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Department of Health
Munaqhiliqiyitkut
Ministère de la Santé

Guidelines for Completing Community Postpartum Record

Introduction
The postpartum period is an important transition time for the mother, infant, partner and their family. Assessment of the newborn is guided by the *Well-Child Record and Guidelines* while the *Postpartum Record* addresses the physiological and psychosocial health of someone in the postpartum period.

The *Record* is designed to document key findings of three postpartum visits. If required, more detail on the assessment, plan, interventions and outcomes can be documented using SOAP and the nursing process in the maternal Progress Notes in Meditech. It is also possible to use one copy of the Postpartum Record for each postpartum visit – if this is done the Record for each visit should be kept together in the maternal chart.

Ideally, the initial postpartum visit takes place during a home visit within the first week or two of the mother's return to their community. If a home visit is not possible, perhaps because the client would prefer to come to the Health Centre, the initial visit should take place at the Health Centre. Subsequent postpartum visits take place at the Health Centre when the baby is one month and six weeks of age. The infant is assessed at the initial and one month visits while the six week visit focuses on family planning and other health issues of the mother.

The goals of care during the postpartum period are to:

- Support and promote the physical well-being of mother and baby and enable the mother to recover from the physical demands of pregnancy and birth;
- Support the developing relationship between the baby and their mother as well as the mother's partner and family;
- Support the mother's and their partner's emotional and mental health needs;
- Support infant feeding;
- Support the mother's confidence in themselves and in their baby's health and well-being, enabling them to fulfill their mothering role within their particular family and culture; and
- Support partners and other family members to enable them to develop confidence in their new roles (PHAC, 2020)

Other guidance documents to support the care of postpartum persons include:

- *Clinical Practice Guidelines for Nurses in Primary Care: Adult Care – Chapter 12 Obstetrics* from the First Nations and Inuit Health Branch.
- *Community Health Nursing Manual* of the Department of Health, Government of Nunavut.
- *Postpartum Nursing Care Pathway* from Perinatal Services BC.
- Health Canada Nutrition for Healthy Term Infants
- Health Canada Family-centred maternity and newborn care national guidelines Chapter 6
- Infant formula: what you need to know from Perinatal Services BC

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Before Visit - Assess Need for Bloodwork/Screening/Other

Review *Prenatal and Delivery Records* in the mother's chart to assess whether any of the following is needed and indicate on *Postpartum Record*:

As soon as possible in postpartum:

- Rh Immunoglobulin (Rhig) given when:
    - an Rh negative person should receive RhIg within 72 hours of delivery of an Rh positive infant; check to make sure RhIg has been given and consult with a GP/RM/NP if it has not.
    - if anti-D is not given within 72 hours of delivery or other potentially sensitizing event, anti-D should be given as soon as the need is recognized – up to 28[1] days following delivery.

Before one-month visit in Health Centre determine need for:

- CBC and Ferritin to assess for anemia if they:
    - had a Hx of anemia with a Hgb of <110 at last assessment
    - experienced >500 cc blood loss at delivery (postpartum hemorrhage).
    - (refer to FNIHB guidelines for more information on anemia)
- Serum TSH at first Health Centre visit if they:
    - had abnormal TSH in pregnancy
    - have low milk supply despite good latch and frequent nursing
    - are experiencing significant symptoms of postpartum depression in first six weeks or prolonged mood disturbance beyond six weeks postpartum.
- Gonorrhea and Chlamydia (by urine sample) at first Health Centre visit if they:
    - screened positive during pregnancy.
- Trichomonas and Bacterial Vaginosis swabs if they:
    - are symptomatic - yellowish-green vaginal discharge with a strong odor. May also have itching and soreness of the vagina and vulva.
- Give Rubella immunization within first six weeks postpartum if:
    - assessment on NU *Prenatal Record* indicates immunization is required.
- Give Varicella immunization within first six weeks postpartum if:
    - assessment on NU *Prenatal Record* indicates immunization is required.

Immunization in those receiving Rhig:

- To optimize response to vaccine, rubella - or varicella-susceptible people who receive RhIg in the peri-partum period should generally wait 3 months before being vaccinated with MMR or varicella vaccine.
- However, if there is a risk of: exposure to rubella or varicella; recurrent pregnancy in the 3 months post-partum period; or a risk that vaccines may not be received later, either MMR or monovalent varicella vaccine or both may be given. In this context, serologic testing for antibodies to the vaccine antigens should be done 3 months after vaccination and non-immune people should be revaccinated.
- In the event that a post-partum person receives either MMR or varicella vaccine or both vaccines in the 14 days prior to receiving RhIg, serologic testing for MMR or varicella should be done 3 months later and they should be revaccinated if non-immune.

[1] Fung Kee Fung K, Eason E, Crane J, Armson A, De La Ronde S, Farine D, Keenan-Lindsay L, Leduc L, Reid GJ, Aerde JV, Wilson RD, Davies G, Désilets VA, Summers A, Wyatt P, Young DC; Maternal-Fetal Medicine Committee, Genetics Committee. Prevention of Rh alloimmunization. J Obstet Gynaecol Can. 2003 Sep;25(9):765-73. doi: 10.1016/s1701-2163(16)31006-4. PMID: 12970812.

Note at six week visit:

- Conduct a PAP test only if they:
    - are due a PAP test according to the Nunavut Guideline available at: https://www.gov.nu.ca/sites/default/files/fillpdf/cervical_cancer_screening_guidelines-final.pdf.
    - NB: A PAP test is not routinely conducted in the postpartum.
- Confirm family planning method identified during pregnancy and provide/plan for provision.
- Make Appointment for an Oral Glucose Tolerance Test – 75 gm after 6 weeks postpartum – if they:
    - were Dx with glucose intolerance or gestational diabetes, irrespective of whether it was diet controlled or insulin dependent.

Completing the Postpartum Record During the Visit

Demographic Information

Record first and last name of the postpartum person as well as their community, date of birth, Nunavut Health Number, Telephone and House Number; use label in the right corner of the form if available.

Birth History

- Review the *Delivery Record* prior to the visit to determine:
    - Date of birth, Place of birth, Date returned to home community
    - Type of birth, gestational weeks and birth complications as they provide indication of potential postpartum complications
    - Indicate if has kept baby/adopted/other – if adopted identify guardian; if guardianship changes at subsequent visits indicate new guardian.
    - Identify number of other children and ages.
- Comments:
    - Add information relevant to postpartum care which has not been captured under the birth history.

Date and Type of Visit

Indicate the date and type of visit.

Maternal Physiological Health Assessment

- **Vital signs** – record vital signs **just at first visit** – unless there is a concern.
- **Current medications** – record medications they are currently taking **at first visit**. Ask about iron and prenatal multivitamins. Recommend continuing to take these, as well as an additional 1000 IU vitamin D daily.
- **General concerns** – ask if they have any concerns about their own health and record response **at first visit**. Address any health concerns that are raised.
- **Rest and energy** – ask more specific questions about whether they are getting enough sleep and if they have enough energy to care for herself and their newborn **at first and second visit**. Be aware of link between postpartum depression and lack of rest. Explore sources of support at home and in community. Indicate 1st and 2nd visit on Record.

For physical assessment, assess at each visit and indicate 1st, 2nd or 3rd visit in assessment box.

- **Fundal position**
  Urgent consult with GP/RM/NP required if concerned about uterine infection, involution or abdominal incision.
    - Fundus should be central, firm and 2 – 3 fingers below umbilicus by 72 hours postpartum
    - Involuting and descending ~1 fingerbreadth 1cm/day (not palpable at 7 – 10 days postpartum, prepregnant state at 6 wks)
    - Fundus may be tender but less so each day.
    - Assess pain which may be worse with breastfeeding for multiparas
    - Signs and symptoms of uterine infection: T>38, increased pulse, chills, anorexia, nausea, fatigue, lethargy, pelvic pain, foul smelling and/or profuse lochia

- **C/S Incision**
  Urgent consult with GP/RM/NP required if concerned about uterine infection, involution or abdominal incision.
    - Incision healing with little or no drainage; remove sutures/staples according to guidelines from hospital.
    - If gapping or foul discharge consult with GP/RM/NP
    - If opening is packed follow physician guidelines for changing dressing
    - Encourage use of correct lifting technique – abdominal tightening with exhalation when lifting, lift within their comfort zone (e.g. baby, toddler); use good body mechanics and avoid the Valsalva when lifting
    - May shower but recommend refraining from tub bath until dressings removed
    - Assess for signs and symptoms of infection and consult with GP/RM/NP if present: T>38, increased pulse, chills, anorexia, nausea, fatigue, lethargy, pelvic pain, foul smelling and/or profuse lochia
    - Consult with GP/RM/NP if an incision opens, has significant discharge or bleeding, or becomes red or painful.

- **Lochia Amount and Type**
  Urgent consult with GP/RM/NP required if fever is present, pain and cramping are persistent or lochia is heavy, frequently bright red or has a foul odour.
    - Day 3 – 5: Lochia serosa (pink/brown)
    - Day 7 – 10: Temporary increasing dark red discharge (shedding of placental site)
    - Day 10 – 6 weeks: Lochia alba which is gradually decreasing and usually subsides by 4 weeks (if continues may be due to Depo-Provera)
    - Consult with GP/RM/NP if:
        - Reoccurrence of continuous fresh bleeding
        - Lochia rubra >4 days
        - Discharge >6 weeks
        - Foul smell from lochia
        - Increased temperature
        - Uterine pain
        - Flu like signs and symptoms

- **Perineum - bottom**
  Urgent consult with GP/RM/NP required if episiotomy is gaping, has an odorous discharge or pain not becoming better, or getting worse – includes worsening pain from stitches.

- May experience mild to moderate discomfort
- Perineum intact or episiotomy/tear - well approximated with minimal swelling or bruising
- Small tear may be present and not sutured
- Use of comfort measures and analgesics (Tylenol or ibuprofen, codeine should not be used while breastfeeding)
- Use of ice packs to decrease swelling
- Pericare – peri bottle, fresh pads, wipe front to back
- Discomfort should decrease over time
- If pain is not decreasing consult with GP/RM/NP

- **Bowel function**
  - Normal bowel function should return over first postpartum week
  - If constipated review:
    - Meds that may constipate as well as nutrition, fluids, ambulation, stool softeners, laxatives (see self-care teaching topics)
  - If 3rd or 4th degree tear should be on bowel regime as above with addition of PEG for two weeks
  - If hemorrhoids review hemorrhoid care and prevention of constipation
  - If large painful hemorrhoids consult with GP/RM/NP

- **Family planning:**
  - They may be reluctant or embarrassed to discuss a return to sexual activity and/or family planning during a postpartum visit. A supportive manner, sensitive to the needs of the individual will assist in these discussions. Ask if this is a good time to discuss family planning.
  - Assess capacity to access/obtain contraception prn – ensure condoms are available at visit
  - Provide information on contraceptive choices including those compatible with breastfeeding.
  - Resumption of sexual activity is variable and is when they are feeling ready/comfortable
    - Their sense of control and comfort (mutually agreeable)
    - Lochia has decreased and no longer red, perineum healed with no ongoing pelvic floor problems
    - Incision from caesarean healing and comfortable
  - May have vaginal discomfort due to decreased hormonal levels, thinning of vaginal walls, decreased lubrication, sutures - comfort measures include water-soluble lubricant, positions
  - May have decreased libido due to role overload, psychological, social changes, lack of sleep, hormonal changes
  - Ovulation may occur before menses begins:
    - **If lactating** – Breastfeeding exclusively regularly throughout the 24-hour period may delay ovulation and return of menses. Impacted by frequency of breastfeeding, use of formula, other fluids, weaning, pacifier use
    - **If non-lactating**– Menses may start in 6 – 8 weeks
  - Effects of breastfeeding (potential milk ejection reflex during sexual activity)

- **Breasts**
  - **Breastfeeding**
    - **Assess** for signs of engorgement:
      - Tenderness, warmth, throbbing (may extend to armpits)
      - Skin on breast may be taut, shiny, and transparent
      - Nipples flat, usually bilateral
      - Breast(s) hard, swollen, painful
    - If engorgement present:
      - Massage breast gently and manually express breast milk to soften the areola before breastfeeding, facilitating infant latch
      - Anti-inflammatory agents
      - Application of warm compresses, shower or breast soak before breastfeeding
      - Application of cold treatments, such as gel packs/cold packs after breastfeeding
    - **Assess** for signs of plugged duct:
      - Usually 1 breast
      - Localized hot, tender spot
      - May be white spot on nipple
      - May be a palpable lump (plugged duct)
    - If plugged duct present:
      - Shower or warm compress to breast before breastfeeding
      - Frequent feeding
      - Massage behind the plug toward the nipple, prior to and during feeding
      - Vary positions for feeding
      - Comfort measures may include cold treatments after breastfeeding as above and anti-inflammatory agents
      - Avoid missing feedings
    - **Assess** for signs of mastitis:
      - Sudden onset of intense pain
      - Usually in 1 breast – *if bilateral urgent consult with GP/RM/NP required*
      - Breast may feel hot, appear red or have red streaks and/or be swollen
      - They may experience flu like symptoms, fever of 38.5 °C – *suspect mastitis in any breastfeeding person with flu like symptoms*
    - If mastitis present:
      - Assessment of breastfeeding and improving milk transfer is the primary treatment.
      - Recommend continuing to breastfeed or pump and give expressed milk if too painful to breastfeed.
      - If there is a firm area on breast it can be gently massaged during feed.
      - Shower or warm compresses to affected area prior to feeds based on their preferences; after feed cool compresses.
      - Analgesics (Tylenol or ibuprofen – codeine is contraindicated during breastfeeding)
      - Increased rest.
      - Prescribe antibiotics (Cloxacillin, Cefalexin) if symptoms severe and temperature >38.5 C >24 hours or if conservative treatment fails.
      - It is safe to breastfeed while treating mastitis.

- ***Urgent consult with MD/RM/NP*** for any patient who appears acutely ill, with fever and malaise as may be severe mastitis requiring IV antibiotics.

- **Non-breastfeeding**
  - Wear supportive bra continuously until lactation is suppressed (5-10 days)
  - Use anti-inflammatory agents for comfort (Tylenol, ibuprofen)
  - Application of cold treatments for comfort (gel packs, cold packs)
  - Avoid stimulation of the breasts including sexual breast contact until lactation is suppressed.
  - Breasts will start to become softer as lactation is suppressed
  - Small amounts of milk can continue to be produced for up to one month postpartum

- **Nipples:**
  - **Breastfeeding**
    - **Assess** left and right nipple separately and treat as required.
    - **Assess** for flat or inverted nipples as will need particular support around position and latch.
    - **Assess** for tender, bleeding or cracked nipples
      - Indicates that greater attention to position and latch are required.
      - Baby may be sucking for comfort without a proper latch after falling asleep at the breast.
      - Mother may be pulling the baby's mouth away from the breast without first breaking the suction with their finger.
      - The baby may have a short frenulum – check for tongue-tie and refer if present (GP/NP/RM).
    - If tender, bleeding or cracked nipples present:
      - Review correct latch.
      - Other suggestions include:
        - Breastfeed on the side that is less sore for the first few minutes, then switch to the other side.
        - Express a little milk from breasts right before a feeding to initiate let down.
        - Change baby's position with each feeding to change pressure from baby's mouth to a different part of the breast.
        - Allow some breast milk to dry on nipples after feed.
        - Let nipples air-dry after each feeding.
        - Apply cool compresses to nipples after breastfeeding.
        - Place breast shields inside bra to prevent contact between clothes and nipples.
        - Avoid breast pads with plastic liners.
    - **Assess** for signs of candida infection on nipples:
      - Sore burning nipples which are sore all the time but worse when feeding - differentiate from poor latch
      - Deep burning/shooting pain
      - Itchy, flaky nipples which may also have tiny blisters

- Deep pink/bright red nipples/areola
- Mother may have recently been on antibiotics or has a yeast infection (infant may have signs of candida in mouth or perineal area)

- If candida present:
  - Frequent hand washing and washing of all items that touch breast and infant's mouth
  - Antifungal treatment for both mother and infant should be prescribed (FNIHB)
    - Mother: clotrimazole 1% cream bid for 7-14 days, to be applied after a breastfeeding session
    - Infant: nystatin solution 100,000 U (or 1 mL) qid for 7-10 days. Instruct the mother to apply the nystatin to the baby's mouth with a cotton swab or with an oral syringe, especially to any white patches
  - If using breast pads change when they become wet

Maternal Psychosocial Health Assessment

Use the Edinburgh Postpartum Depression Scale on page three of Postpartum Record at one month visit or earlier if concerns apparent – record score on Postpartum Record. Interpretation and action in response to score provided on Record.

Assess adjustment/coping at each visit and indicate visit number (1st, 2nd, 3rd) on Record.

Adjustment/coping:

- **Assess**:
  - Their emotional response to delivery and postpartum period (current and past)
  - Adjustment to parenthood and emotional status of partner/significant other
  - Assess medication use for mental health concerns
  - Assess if knowledgeable about caring for infant and eager to learn
- **Concerning signs**:
  - Excessive anxiety, fear, depression, exhaustion
  - Minimal or no maternal interaction with baby, separation of mother and baby
  - Limited/no support(s)
  - Current symptoms or history of mental illness including depression, anxiety disorders, eating disorders, personality disorders or suicidal ideation
- **Advise**:
  - Refer to mental health resources in community if necessary
  - Provide opportunity to verbalize feelings (parenting, self-esteem)
  - Encourage connecting with peers, families with newborns and community resources

Three columns are provided for areas of assessment below for 1st, 2nd and 3rd visit.

Responds to infant cues:

- **Assess**:
  - Whether the mother is focusing on the infant or if they seem distracted by other concerns.
  - Whether they appear to enjoy their infant and be responsive to their cry and other cues.
  - Maternal supports
  - Maternal, family and baby interaction

    - Risk factors for poor bonding and attachment – significant other stress, conflictual relationships, housing instability, food insecurity, lack of support
- **Concerning signs:**
    - Lack of response to discomfort or distress (with infant crying mother may believe baby is crying for no reason, is just spoiled or is manipulating them)
    - Negative perception of infant – comparing the infant negatively to other infants
    - Eye contact minimal or lacking when infant awake
- **Advise**:
    - Activities that enhance attachment (breastfeeding, skin-to-skin, involved in care, bathing, infant massage, talking and singing to newborn)
    - Ways to increase parents' sensitivity (cue-based interaction, discuss normal newborn growth and development)
    - Specific infant comfort measures such as snuggling, rocking, soft talking, walking, singing
    - Refer to community supports/ agencies as appropriate and available, such as family resources, parenting programs
    - Provide positive reinforcement of parenting skills

Family supportive:

- **Assess:**
    - Mother's supports – partner, family, friends and community
- **Concerning signs:**
    - Lack of support and resources to meet needs
    - Not aware of community resources and/or follow-up
    - Unstable housing
- **Advise:**
    - Reaching out to family members for support in particular areas: shopping, cleaning, laundry, care of other children.
    - Review community resources with postpartum person and their partner/significant other
    - Refer to community resources including mental health supports.

Family conflict:

- **Assess**
    - Maternal perception of personal safety, such as "Is your home safe for you and your baby?"
    - History and/or signs of intimate partner violence/abuse
    - Understanding of family dynamics and interrelationships
- **Concerning signs**:
    - Family identified as being vulnerable or at risk – increased family stress, increased risk for family breakdown, violence in family, lack of strategies and supports to deal with changing family dynamics
    - NB: If there is history and/or signs of intimate partner violence or abuse – they is not going to confide experiences of abuse until they trusts the caregiver.
- **Advise**:
    - Involve partner/significant other as appropriate – dealing with infant crying, difficult to focus on baby if in conflictual relationship, no support.
    - Review changes that occur to relationships following the birth of a baby
    - Accessing available supports and resources
    - Phone numbers for support should be available as part of postpartum care.

Psychosocial concerns:

- **Assess**:
  - Any concerns raised in psychosocial assessment above.
  - Use Edinburgh Postpartum Depression Scale in Prenatal Record– indicate score at one month visit (or earlier if appropriate)
  - Predisposing/risk factors to postpartum depression (PPD) such as previous prenatal, postpartum or other episodes of depression, family history of depression, previous use of antidepressants, significant medical or obstetrical challenges, lack of family support, conflictual relationships
- **Concerning signs**:
  - Current signs of PPD and other mental health conditions such as: postpartum psychosis, schizophrenia, anxiety disorders, personality disorders
- **Advise**:
  - Refer to supports including mental health resources
  - Explore other sources of support for caring for baby, children and other household tasks.

Newborn feeding – assessed at 1st and 2nd visit

Assess Newborn Using the Well-Child Record and Guidelines.

Feeding type:

- Encourage exclusive breastfeeding unless supplementation is medically indicated.
- If breastfeeding newborn is also bottle feeding advise to pay attention to latch, frequency of breast and bottle feeds as bottle feeding will reduce milk supply.
- Reassure mother about adequacy of milk supply by teaching them to assess milk transfer and wet/dirty diapers as concern over supply is main cause of discontinuing breastfeeding – see *Guidelines for Completing the Well Child Record* for more information.
- Other types of feeds could include cup feeding of expressed milk or formula; support them around latch if cup-feeding.

- **If breastfeeding**:
  - Copies of *Breastfeeding your Baby* booklets in the languages of Nunavut are on the Department of Health's website and may be obtained from CHRs. They can be shared with parents.

  - **Position/Latch Effective:**
    (Observe infant breastfeeding):
    - **Position:** In any breastfeeding position, infant is wrapped around mother's body (positional stability) with spine in a straight line (ear, shoulder and hip aligned).
      - Bring baby to breast, not breast to baby
      - Tuck hips in to bring the chin forward. Support infant's shoulders and neck without pushing on the head.
      - Chin on the breast, Nose to nipple, Chest to chest
      - Pillows may be used for support after baby latches
      - Teach cradle hold, cross cradle hold, football hold and side-lying positions.
    - **Latching:**
      - Wait for baby to open mouth wide, tongue down over lower gum
      - Draw baby in at the shoulders for deep latch.
      - Goal is to roll areola onto baby's tongue carrying the nipple deep into the mouth
      - Nipple will be safely out of range of the ridges on the hard palate

- Lower jaw covers more areola/ breast than upper jaw. Nostrils are clear to breathe.
- Baby's jaws compress areola.

- **Milk transfer**
  - When observing latch look for rhythmic sucking and listen for sounds of swallowing (before milk has come in uterine cramps are a sign of milk letting down)
  - Look for milk at corner of infant's mouth.

- **If bottle feeding**:
  - **Milk in bottle**:
    - Recommend expressed breastmilk or cow's milk-based, commercial iron-fortified infant formula.
    - Recommend not feeding anything other than breastmilk or iron-fortified infant formula for the first 6 months of life.
      - Review safe preparation, storage and safe/responsive, cue-based feeding of formula.
      - Purchasing infant formula increases the risk of food insecurity for the infant, mother, and the rest of the family.
      - Consult with a Clinical Dietitian and refer to community resources, if bottle feeding baby is not being fed commercial infant formula

Teaching: Self Care (Infant Care in Well Child Record)

It is not possible to address each topic in this list at every visit – identify which are priority topics for a mother and respond to questions. Recognize that an additional visit may be required if mother still has questions or needs more support.

Activity/Rest

Be aware of lack of rest's contribution to postpartum depression.
If concerned about lack of rest:

- Rest when infant sleeping; problem-solve over how to manage visitors.
- Balance between activity and rest
- Caring for self and meeting needs of infant.
- Gradual resumption of physical activity.
- Do only as much as you need to, and do not take on extra activities or responsibilities.
- Spend time with family and friends and let them help care for your baby.

Nutrition:

- Breastfeeding persons should continue taking prenatal multivitamins and an additional 1000 IU vitamin D daily.
- Food sources of **iron** include: country food (e.g. seal, clams, caribou, arctic char, walrus, ptarmigan, goose, etc.), store bought meat/poultry/fish/seafood, eggs, soy products (tofu, soy milk), legumes (beans, peas, lentils), nuts/seeds (and their butters), deep green leafy vegetables, dried fruit, and iron-enriched foods such as breakfast cereal and pasta (eating Vitamin C-rich foods like fruits and vegetables with plant-based sources of iron enhances iron absorption).
- Anyone who is breastfeeding has increased caloric needs, similar to their last trimester of pregnancy (e.g. an extra snack per day). Their fluid needs (3.8 L/day) are even higher than pregnancy (3 L/day).

- Encourage eating well and drinking to thirst to support breastmilk supply and mother's energy, refer to the Nunavut Food Guide.
- Encourage them to access community resources and support for breastfeeding and postpartum nutrition, such as CPNP or other community groups.

Iron/Vitamins:
- Anemia is common in Nunavut; advise them to continue taking prenatal vitamins during the postpartum period. If they are anemic prescribe iron.

Pericare/comfort measures:
- Use of ice packs to decrease swelling if needed
- Pericare – peri bottle, fresh pads, wipe front to back
- Tylenol or ibuprofen for pain relief - codeine should not be used while breastfeeding
- Discomfort should decrease over time

Kegels:
Kegel exercises strengthen the pelvic floor after childbirth
- Gently tighten and lift the muscles around vagina and rectum (above the anus) for a count of 5.
- Upper belly, thigh and buttock muscles should be relaxed - don't hold breath
- Release those same muscles. Pause for 10 seconds between Kegels to make sure your muscles have totally relaxed.

Bowels/bladder:
- Some people experience constipation or discomfort with bowel movements for a few days after delivery.
- If on iron supplement, may be constipated. To help with constipation:
    - Encourage adequate fluid and fibre intake.
    - Encourage gentle physical activity (e.g. walking, stretching).
- Food sources of **fibre** include country food (berries, seaweed) and store-bought food [fruits, vegetables, whole grains (e.g. oats, multigrain bread, brown rice, barley), legumes (beans, peas, lentils), high fibre cereals (100% bran), nuts/seeds and their butters, etc.]
- Drinking plenty of water and juices and taking stool softeners, if needed, helps soften stools and ease pain.
- In the days, and sometimes weeks, after delivery, it is common to urinate more than usual as body is rids itself of the extra fluid from pregnancy.
- Urinating (peeing) should not hurt – advise that if it does should come to the health centre to be tested for a urinary tract infection.

S & S infection (breast/incision)
- **S & S Mastitis**
    - Sudden onset of intense pain
    - Usually in 1 breast
    - Breast may feel hot, appear red or have red streaks and/or be swollen
    - May experience flu like symptoms, fever of 38.5 °C
- **S & S Infection in Incision**
    - severe abdominal pain.
    - redness at the incision site.
    - swelling of the incision site.
    - pus discharge from the incision site.

- pain at the incision site that doesn't go away or gets worse.
- fever higher than 100.4ºF (38ºC)

S&S DVT/Pulm Emb

- Pain with breathing may indicate pulmonary embolism
- Leg pain or swelling, or both, usually in the calf caused by a deep vein thrombosis.

Resuming sexual activity

- Resumption of sexual activity is variable and is when they are ready/comfortable
  - Sense of control and comfort (mutually agreeable)
  - Lochia has decreased and no longer red, perineum healed with no ongoing pelvic floor problems
  - Incision from caesarean healing and comfortable
  - May have vaginal discomfort due to decreased hormonal levels, thinning of vaginal walls, decreased lubrication, sutures - comfort measures include lubricant, positions
  - May have decreased libido due to role overload, psychological, social changes, lack of sleep, hormonal changes
  - May ovulate before menstruation begins again – birth control should be used to prevent pregnancy even before periods start

PPD:

- While the baby blues are common (mood swings, feelings of anxiety) in the first two weeks after birth, for some people these feelings get worse and persist over time - this might be postpartum depression - health centre can offer help.
- Depression can begin in pregnancy, right after birth or anytime within the entire first year after birth.
- Symptoms can include:
  - Feeling sad, anxious or crying a lot
  - Feeling guilty, worthless or hopeless
  - Finding it hard to focus or concentrate
  - Feeling like you have no energy
  - Not wanting to be with family or friends
  - Not enjoying life as you did before
  - Not enjoying time with baby
  - Having panic attacks, excessive worrying, obsessive or scary thoughts
  - Feeling inadequate or resentful towards the baby
  - Feeling more angry or irritable then usual
- Refer to mental health supports and explore other sources of support for caring for baby, children and other household tasks.

Relationship Safety:

- Phone numbers for support and safety are provided as part of routine postpartum care.

Tobacco:

Many of those who quit or reduce tobacco use during pregnancy return to pre-pregnancy patterns early in the postpartum.

- **Ask**: about smoking history/status and exposure to second hand smoke.
- **Advise**: re importance of remaining smoke-free (or cut-down) for their own health and that of their infant and other children if they did quit or cut-down during pregnancy.

    - If a smoker, provide brief, clear, personalized and respectful message re quitting.
    - Discuss supports such as the patch (compatible with breastfeeding)
    - Important to smoke outside, after breastfeeding. Do not smoke when your baby is in your amauti.
    - Discuss importance of a smoke-free home to their health and that of their infant and other children.
- **Assess**: their readiness to stay quit/cut down.
- **Assist**: mother in planning next steps. If a current smoker, provide information on the Nunavut Quitline (1-866-368-7848).

Alcohol, Marijuana/Other Drugs

Alcohol, cannabis (marijuana) and other drug use may impact on capacity to parent – consider a referral to Family Services for additional support if mother is drinking or using regularly.

- **Ask**: about alcohol, marijuana and other drug use history/status – both frequency and amount of use.
- **Advise**: re importance of not drinking or using marijuana or other drugs when caring for a newborn. If they wishes to party for an occasional evening identify the importance of finding someone else to care for infant.
- **Assess**: their readiness to reduce alcohol or other drug use or, preferably, to abstain.
- **Assist:** in planning next steps.
- **Arrange:** to refer to appropriate follow-up as well as including partner and family in intervention wherever possible.

When to call Health Centre for self:

- Abnormal or increased vaginal bleeding
- Foul smelling vaginal discharge
- Pain in lower belly
- Urinary problems
- Fever and other signs and symptoms of infection
- Pain with breathing or in lower leg
- Symptoms that become more severe or occur more often

When to call Health Centre for baby:

- Infant is sleepy and not waking up for feeds.
- Not enough wet and dirty diapers.
- Infant is not interested in feeding and often goes without feeding for 4-5 hours in the first few weeks after birth.
- Infant less than 6 months of age has a fever $\geq$ 37.5.

Maternal Bloodwork/Screening/Other

- Relevance of most of topics in this section identified from chart review as indicated in first section of this document.
- Trichomonas and Bacterial Vaginosis swabs if they are symptomatic:
    - yellowish-green vaginal discharge with a strong odor. May also have itching and soreness of the vagina and vulva.
- Pap test only if due by guidelines: https://gov.nu.ca/sites/default/files/fillpdf/cervical_cancer_screening_guidelines-final.pdf
- Indicate method of family planning selected and whether provided.

- 75 gm OGTT if history of glucose intolerance or GDM
  - Make appointment for after six weeks postpartum

Referrals

- Indicate referral to:
  - OB/GYN/RM;
  - Mental Health
  - RD/PHN/Other (including community resource)
- Chart referral, including reason, and outcome in Progress Notes

Comments/Plan

- Indicate follow-up and plan for next visit.
- Date and initial each entry.