



An over-the-counter pocket guide for new mothers

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Introduction

Being a new mother can be both exhilarating and challenging. Breastfeeding, and taking care of a young infant, is a new experience, and can be accompanied by various difficulties.

Table I lists some useful solutions to problems that new mothers may encounter.

Table I: An over-the-counter pocket guide for new mothers		
Problem	Discussion	Solution
Breastfeeding		
Engorgement	Engorgement is painful swelling of the breast tissue. The breast becomes firm, can be warm to the touch, and may appear flushed. Some women develop a fever.	Express small amounts of milk by hand, or with a breast pump, to relieve the pressure. Prevent overstimulation, as this can aggravate engorgement by increasing milk production. A cold compress can be applied to help relieve discomfort.
Painful nipples	When breastfeeding commences, nipples can become very sensitive, and even painful. This sensitivity usually resolves after the first week. If it continues after this time, there might be some form of nipple injury, e.g. bruising, cracking or blistering.	Identify the underlying cause. Various ointments can be used to help prevent and improve injured nipples (e.g. Dexolé). Breast shields are recommended to protect nipples from friction during feeds.
Mastitis	Mastitis is inflammation of the breast, and is believed to be caused by infection. The breast appears hard, red, tender and swollen. The mother may have a fever.	It is advised that nursing should continue, and that medication is prescribed for pain control. If the symptoms do not resolve promptly, a course of antibiotics may be needed. Refer the patient to a doctor or clinic. Massaging the breast during nursing and pumping afterwards, can help to relieve discomfort.
Baby		
Blocked nose	Infants breathe through their noses, and struggle to breastfeed when their noses are blocked.	Use isotonic seawater spray (e.g. Stérimar Baby®) or salt water nasal drops and a bulb suctioner to keep the nose clear. A humidifier can also be used. If the baby develops a high fever, has difficulty breathing, or does not improve after a few days, refer to a doctor or clinic.

"Sticky eyes"	<p>"Sticky eyes" are common in newborns. Babies produce "tears" to coat the eye that drain from a small opening at the inner corner of the eyelid. This tear duct can become blocked. This can cause a mild inflammation of the eye. The eye will produce a white or yellow discharge, which can cause the eyelids to swell slightly, and stick together.</p> <p>This blocked tear duct does not cause inflammation (redness) of the white part of the eye (conjunctiva).</p>	<p>Keep the eye clean by wiping from the nose outward with clean cotton wool, dipped in cooled, boiled water (or saline) several times per day.</p> <p>Massaging the area just below the tear duct to help open it up may also help. Blocked tear ducts usually resolve within a few weeks.</p> <p>If the eye becomes swollen, bloodshot, or pink, refer the baby to a doctor.</p>
Taking care of the umbilical cord	<p>The baby's umbilical cord stump will change from yellowish green to brown to black, as it dries out. It usually falls off within two weeks of the birth.</p>	<p>Keep the stump clean. Wash it with soap and water, then dry it by holding a clean, absorbent cloth around the stump, or fanning it with a piece of paper. Cleaning the stump with surgical spirits is no longer recommended.</p> <p>Keep the stump dry. Expose it to air to help it dry out. Keep the front of the baby's nappy folded down to avoid covering it. Change wet and soiled nappies quickly to prevent irritation. Sponge baths may be the most practical option in the first few weeks of life.</p> <p>Let the stump fall off on its own. Don't try to pull it off, even if it's hanging on by a thread.</p>

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