babies and early babies

Most small babies and early babies need breast milk. If the baby is too weak to suck from the breast, a mother can remove her milk by hand and then feed her baby with a cup or spoon until the baby is strong enough to breastfeed. See page 256 for more on caring for small babies.

**Breastfeeding while pregnant**

It is safe to breastfeed while pregnant or to breastfeed an older child and a new baby. The mother should eat even more food and get plenty of rest.

The new baby should always be fed before the older baby.

When the mother is sick

It is usually best for a mother to keep breastfeeding even when she is sick. To prevent becoming more sick, the mother can:

- drink plenty of fluids.
- lie down while breastfeeding.

Family members and friends can help the mother with her chores so she can rest.

**Medicines**

If possible, breastfeeding mothers should not take drugs or medicines. But some mothers who are sick must take medicines. These women should use medicines that are safe to take while breastfeeding.

Most of the medicines listed in this book are safe to take while breastfeeding. A few that are not safe are marked with this symbol in the green medicine pages starting on page 463.

WARNING!

This medicine is not safe to take while breastfeeding.

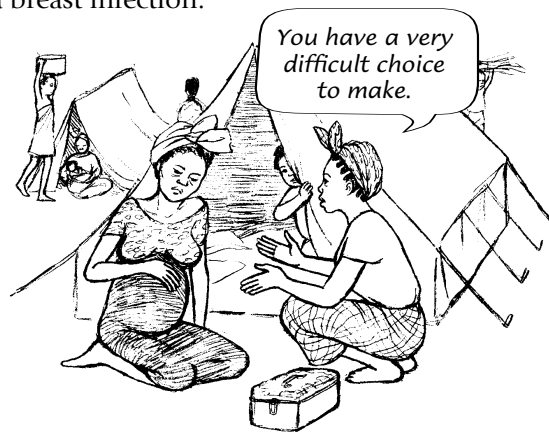
HIV/AIDS

Mothers who are breastfeeding should protect themselves from becoming infected with HIV/AIDS. See page 334 to learn how.

Some mothers with HIV pass the infection to their babies through breast milk. Other mothers with HIV breastfeed their babies and their babies do not become infected. No one knows exactly why HIV is passed to some babies and not others. HIV probably passes more easily during breastfeeding when:

- the mother recently became infected with HIV.
- the mother is very sick with AIDS.
- the mother gives formula or other fluids along with breast milk.
- the mother has cracked nipples or a breast infection.
- the baby has thrush in her mouth.

For most mothers, even mothers with HIV, breastfeeding is the safest way to feed their babies. That is because in most places, formula and other milks cause many babies to get sick or die from diarrhea or hunger. Many more babies die from taking formula than get sick or die from HIV passed through breastfeeding.



If a mother with HIV/AIDS chooses to breastfeed, here are some things that may make it safer:

- **Give only breast milk for the first 6 months.**

Babies who have breast milk **and** formula, teas, or other foods or drinks are more likely to become infected than babies who drink only breast milk. Any other foods or liquids will irritate the baby's intestines.



To prevent cracked nipples, help the baby get a good mouthful of breast.

- Stop breastfeeding completely after 6 months.
- Position the baby correctly to avoid cracked nipples.
- Treat thrush, cracked nipples, and breast infections right away.
- Do not feed the baby from a breast that has mastitis or an abscess — instead, remove the milk and throw it away.

A woman who is being treated with medicines for HIV is less likely to pass the disease while breastfeeding.

Chapter 16: Breastfeeding

Heating breastmilk to prevent passing HIV

Breast milk can be heated almost to boiling to kill the HIV virus. A baby will not be at risk of getting HIV/AIDS from this heated milk. Heating breast milk takes work, but it can be done if a woman has clean water, fuel, and support.

How to heat breast milk

1. Place a jar of breast milk in a pot of water.
2. Bring the water to a boil.
3. Immediately remove the pot from the heat.
4. Let the milk cool before feeding it to the baby with a cup or bottle.

Breast milk should not be boiled.

Heated milk should be used within a few hours.

Alternatives to breastfeeding

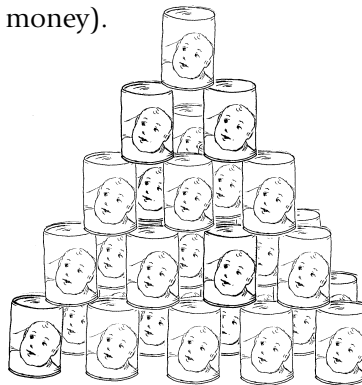
Breastfeeding is best, but there are a few times when it is not possible. If a mother is infected with HIV, if she is very sick, or if she adopts a child, she may not be able to or may choose not to breastfeed.

For some families, formula may be a safe alternative to breast milk.

Formula is only safe when:

- the family has enough clean water to make plenty of formula to feed the baby.
- the family has enough fuel to boil bottles.
- the family can afford to buy all the formula the baby needs (and will not dilute it with too much water, to save money).

One can of formula may not seem expensive, but formula for many months costs a great deal.



Families who give formula must follow the directions on the package exactly. Do not thin the formula by adding extra water or by using less milk or powder.

Dirty bottles and nipples or watered-down formula can kill a baby.

Families who cannot afford formula have tried some other ways to feed their babies. These ways are not possible for every mother, but may be for some.

- A relative or friend who does not have HIV/AIDS can breastfeed the child.
- Animal milks can be fed to a baby. Animal milks have more fat and less sugar than human milk, so they must be mixed with water and sugar to be fed to a baby. People do not agree on one recipe that will make animal milk most healthy for a baby. Here are 2 ways to make it, depending on the kind of animal milk you have.



Someone else may be able to breastfeed the baby.

To feed a baby with animal milk

from cow milk, goat milk, or camel milk:

- mix 100 ml fresh milk with 50 ml clean water and 10 g (2 tsp) sugar

from sheep milk or buffalo milk:

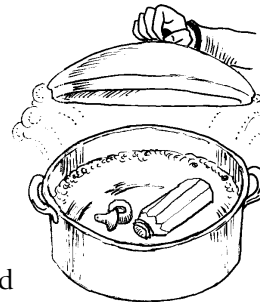
- mix 50 ml fresh milk with 50 ml clean water and 5 g (1 tsp) sugar

Bring the formula to a boil and then remove it from the heat. Let it cool and then feed immediately.

Animal milks do not have all the vitamins a growing baby needs — so the baby should be given a wide variety of vegetables, fruits, and other foods starting at about 6 months of age.



When a family gives formula or animal milk they must keep everything very clean. The cup, spoon, bottle, rubber nipples, and any containers used for milk or formula should be washed thoroughly and boiled for 20 minutes before each use.



Prepared formula, tinned milk that has been opened, and animal milks should never be left at room temperature for more than 2 hours. They will spoil and could make the baby very sick. Formula can sit in a cold refrigerator for up to 12 hours.

Health skills

INTRODUCTION

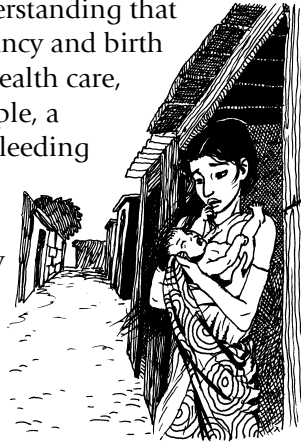
Midwives help women and families during pregnancy and birth, but also with health needs that are not directly connected to giving birth. This makes sense because the skills and understanding that a midwife brings to a woman during pregnancy and birth are also of use when a woman needs other health care, or is having a medical emergency. For example, a midwife who is already skilled at stopping bleeding after a birth can easily learn to stop bleeding after a pregnancy has ended early.

In many places, a midwife is also the only health worker in the community. In these places, midwives already help women and their families with many of their general health care needs. The more skills midwives gain, the better able they will be to help women who have no other health care.

This section describes how to do a number of procedures that may be useful in labor, or may be useful for helping women with health needs in other parts of their lives. These procedures can be done by most midwives in most places. But they may require careful training

and practice to do safely. Be sure to get help from other experienced health workers and teachers when learning to do these procedures.

Only try the more invasive procedures after you have been trained, and only if you have sterile tools. But do not be afraid to learn these new skills. With these skills, you will be able to improve the lives of the women in your community.

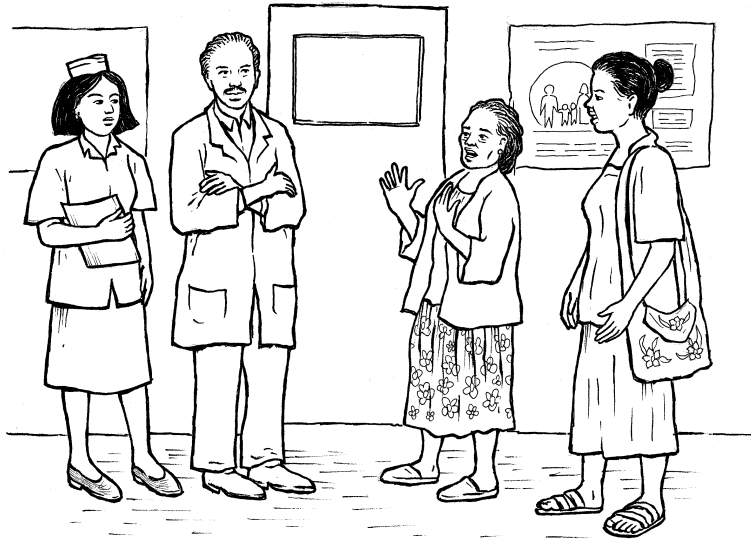


In the following chapters, we give instructions for giving injections and IVs, for checking dilation in labor, and for speeding a labor that is going slowly. Two chapters tell how to help women use family planning and how to treat women who have sexually transmitted infections.

We also explain how to give a woman a pelvic exam to look for signs of infection or cancer. Other chapters describe how to help a woman who wants to use an IUD for family planning, and how to help a woman who is having problems after a pregnancy ends early.

One of the most important tasks of a midwife is deciding when and how to get help. No one can solve all health problems on her own. Chapter 24 gives ideas about working with medical centers, hospitals, and other health workers so women can have safe care in emergencies.

Working together, and listening to each other, midwives, nurses, doctors, and other health workers can make sure all women get the care they need.



Finally, Chapter 25 gives ideas for making homemade equipment and teaching tools.