

# Chapter 41

## Caring for Infants and Their Parents

# Birth Parents and Infants

- Birth parents and newborns usually have short hospital stays.
  - Common reasons for home care after discharge include that the birth parent:
    - Experienced complications before or after childbirth
    - Needs help with other young children in the home
    - Had a multiple birth
    - Lives with physical or mental health disability
    - Has an infant with special needs
    - Has difficulty adjusting to new responsibilities as parent

# Caring for New Birth Parents

## (1 of 13)

- Postpartum means after childbirth
  - The postpartum period starts with birth of the baby. It ends 6 weeks later.
- The birth parent adjusts physically and emotionally to childbirth.
- In caring for the parent, a support worker will:
  - Provide physical and emotional care for the birth parent
  - Provide care for the newborn
  - Help with child care for other children in home
  - Help with home management tasks

# Caring for New Birth Parents

## (2 of 13)

- A vaginal discharge occurs after childbirth, called *lochia*.
  - Lochia consists of blood and other matter left in the uterus from childbirth.
    - Lochia rubra is dark or bright red discharge.
      - Mainly blood, it is seen during the first 3 to 5 days.
    - Lochia serosa is pinkish brown drainage.
      - It lasts until about 10 days after birth.
    - Lochia alba is whitish drainage.
      - It continues for 2 to 6 weeks after birth.
  - Normally, lochia smells like menstrual flow.
    - Foul-smelling lochia signals an infection.

# Caring for New Birth Parents

## (3 of 13)

- Perineal care
  - Good perineal care is important.
    - Sanitary pads are changed often.
    - Use a squirt bottle to clean the perineum.
    - When wiping after elimination, the client wipes from front to back.
  - Good handwashing is essential:
    - After perineal care
    - After changing sanitary napkins
    - After elimination

# Caring for New Birth Parents

## (4 of 13)

- Some birth parents have episiotomies.
  - The doctor performs this procedure during childbirth to increase the size of the vaginal opening for the baby.
  - The doctor may order sitz baths for comfort and hygiene.
- Complications can develop.
  - These include infection and wound separation (dehiscence).
- Tell the nurse at once if the birth parent complains of:
  - Pain
  - Discomfort
  - Discharge

# Caring for New Birth Parents

## (5 of 13)

- Care of Caesarean section incisions
  - Some birth parents deliver by Caesarean section (C-section).
    - The baby is delivered through an incision in the abdominal wall.
    - A C-section is done when:
      - The baby must be delivered to save the baby's or birth parent's life.
      - The baby is too large to pass through the birth canal.
      - The birth parent has a vaginal infection that could be transmitted to the baby.
      - A normal vaginal delivery will be difficult for the baby or birth parent.
      - The birth parent's doctor recommends a repeat C-section.
  - The birth parent requires recovery time.

# Caring for New Birth Parents

## (6 of 13)

- Breast care

- *Lactation* is the process of producing and secreting milk from the breasts.

- It usually begins around the 3rd day after childbirth.
    - Occasionally, the birth parent's breasts may become engorged with milk.
      - Engorged breasts are swollen, hard, and painful.



# Caring for New Birth Parents

## (7 of 13)

- Plugged milk duct
  - Sometimes a birth parent can feel a tender lump in a breast.
  - When the milk is not drained properly through the duct, it builds up within the breast.
  - An untreated plugged duct can cause a breast infection (mastitis).
  - Treatment involves
    - Continuation of breastfeeding continues, with frequent feedings, including from the affected breast.
    - Keeping pressure off the clogged duct (ensure clothes and bra are not too tight)
    - Applying warm washcloths to affected area

# Caring for New Birth Parents

## (8 of 13)

- Mastitis:
  - Is an infection of the breast
  - Can occur when bacteria enter a milk duct through a cracked nipple
  - Is usually very painful
- Early treatment is essential.
- Breastfeeding during mastitis treatment is usually encouraged.

# Caring for New Birth Parents

## (9 of 13)

- The birth parent has emotional reactions after childbirth.
  - Causes include:
    - Lack of sleep
    - More responsibilities
    - New role as parent
    - Isolation
    - Disappointment
    - Anxiety
    - Poor body image
    - Lack of support
    - Hormonal changes

# Caring for New Birth Parents

## (10 of 13)

### □ Postpartum blues

- Feelings of sadness or mild depression during first 2 weeks after childbirth.
- Up to 80% of Canadians who give birth experience postpartum blues.
- Common symptoms of postpartum blues include:
  - Mood changes, weepiness, fatigue, headaches
  - Insomnia, poor concentration
  - Feelings of sadness, anger, or anxiety
  - Agitation or irritability
  - Changes in appetite
  - Feeling withdrawn, unconnected
  - Lack of pleasure or interest in most or all activities

# Caring for New Birth Parents

## (11 of 13)

- Postpartum depression
  - 10–15% of Canadian birth parents suffer postpartum depression after childbirth.
  - It can develop any time during the first year after childbirth.
  - Usually, it begins 2 weeks to 6 months after childbirth.
  - Professional care is needed, because it can worsen over time.

# Caring for New Birth Parents

## (12 of 13)

- Signs and symptoms of postpartum depression:
  - Crying
  - Feelings of sadness, hopelessness, or guilt
  - Difficulty sleeping
  - Inability to cope with everyday problems
  - Avoiding visiting with others
  - Feelings of anger toward the baby
  - Fatigue
  - Extreme anxiety
  - Delusions or hallucinations
  - Thoughts of harming the baby or self

# Caring for New Birth Parents

## (13 of 13)

- *Postpartum psychosis*
  - A severe form of postpartum depression
  - Relatively rare—affects about 1 per 1000
  - The birth parent with postpartum psychosis has delusions, hallucinations, or suicidal thoughts.
  - The birth parent is at risk of harming or neglecting the child.
    - Parent is not to be left unsupervised with the infant or other children.
  - Report any signs of postpartum psychosis.

# Caring for Infants (1 of 23)

- Infant safety and security
  - Babies cannot protect themselves.
  - Always practise proper hand hygiene.
  - Physical and emotional needs will change as they change and grow.
  - Follow care plan to meet infant's needs.



# Caring for Infants (2 of 23)

- Holding the infant
  - Pay particular attention to hygienic measures.
  - Handle a baby with gentle, smooth movements.
  - Avoid sudden or jerking movements, because they can startle or upset the baby.
  - Use both hands to lift a newborn.
  - Always support the newborn's entire body, especially their head.
  - Don't let arms or legs dangle.

# Caring for Infants (3 of 23)

- Other considerations
  - Swaddling the infant safely:
    - Ensure not to overheat the infant.
    - Ask the parents before you swaddle the infant
  - Comforting the crying infant:
    - Babies cry to communicate; wet, hungry, hot, cold, tired, uncomfortable, in pain, lonely or overstimulated
  - See textbook box: *Think About Safety: Laying the Infant Down to Sleep*

# Caring for Infants (4 of 23)

- Other considerations
  - Cradle cap
    - Seborrheic dermatitis
    - See care plan for details on how to provide care for cradle cap
  - Diaper rash
    - Simple diaper rash
    - Ammonia rash
    - Other types
  - Thrush
    - Common yeast infection found in the baby's mouth

# Caring for Infants (5 of 23)

- Signs and symptoms of potentially serious illness:
  - Infants can become ill quickly!
  - Signs and symptoms may be sudden. so be very alert to note them.
  - See *Box 41.6 Signs and Symptoms of Possible Serious Illness in Infants*

# Caring for Infants (6 of 23)

- Helping birth parents breastfeed
  - Breastfeeding is feeding a baby milk from the birth parent's breasts.
    - The baby can feed at the birth parent's breast
    - The birth parent can pump milk from the breasts.
  - Breastfed babies are fed on demand, usually every 2-3 hours.
  - Nurses help new birth parents learn to breastfeed.
  - Tell the nurse if the birth parent or baby is having problems breastfeeding.
  - Refer to Figure 41.5 on the next slide for various breastfeeding positions.

# Caring for Infants (7 of 23)

A



(Source: James, S. R., Nelson, K. A., & Ashwill, J. W. [2013]. *Nursing care of children: Principles and practices* [4th ed.]. Saunders.)

B



(Source: James, S. R., Nelson, K. A., & Ashwill, J. W. [2013]. *Nursing care of children: Principles and practices* [4th ed.]. Saunders.)

C



(Source: James, S. R., Nelson, K. A., & Ashwill, J. W. [2013]. *Nursing care of children: Principles and practice* [4th ed.]. Saunders.)

# Caring for Infants (8 of 23)

- Helping birth parents bottle-feed
  - Formula comes in three forms:
    - Ready-to-feed, powdered, or concentrate
  - Bottles are prepared one at a time or in batches for the whole day.
    - Follow the container directions carefully.
    - Use bottles stored in the refrigerator within 24 hours.
  - Protect the baby from infection.
    - Wash formula containers before opening them.
    - Baby bottles, caps, nipples, and other items must be as clean as possible, ideally sterilized before use.

# Caring for Infants (9 of 23)

## □ Bottle-feeding the infant

- Bottle-fed babies are fed on demand; usually every 3-4 hours.
- Most babies do not like cold formula out of the refrigerator.
  - To warm a bottle before the feeding, do one of the following:
    - Warm it in a bowl of warm water and turn the bottle often.
    - Hold the bottle under warm, running tap water.
  - To test the temperature, sprinkle a few drops on the inside of your wrist.
    - The formula should feel warm.
  - See textbook *Box 41.8: Guidelines for Bottle-Feeding Infants*



# Caring for Infants (10 of 23)

- Burping the infant
  - Babies take in air during feedings.
    - Air in the stomach and intestines causes cramping and discomfort.
      - This can lead to vomiting.
    - Burping helps to get rid of the air
  - Most babies burp midway and after a feeding.
    - Pat or rub the baby's back with circular motions.
      - Do this for 2 to 5 minutes.

# Caring for Infants (11 of 23)

- Position the baby for burping in one of the following ways (see textbook Figure 41.13):
  - Over your shoulder
    - First, place a clean diaper or towel over your shoulder.
  - Support the baby in a sitting position on your lap
    - Hold the towel or diaper in front of the baby.
    - Remember to support the infant's head and neck for the first 3 months after birth.
  - Position the baby on your lap with their stomach down
    - First, place a clean diaper or towel on your lap where the baby's head will be.

# Caring for Infants (12 of 23)

A



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B



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C



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# Caring for Infants (13 of 23)

- Diapering

- In breastfed babies, stools are yellow and the consistency of scrambled eggs.
- In bottle-fed babies, stools are yellow to brown.
  - Their stools are firmer
  - Usually have three bowel movements per day
- Over time, an elimination pattern develops.
- Stools are usually soft and unformed.
  - Hard, formed stools signal constipation.
  - Watery stools mean diarrhea.
    - Diarrhea is very serious in infants.
  - Tell the nurse at once if you suspect constipation or diarrhea.

# Caring for Infants (14 of 23)

- Diapering

- Diapers are changed when wet or soiled.
- To care for cloth diapers:
  - Rinse a soiled cloth diaper in the toilet.
  - Store soiled diapers in a diaper pail.
  - Do not wash them with other laundry items.
  - Wash them in hot water.
    - Use a baby laundry detergent.
  - Put them through the wash cycle a second time without detergent.
  - Dry thoroughly and fold for reuse.

# Caring for Infants (15 of 23)

- Diapering
  - Disposable diapers are secured with Velcro or tape strips.
    - Fold soiled diapers so the soiled area is on the inside.
    - Discard the diaper in the garbage.
      - Do not flush it down the toilet.
  - Changing diapers often helps prevent diaper rash.
    - When changing diapers, make sure the baby is clean and dry before applying a clean diaper.
    - If a diaper rash develops, tell the nurse at once.
  - See textbook procedure: *Diapering the Baby*

# Caring for Infants (16 of 23)

- Care of the umbilical cord
  - The umbilical cord connects the birth parent and the *fetus* (unborn baby).
  - Shortly after delivery, the doctor clamps and cuts the cord.
    - A cord stump is left on the baby.
      - The stump dries up and falls off about 7 to 10 days after birth.
  - The cord provides a place for microbes to grow.
    - You need to keep it clean and dry.
  - Cord care is done at each diaper change.

# Caring for Infants (17 of 23)

- Care of the umbilical cord
  - Cord care involves the following:
    - Keep the stump clean and dry. Do not get the stump wet.
    - Wash hands before and after contact with cord.
    - Keep the diaper below the cord stump.
    - Give sponge baths until the cord stump falls off.
      - NOTE: in some places it is now acceptable to tub-bathe a baby before the cord stump falls off—always check with your employer for the policy related to bathing.
    - Do not pull the cord stump off.
    - Report the following to the nurse:
      - Swelling, redness, odour, or drainage from the stump
      - Bleeding from the cord or navel area
      - Fever



# Caring for Infants (18 of 23)

- Caring for circumcised and uncircumcised babies
  - The surgical removal of the foreskin from the penis is called a *circumcision*.
    - The procedure is thought to:
      - Promote good hygiene
      - Lower the risk of certain cancers
      - Decrease the risk of sexually transmitted infections
  - Circumcision is a religious ceremony in the Jewish faith.
  - Circumcision should not interfere with voiding.

# Caring for Infants (19 of 23)

## □ Care of Infants with circumcision

- Carefully observe for signs of bleeding, odour, damage, and infection.
- Check the diaper for bleeding.
- Report any concerns to the nurse at once.
- The area should heal in 10 to 14 days.
- Circumcision care involves the following:
  - Clean the penis at each diaper change.
    - Use mild soap and water, plain water, or commercial wipes as the nurse directs.
  - Apply a petrolatum gauze dressing.
    - Or use a cotton swab to apply petrolatum jelly to the penis.
  - Apply the diaper loosely.

# Caring for Infants (20 of 23)

- Bathing an infant
  - A bath is important for:
    - Hygiene
    - Good skin care
    - Comfort and to relax babies
    - Time to hold, touch, and talk to the baby
    - Stimulation
  - Follow family's routine for bathing.

# Caring for Infants (21 of 23)

- Bathing an infant
  - Planning for the bath is important.
    - You cannot leave the baby alone if you forget something.
  - There are two bath procedures for babies:
    - Sponge baths are given until the baby is about 2 weeks old.
    - Tub baths are used after the cord site or circumcision site (or both) have healed.
    - Some provinces allow all babies to be bathed in a shallow tub of water—always check your employer’s policy related to bathing babies.

# Caring for Infants (22 of 23)

- Nail care

- The baby's fingernails and toenails are kept short to avoid baby scratching themselves.
- Nails are best cut when the baby is sleeping.
- Use infant nail clippers and a soft emery board.
  - For fingernails, clip following the natural shape of the nail.
  - For toenails, clip straight across as for an adult.
  - Smooth rough or sharp edges with a soft emery board.

# Caring for Infants (23 of 23)

- Weighing infants
  - The infant's birth weight is the baseline for measuring growth.
  - Protect the baby from chills when weighing.
  - Always keep a hand over the baby when weighing to protect the baby from falling.