



Congratulations on the birth of your baby!

INFANT HEALTH

Breastfeeding

- Your milk is the best food for your baby; it provides your baby with all of the nutrition he needs during the first 6 months. Give only breast milk to your baby.
- Breastfeed your baby within the first hour and then continue to breastfeed; this helps to protect your baby from many illnesses.
- Breast milk is easier to digest than any other milk or food.
- Feed the baby whenever he wants to eat. Newborns feed every 2–3 hours.
- You will know that your baby is getting enough breast milk when you see that he urinates six or seven times a day.

Keep your baby warm

- Infants can easily become chilled and lose body heat. It is important to cover your baby's head with a warm cap. The room where you keep the baby should be warm.

Bathing

- Start bathing your baby AFTER 2 days. Sponge-bathe your baby. Wash the head first, dry, and cover with a hat. Now bathe the rest of the body, dry and cover. Next, wash the genitals (diaper area), then the rectal area last. Bathe your baby every day after the second day of life.

Cord care

- Keep the cord dry. Do not apply anything to the cord and do not cover it. Let it dry and fall off by itself.

Eye care

- Do not touch or put anything in the baby's eyes. If you think there is an infection, bring the baby to the clinic.

Immunizations and care

- Bring your baby to the health facility during the first 2 days for the first immunizations and care. The following is the recommended immunization schedule:

- 6 weeks
- 10 weeks
- 14 weeks
- 6 months
- 9 months





MOTHER'S HEALTH

Hygiene

- Vaginal discharge (bloody to brown to creamy white) for up to 6 weeks after delivery is normal. Keep the genitals clean: wash daily with clean water from the front toward the rectal area. Change sanitary pads/cloths while vaginal discharge is present; change three or more times a day depending on flow.

After-birth pains

- Cramping or after-birth pains are normal during the first weeks. These are caused by contractions, which help the uterus to return to normal size. Cramping frequently occurs during breastfeeding.

Rest and nutrition

- You will need to rest more because a newborn feeds every 2 to 3 hours, day and night. You also need to drink extra water or juice; try to drink at least one glass of juice or water every time the baby feeds. Continue the iron tablets and foods rich in iron such as meat and cooked green leafy vegetables.

Know your HIV status—Get tested. People can live with HIV if they receive care. Your baby can receive care that reduces the risk of infection.

Sexual intercourse

- Talk to your partner; couples may start sexual intercourse when the red vaginal discharge is gone and you feel ready to have sex. This varies among couples from 3–4 weeks to a few months.

DANGER SIGNS AFTER DELIVERY—

SEE YOUR HEALTH PROVIDER IMMEDIATELY IF:

Baby

- Refuses to breastfeed
- Is listless
- Feels too warm or too cold
- Has red area around cord or eyes
- Has discharge (pus) from cord or eyes
- You think something is wrong!

Mother

- Has heavy vaginal bleeding
- Has foul-smelling vaginal discharge
- Feels severe pain in the abdomen
- Has fever or chills
- You think something is wrong!

WHEN YOU CAN BECOME PREGNANT AFTER BIRTH

- **As early as 4 weeks after delivery** if you do not breastfeed your baby.
- **As early as 6 weeks after delivery** if you breastfeed and also give your baby some other food on a regular basis.
- **At 6 months after delivery** if you only breastfeed, AND your menses has not returned, AND your baby is less than 6 months old.

You can become pregnant before your menses has returned. Go to your midwife to start a method of contraception that is compatible with breastfeeding.

CONTRACEPTION

It is good for your health and the health of your baby to wait at least 2 years before getting pregnant again. Your baby will have time to grow strong. Contraception can help couples to space their next pregnancy at least 2 years.

Lactational Amenorrhea Method (LAM) is contraception based on breastfeeding, and you can start right away. It is very effective (more than 98.5%) if all three conditions are met:

1. Your baby receives only your breast milk, and no additional food or liquids,
2. Your baby is less than 6 months old, and
3. Your menses has not returned.



As soon as one of the three criteria changes, immediately switch to one of the methods below. There are many methods with no effect on breastfeeding:

Methods with no effect on breastfeeding

The intrauterine contraceptive device (IUD) is more than 99% effective. The IUD can be inserted during your postpartum visit to the doctor 4 or more weeks after childbirth. It is good for 12 years, and is a very safe method. If you want to get pregnant again, a doctor or other health provider can remove the IUD easily. IUDs will not interfere with breastfeeding.

Progestin-only methods are more than 99% effective. They provide contraception without interfering with breastfeeding. You can start these methods 6 weeks after delivery if you are breastfeeding, and immediately if you are not breastfeeding.

- Progestin-only pills: Must be taken every day at the same time.
- Injectable (Depo-Provera): An injection is necessary every 12 weeks.

Female and male sterilization is a very effective method that provides life-long protection against pregnancy and has no long-term side effects. This method is permanent, which means that you will not be able to become pregnant again. It involves minor surgery.

Condoms can be used at any time. They are 85% effective with typical use. Condoms will not interfere with breastfeeding and provide protection against infections including HIV/AIDS.



Methods that may affect breastfeeding

Combined oral contraceptive pills must be taken every day. They are more than 99% effective. The medicine in the combined pills may reduce the amount of breast milk that you make. Wait until your infant is 6 months and eating complementary foods.

This publication was made possible through support provided by the Service Delivery Improvement Division, Office of Population and Reproductive Health, Bureau for Global Health, U.S. Agency for International Development, under the terms of Associate Cooperative Agreement #GPO-A-00-05-00025-00, and Leader with Associates Cooperative Agreement #GHS-A-00-04-00002-00. The opinions herein are those of the author and do not necessarily reflect the views of the U.S. Agency for International Development.