Exhaustion. You're likely to feel somewhat weak after surgery, partly due to blood loss, partly due to the anesthetic, and partly due to pain meds you might be taking. If you went through some hours of labor before the surgery, you'll feel even more beat. You might also feel emotionally spent (after all, you did just have a baby—and surgery), especially if the c-section wasn't planned.

Regular evaluations of your condition. A nurse will periodically check your vital signs (temperature, blood pressure, pulse, respiration), your urinary output and vaginal bleeding, the dressing on your incision, and the firmness and level of your uterus (as it shrinks in size and makes its way back into the pelvis).

Once you have been moved to your postpartum room, you can expect:

More checking. A nurse will continue to monitor your condition.

Removal of the urinary catheter. This will probably take place several hours after surgery. Urination may be difficult, so try the tips on page 466. If they don't work, the catheter may be reinserted until you're able to pee by yourself.

Encouragement to move. Before you're able to get out of bed, you'll be encouraged to wiggle your toes, circle your ankles, flex your feet to stretch your calf muscles, push against the end of the bed with your feet, and turn from side to side. These moves will improve circulation, especially in your legs, and prevent blood clots—plus they'll also help you get rid of all that IV-accumulated fluid faster. (But be prepared for some of them to be quite uncomfortable, at least for the first 24 hours or so.) You can also resume your Kegels right after delivery.

To get up between 8 and 24 hours after surgery. With the help of a nurse, you'll sit up first, supported by the raised head of the bed. Then, using your hands for support, you'll slide your legs over the side of the bed and dangle them for a few minutes. Then, slowly, you'll be helped to step down onto the floor, your hands still on the bed. If you feel dizzy (which is normal), sit right back down. Steady yourself for a few more minutes before taking a couple of steps, and then take them slowly—walking may be very uncomfortable. Though you may need help the first few times you get up, this difficulty getting around is temporary. In fact, you may soon find yourself more mobile than the vaginally delivered mom next door—and you'll probably have the edge when it comes to sitting.

A slow return to a normal diet. Research has shown that moms who start back on solids beginning as early as 4 to 8 hours post-op have that first bowel movement earlier and are generally ready to be released from the hospital 24 hours sooner than those kept on fluids only. Procedures may vary from hospital to hospital and from physician to physician, and your condition after the surgery may also play a part in deciding when to pull the plug on the IV and when to pull out the silverware. Keep in mind, too, that reintroduction of solids will come in stages. You'll start with fluids by mouth, moving on next to something soft and easily tolerated (like Jell-O), and on (slowly) from there (don't even think about having someone smuggle in a burger and fries yet). Once you're back on solids, don't forget to push the fluids, too—especially if you're breastfeeding.

Shoulder pain. Irritation of the diaphragm can cause a few hours of sharp shoulder pain after surgery (thanks to nerve pathways that run from the diaphragm to your shoulder, "referring" pain there) after surgery. A pain reliever may help.

Probably constipation. Since the anesthesia and the surgery (plus your limited diet and any pain meds you might be taking) may slow your bowels down, it may be a few days until you pass that first movement, and that's normal. You may also experience some painful gassiness because of the constipation. A stool softener, suppository, or other mild laxative may be prescribed to help move things along, especially if you're uncomfortable. The tips on page 467 may help, too.

Gas pain. As your digestive tract (temporarily put out of commission by surgery) begins to function again, trapped gas can cause considerable pain, especially when it presses against your incision line. The discomfort may be worse when you laugh, cough, or sneeze. Ask the nurse or doctor to suggest some possible remedies. A suppository may help release the gas. Taking a hallway stroll can also help, as can lying on your side or on your back, your knees drawn up, taking deep breaths while holding your incision. Holding a pillow against the incision site when you change positions or poop (and, after discharge, when you ride in a car) can help, too. Need more help? A belly band (like the one you may have used during pregnancy) can help support the belly and protect your incision.

Swelling. Thought the days of swelling were over now that you're postpartum? They will be—eventually. But in the first week after a c-section, many moms notice increased swelling, particularly in their feet and legs. Some of this swelling comes from leftover pregnancy fluids, some comes from all the IV fluids that were pumped in during surgery. Compounding post-op puffiness is the fact that you're not moving around much, which makes it harder for your body to rid itself of the fluid. Flush it out by drinking lots of water, getting moving as much as possible (without overdoing it), and when you're in bed, keeping your legs elevated.

To spend time with your baby. You'll be encouraged to cuddle and feed your baby as soon as possible (see box, page 486). And yes, you can even lift your baby. Hospital regulations and your condition permitting, you'll probably be rooming-in—and of course, having your partner or another family member or friend bunking with you, too, will be a big help. If you don't have that help on board, don't hesitate to call the nurse, who can lend a hand.

Removal of stitches. If your stitches or staples aren't self-absorbing, they will be removed about 4 or 5 days after delivery. The procedure isn't very painful, although you may have some discomfort. When the dressing is off, take a good look at the incision with the nurse or doctor. Once your incision is truly healing (no scabbing or open skin—usually 10 to 14 days after surgery), you can put a silicone scar sheet on it (you can pick up a package of them at your local pharmacy) to help minimize the scar's appearance. Ask how soon you can expect the area to heal, which changes will be normal, and which might require medical attention.

You'll likely be able to go home about 2 to 4 days postpartum. But you'll still have to take it easy, and you'll continue to need lots of help while you recover.

Coming Home with Baby

"In the hospital, a nurse was always a call button away when I needed help with the baby. Now that I'm home with him, I'm clueless how to care for him—and I'm feeling overwhelmed."

FOR FATHERS

Being There

The very best way to start off your new life as a father is at home with your new family. So if it's possible and financially feasible, consider taking off as much time as you can right after delivery—through the FMLA, which allows for 12 weeks of unpaid leave for mothers and fathers (see page 200) or the policy at your company, or by taking a chunk of vacation time. If that's impossible (or not your preference), consider working part-time for a few weeks or doing some work from home.

If none of these possibilities are practical, maximize the time you do have off from work. Make sure you're home as much as you can be, and learn to say no to overtime, early or late meetings, and business trips that can be put off or passed off. Especially in the postpartum period, when your partner is still recovering from labor and delivery, try to do more than your share of household chores and baby care whenever you're home. Keep in mind that no matter how physically or emotionally stressful your work is, there is no more demanding job than caring for a newborn.

Make bonding with your new baby a priority, but don't forget to devote some time to nurturing the new mom in your life as well. Pamper her when you're home, and let her know you're thinking of her when you're at work. Call her often to offer support (and so she can unload as much as she needs to), and surprise her with flowers or with takeout from a favorite restaurant.

It's true that babies aren't born with how-to's written on their cute, dimply bottoms (wouldn't that be convenient?). Fortunately, they do typically come home from the hospital with instructions from the staff about feeding, bathing, and changing diapers. Already lost those? Or maybe they ended up smeared with mustardy poop the first time you tried to change baby's diaper while trying to read the instructions for changing his diaper? Not to worry; there's lots of help out there as you tackle your new job as a new parent (including *What to Expect the First Year*). Plus, you've probably already scheduled the first visit to the pediatrician, where you'll be armed with even more information—not to mention answers to the dozens of questions you've managed to accumulate (that is, if you remember to write them down and bring them along). Or maybe your health insurance plan entitles you to a visit from a home nurse, who can troubleshoot problems you're having and offer some hands-on help.

Of course, it takes more than know-how to make a parenting expert out of a new parent. It takes patience, perseverance, and practice, practice, practice. Luckily, your baby won't judge as you learn. He won't care if you put his diaper on backward or you forget to wash behind his ears at bath time. What's more, he won't be shy about giving you feedback. He'll let you know when he's hungry or tired or uncomfortably wet (though at first you may have trouble telling which complaint is which). Best of all, since your baby's never had another mom (or dad) to compare you with, you definitely stack up really well in his book. In fact, you're the best he's ever had.

Still suffering from a crumbling of confidence? What might help most—

besides the passing of time and the accumulation of experience—is to know that you're in good company. All parents (even those seasoned pros you doubtless eye with envy) feel in over their heads in those early weeks, especially when postpartum exhaustion—teamed with nightly sleep deprivation and the recovery from childbirth—is taking its toll, body and soul. So cut yourself plenty of slack, and give yourself plenty of time to adjust and to get with the parenting program. Pretty soon (sooner than you think), the everyday challenges of baby care won't be so challenging anymore. In fact, they'll come so naturally, you'll be able to do them in your sleep (and will often feel as though you are). You'll be diapering, feeding, burping, and soothing with the best of them—with one arm tied behind your back (or at least, one arm folding laundry, catching up on social media, reading a book, spooning cereal into your mouth, or otherwise multitasking). You'll be a mom. And moms, in case you haven't heard, can do anything.

ALL ABOUT:

Beginning Breastfeeding

There's nothing more natural than nursing a baby, right? Well, not always, at least not right away. Babies are born to breastfeed, but they're not necessarily born knowing how to breastfeed. Ditto for moms. The breasts are standard issue and fill with milk pretty much automatically, but knowing how to position them effectively in baby's mouth, well, that's a learned art.

Truth is, while breastfeeding is a natural process, it's a natural process that doesn't necessarily come naturally—or quickly—to all moms and babies. Sometimes there are physical factors that foil those first few attempts, at other times it's just a simple lack of experience on the part of both participants. But whatever might be keeping your baby and your breasts apart, it likely won't be long before they're in perfect sync. Some of the most mutually satisfying breast-baby relationships begin with several days—or even weeks—of fumbling, bungled efforts, and tears on both sides.

Reading up on breastfeeding (or even taking a class) ahead of baby's arrival can help speed that mutual adjustment. But there's no substitute for learning on the job, baby at the breast. The following basics are meant to get you started on that job, but you'll find much more detailed help—including strategies for overcoming just about every breastfeeding bump you might encounter along the way—in *What to Expect the First Year*.

Getting Started Breastfeeding

Here's how you can get off to a good breastfeeding start:

Start early. Babies are extra alert in the first hour after birth, which makes this a perfect time for early bonding and early breastfeeding. So let your practitioner know that you'd like to begin breastfeeding right after delivery (even if it's a cesarean delivery), assuming baby doesn't need any immediate medical attention.

Enlist help. Ask if a lactation consultant (LC) or a nurse who is knowledgeable about breastfeeding can observe your technique, provide hands-on instruction, and redirect if you and your baby aren't on target. If you leave the hospital or birthing center before getting the help you need—or if you need help once you're home—find an outside LC or home nurse who can evaluate your technique and give you pointers. Contact your local La Leche League chapter (search for it on llli.org) or the International Lactation Consultant Association (ILCA) at ilca.org for an LC in your area. Some pediatricians have licensed LCs (or very experienced nurses) on staff as well—ask if your baby's doctor does.

Keep your baby bottle-free. Even if you're planning to introduce a bottle at some point in your baby's breastfeeding future, hold off for now—and make sure hospital staff does, too, unless supplementary feedings are medically necessary. Bottle feedings of glucose water or formula can sabotage early breastfeeding efforts by satisfying your newborn's tender appetite and urge to suck. And since an artificial nipple yields results with less effort, you may find your baby reluctant to tackle your harder-to-work nipples after a few encounters with a bottle. Worse still, if baby's getting that sucking satisfaction elsewhere, your breasts won't be stimulated to produce enough milk—and a vicious cycle can begin, one that interferes with establishment of a good demand-and-supply system. Once you get home, stay bottle-free (even if you'll ultimately be supplementing) until breastfeeding is well established, usually at 2 to 3 weeks.

Feed around the clock. Aim for a feeding every 2 to 3 hours, timed from the beginning of one to the beginning of the next—for a total of 8 to 12 feeds per

Bottle Baby

Chose the bottle? Getting started bottle-feeding is usually a lot easier than getting started breastfeeding (especially because formula and bottles actually come with instructions, unlike breasts). But there's still plenty to learn, and you can read all about it in *What to Expect the First Year.*

Eating When You're Feeding

Milk production burns 500 calories a day, which means that you'll get to eat an extra 500 calories a day (up from your prepregnancy numbers—not your pregnancy allotment) to meet that need. As baby gets bigger and hungrier, you may have to add even more calories—that is, until solids are added to the menu and the demand for breast milk gradually decreases. You'll also need an extra serving of calcium, for a total of 5.

For more details on what to eat and what not to eat (and drink) when you're breastfeeding—plus all the breastfeeding know-how you'll need to know—see *What to Expect the First Year.* For a complete look at the Breastfeeding Diet, see *What to Expect: Eating Well When You're Expecting.*

Feeding Time

Remember how you timed your contractions—counting from the beginning of one to the beginning of the next? Good—because you'll be timing breastfeeding sessions the same way. These sessions won't be nearly as close together as contractions were, but they will last a whole lot longer, leaving you less time between feeds than you might have expected.

Still, as time-consuming as breastfeeding can be at first, it's important not to put a time limit on it. A newborn nursing session lasts an average of 30 minutes, but some sweet slowpokes can linger for as long as 45 minutes. Don't put a time limit on how long baby spends at each breast, either, because you're worried about your nipples getting sore. Sore nipples result from improper positioning of baby on the breast, and have little to do with the length of the feeding. Instead, let your baby be your guide (as you'll soon discover, your just-born newborn is wise beyond his or her days in many ways—feeding is one of those). He or she will likely tell you when it's time to switch sides (by slowing down or stopping suckling) and when it's time to call it quits on the session entirely (by conking out). The exception? If baby nods off after just a few minutes of suckling, it's time for a wake-up call (some sleepyheads would rather snooze than suckle).

Once your milk comes in (and engorgement levels off), you'll want to make sure that at least one breast is "emptied" (it'll go from feeling full to feeling soft) at each feeding. Thoroughly draining one side before moving on to the next will ensure that your little nurser gets not only the thirst-quenching foremilk that a breast dispenses at the beginning of a feed, but the high-calorie hindmilk that comes at the end. So don't pull the plug arbitrarily mid-feed. Once baby is finished with the first breast, you can offer the second, but don't push it. Just remember to start the next feeding on the breast that wasn't drained at the last session.

So sleepy yourself, you're having trouble remembering which side is up next? Use a reminder—a notation in your breastfeeding journal or app, a small scrunchie looped around your bra strap, or a nursing bracelet on your wrist—to remind you which breast is on deck for the next feed.

And speaking of keeping track, it's a good idea to keep a running tab of baby's feeds (when they begin and end) as well as of wet and soiled diapers your newborn produces. While that might sound a bit obsessive, it'll help give you a good sense of how breastfeeding is going, and also make it possible for you to report back to baby's doctor at the next checkup. Along with good weight gain, adequate output (at least 6 wet diapers—with urine that's clear, not dark—and at least 5 bowel movements over each 24-hour period) is one of the best indications of good intake—and a sign that your breasts and baby are right on target.

day. Not only will this round-the-clock schedule keep your baby happy (newborns love to suck even when they're not hungry), but it will stimulate your breasts, minimize engorgement, and boost production. Have a sleepyhead on your hands? If it's been more than 2 to 3 hours since the last feed, it's time for a wake-up call. Unswaddle your baby or lay him or her on your bare chest (the scent of your breast may be enough to wake your little one).

FOR FATHERS

No Breasts, No Problem

It's a biological fact: There are three things that moms can do that dads can't. You can't be pregnant, you can't give birth (some would consider that a definite plus), and you can't breastfeed. But here's another fact: Those natural physical limitations don't have to send you to the sidelines. You can share in nearly all the excitement, joy, anticipation, and, let's face it, stress of your spouse's pregnancy, labor, and delivery—from the first kick to the last push—as an active, supportive participant. And though you'll never be able to put your baby to the breast (at least not with the kind of results baby's looking for), you can share in the feeding process:

Be your baby's backup feeder. Once breastfeeding is established, there's more than one way to feed a baby. And though you can't breastfeed, you can be the one to give supplementary bottles of expressed milk or formula (if those will be on baby's menu). Not only will being the supplementary feeder give mom a break (whether in the middle of the night or in the middle of dinner), it will give you extra opportunities for closeness with your baby. Make the most of the moment—instead of propping the bottle up to the baby's mouth, strike a nursing position, with your baby snuggled close and the bottle where that breast would be. Opening up your shirt, which allows for cuddly skin-to-skin contact, will enhance the experience for both of you. No supplementary bottles on the menu? You can still do skin-to-skin, every chance you get.

Share the night shift. Sharing in the joys of feeding also means sharing in those early weeks of sleepless nights. Even if you're not giving supplementary bottles, there's plenty you can do for Team Feed. You can be the one to pick baby up, do any necessary diaper changing, deliver baby to mom for feedings, and return baby to the crib or bassinet once the feed is finished. Not only will you be connecting more with baby by participating in nighttime feeds (building both lifelong bonds and lifetime memories), but you'll also be letting mom get some much-needed rest.

Double down on other duties. Breastfeeding is the only baby-care activity limited to moms. Dads can bathe, diaper, and rock with the best of moms—and yes, even better than them—given the chance to step up and step in.

Get calm, mom. Tension not only inhibits letdown (how your breasts dispense milk once it's on tap), but it can generate stress in your baby (infants are extremely sensitive to mom's moods)—and a stressed-out baby can't nurse effectively. So try to start out each feed as relaxed as possible. Do some relaxation exercises before you begin, or tune in to some soft, soothing music. Getting comfortable will also help you get your calm on, so use a nursing pillow (or a regular pillow) to position baby so breastfeeding's not a strain or a pain. Bring on baby's calm before feeds, too, by doing some gentle rocking and quiet, soothing skin-to-skin.

Breastfeeding 101

Proper positioning is essential to a good latch, and to prevent nipple soreness and other breastfeeding problems. Start by placing baby on his or

Crossover hold

Football hold

her side, facing your nipple. Make sure baby's whole body is facing your breasts—with his or her ear, shoulder, and hip in a straight line. In other words, make sure baby's little boy or girl parts are facing (parallel to) the breast you're not feeding from. You don't want your baby's head turned to the side—it should be straight in line with his or her body. (Imagine how difficult it would be for you to drink and swallow while turning your head to the side.) Use a nursing pillow (or a regular pillow) to bring baby up to a height that will make maneuvering your little one to the breast easier.

You can try any of these positions, experimenting to find the ones that feel most comfortable for you:

Crossover hold. Hold your baby's head with the hand opposite to the breast you'll be nursing from (if nursing on the right breast, hold your baby with your left hand). Rest your wrist between your baby's shoulder blades, your thumb behind one ear, your other fingers behind the other ear. Using your other hand, cup your breast, placing your thumb above your nipple and areola at the spot where your baby's nose will touch your breast. Your index finger should be at the spot where your baby's chin will touch the breast. Lightly compress your breast so your nipple points slightly toward your baby's nose. You are now ready to have baby latch on.

Football hold. This position, also called the clutch hold, is especially useful if you've had a c-section and want to avoid placing your baby against your abdomen, or if your breasts are large or if your baby is small or premature. Position your baby at your side, facing you, with baby's legs under your arm (your right arm if you're nursing on the right breast). Support your baby's head with your right hand and cup your breast as you would for the crossover hold.

Cradle hold. Position your baby so that sweet little head rests in the bend of your elbow and you're using the rest of your arm to support baby's body. Using your free hand, cup your breast as you would for the crossover hold.

Laid-back position ("biological nurturing"). Lean back on a bed or couch,

Cradle hold

well supported by pillows, so that when you put your baby tummy-to-tummy onto your body, head near your breast, gravity will keep him or her molded to you. Your baby can rest on you in any direction, as long as his or her whole front is against yours and he or she can reach your breast. Your baby can naturally latch on in this position, or you can help by directing the nipple toward his or her mouth—but otherwise you don't have to do much in the laid-back position besides lie back and enjoy.

Laid-back position

Side-lying position. In this position, both you and your baby lie on your sides, tummy to tummy. Use your hand on the side you're not lying on to cup your breast if you need to. This position is a good choice when you're feeding in the middle of the night.

Now that baby's in position, you can latch him or her onto your breast using the following tips:

- Gently tickle your baby's lips with your nipple until his or her mouth is opened very wide, like a yawn. Some LCs suggest aiming your nipple toward your baby's nose and then directing it down to the upper lip to

Side-lying position

Breastfeeding Multiples

Breastfeeding, like just about every aspect of caring for newborn multiples, seems as though it will be at least twice as challenging. However, once you've fallen into the rhythm of nursing your multiples (and you will!), you'll find that it's not only possible but doubly (or even triply) rewarding—and convenient. To successfully nurse twins and more, you should:

Eat up. Doing so much feeding will mean you'll also have to do more eating. To fuel your multiples milk machine, you'll need 400 to 500 calories above your prepregnancy needs for each baby you are nursing (you may need to increase your caloric intake as the babies grow bigger and hungrier or decrease it if you supplement nursing with formula and/or solids, or if

get baby to open his or her mouth very wide. This prevents the lower lip from getting tucked in during nursing. If your baby turns his or her head away, gently stroke the cheek on the side nearest you. The rooting reflex will make baby turn his or her head toward your breast.

- Once that little mouth is opened wide, move your baby closer. Do not move your breast toward your baby. Many latching-on problems occur because mom is hunched over baby, trying to shove breast into mouth. Instead, keep your back straight and bring your baby to your breast. Remember, too, not to stuff your nipple into an unwilling mouth—instead, let your baby take the initiative. It might take a couple of attempts before your baby opens his or her mouth wide enough to latch on properly.
- Be sure baby latches on to both the nipple and the areola that surrounds it. Sucking on just the nipple won't compress the milk glands and can cause soreness and cracking.

you have considerable fat reserves you would like to burn). You'll also need an extra calcium serving for that extra baby (for a total of 6, though you can also tap into a calcium supplement to help you reach that goal). See box, page 479, for more.

Pump it up. If your babies are in the NICU and are still too small to breastfeed, consider pumping; see box, page 487.

Nurse two at a time. You've got two breasts and two (or more) mouths to feed—so why not nurse them together, tandem style? An obvious—and big—advantage of tandem-nursing is that you don't spend all day and night nursing (first Baby A, now Baby B, and back to Baby A, and so on). To nurse two at the same time, position both babies on the pillow first, and then latch them on (or ask someone to hand the babies to you one at a time, especially while you're still getting used to the juggling act). Using a nursing pillow designed for twins will make positioning much easier. You can position both babies in the football (or clutch) hold, using nursing pillows to support their heads, or you can combine the cradle hold and the football hold, again using the pillow for support and experimenting until both you and your babies are comfortable.

If tandem nursing doesn't appeal to you, don't do it. You can bottle-feed one (using either pumped milk or formula, if you're supplementing) while nursing the other (and then switch off), or nurse one baby after the other.

Got three (or more) babies to feed? Breastfeeding triplets (and even quads) is possible, too. Nurse two at a time, and then nurse the third baby afterward, remembering to switch off which baby gets solo suckling time. For more information on breastfeeding higher-order multiples, check out raisingmultiples.org.

Treat each diner differently. Even identical twins have different personalities, appetites, and nursing patterns. So try to tune in to the needs of each. And keep extra-careful records to make sure each baby is well fed at each feeding.

Give both breasts a workout. Switch breasts for each baby at each feeding so both breasts are stimulated equally.

- Once baby is properly latched on, check to see if your breast is blocking your baby's nose. If it is, lightly depress the breast with your finger. Elevating baby slightly may also help provide a little breathing room. But as you maneuver, be sure not to loosen baby's grip on the areola.
- Not sure if baby's suckling? Check those sweet cheeks—you should see a strong, steady, rhythmic motion. That means your little feeder is getting fed—successfully suckling and swallowing.

Now that the feed has started, how long should it last? See the box on page 480.

If your baby has finished suckling but is still holding on to the breast, pulling it out abruptly can cause injury to your nipple. Instead, break the suction first by depressing the breast or by putting your finger into the corner of the baby's mouth to let in some air.

Breastfeeding After a Cesarean Delivery

Eager to get your baby to breast, even though you've had a c-section? How soon you can get baby to latch on and get busy depends on how you're feeling and how baby's doing. More and more hospitals are allowing skin-to-skin (and breast nuzzling) time right after delivery, baby's condition permitting. And the most progressive hospitals are giving new moms the opportunity to breastfeed right after their c-section—while they're still in the operating room. Of course you'll have a hard time moving (you just had major surgery after all), so be sure to enlist your partner, a nurse, your doula, or an LC to help you get propped up (or shifted to your side) and in position, ready for baby to be handed to you.

You'll probably find breastfeeding after a c-section uncomfortable at first (at least once your pain meds wear off). Your best bet will be to find a position that puts the least amount of pressure on your incision. Do this by placing a regular or breastfeeding pillow on your lap under the baby, or by lying on your side, or by using the football hold (page 482), again supported by a pillow, to nurse. A belly band can also take some of the pressure off your incision, helping make breastfeeding a little more comfortable. Some positions will be more comfortable than others, so be sure to find the best one for you.

If you're groggy from general anesthesia or your baby needs immediate care in the nursery, this first nursing session may have to wait. If after 12 hours you still haven't been able to get together with your baby, ask about using a pump to express colostrum and get lactation started.

A few more things to keep in mind: First, since you've been pumped up with a lot of fluids thanks to your IV, your baby will have a little more "water weight" on him or her. Your little one will get rid of those fluids by peeing a lot and appearing to lose a lot of weight (more than a typical vaginal birth baby). Be sure that normal weight loss isn't used as a reason to give a supplementary bottle (unless it has been prescribed as medically necessary), since that could hurt your chances of early breastfeeding success (see page 479). Second, some moms who have had a cesarean delivery find that their milk comes in a little later than expected, probably due to the extra stress of surgery. You can keep your milk supply on track by cuddling skin-to-skin with your baby often and getting those first nursing sessions started as soon as possible. Be sure you've documented your wishes in your birth plan and that you've got advocates on your side (your partner, an LC, a doula, the pediatrician) helping you be reunited with your baby as soon as possible. Finally, you'll be given pain meds (often narcotics) after your delivery—don't hesitate to take them if you need them (and want them). Being in intense pain can unnecessarily interfere with your breastfeeding efforts. As long as you use them only short-term and at a safe dose (take only one tablet every 6 to 8 hours maximum, and watch for excessive drowsiness in baby), they're safe for your little one and compatible with breastfeeding.

If you've been given antibiotics after your c-section, be aware that it might increase your newborn's chances of getting thrush. Taking a probiotic can help reduce that risk.

Breastfeeding the NICU Baby

Breast is best for babies of every size—including the tiniest ones. In fact, preemies and babies who are small for gestational age or have other medical problems at birth do much better on breast milk, even if they're not ready to tackle a breast. So don't give up on breastfeeding. Talk to your baby's neonatologist and the nurse in charge to see how you can best feed your very little one—and feed him or her the very best—while in the NICU. And then, if you can, get pumping (a double electric is best, and if you can rent a hospital grade pump, better still). If baby isn't ready for latching on yet, your pumped milk may be given to your baby via tube feeding or bottle. Even if that's not possible at first, you can pump milk to store until baby's ready for it—and to keep your supply pumped up until baby's ready to feed from you directly. Can't produce enough breast milk or can't pump at all? Ask the hospital about the possibility of donor milk, often used to supplement preemies. For much more on feeding preemies (as well as much more on preemie care), see *What to Expect the First Year.*

CHAPTER 17

Postpartum: The First 6 Weeks

By now you're probably either settling into your new life as a fledgling mom or figuring out how to juggle new baby care with the demands of older children. Almost certainly, much of your daily—and nightly—attention is focused on that recently arrived little bundle. Babies, after all, don't take care of themselves. But that doesn't mean you should neglect your own care (yes, you need care, too, especially while you're still in recovery mode).

Though most of your questions and concerns are likely to be baby-related right now, you're sure to have some that are a little more mommycentric, too, from the state of your emotions ("Will I ever stop crying during those silly insurance commercials?") to the state of your sexual union ("Will I ever want to do 'it' again?") to the state of your waist ("Will I ever be able to wear jeans that zip?"). The answers: yes, yes, and yes—just give it time.

What You May Be Feeling

The first 6 weeks postpartum are considered a "recovery" period. Even if you sailed through your pregnancy and had the easiest labor and delivery on record (and especially if you didn't), your body has still been stretched and stressed to the max—and it needs a chance to regroup. Every new mom, like every expectant one, is different—so all will make that recovery at a different rate, with a different collection of postpartum symptoms. Depending on the type of delivery you had, how much help you have at home, and a variety of other individual factors, you may experience all, or only some, of the following:

Physically

- Continued lochia, first dark red, then pink, turning brownish, then yellowish white
- Fatigue, of course
- Some continuing pain and numbness in the perineum, if you had a vaginal delivery (especially if you had stitches) or labored before having a cesarean delivery
- Diminishing incision pain, continuing numbness, if you had a c-section
- Gradual easing of constipation and, hopefully, hemorrhoids
- Gradual slimming of your belly as excess fluids are flushed out and your uterus shrinks and recedes into the pelvis
- Gradual weight loss
- Gradual decrease in swelling
- Breast discomfort and nipple soreness until breastfeeding is well established
- Backache (from weakened abdominal muscles and from carrying baby)
- Joint pain (from joints still loosened from pregnancy)
- Achiness in arms and neck (from carrying and feeding baby)
- Continued excessive sweating
- Continued hot flashes
- Hair loss

Emotionally

- Elation, moodiness, or swings between them
- A sense of being overwhelmed, a growing feeling of confidence, or swings between the two
- Little interest in sex or, less commonly, stepped-up desire

Expect the Unexpected Postpartum

Like pregnancy, the postpartum period can deliver a bundle of unexpected symptoms. For one, phantom kicks—occasionally feeling your baby kicking from the inside when (clearly) your baby is living on the outside. Or diaper rash (on you, not baby)—from wearing pads for so long (you can switch brands, use witch hazel pads, or even borrow baby's diaper rash cream). Postpartum hives, which can erupt days, weeks, or even months after delivery—even among moms who have never had an allergic reaction in their lives. These hives seem to be associated either with breastfeeding hormones or a postpartum immune reaction (ask your doctor for a treatment plan, which will probably include a breastfeeding-safe antihistamine). Another unexpected symptom that can affect breastfeeding moms postpartum: a fleeting feeling of sadness every time baby starts to suckle (see box, page 506, for more on this syndrome).

Stumbled on another symptom you didn't expect now that you're no longer expecting? Check out this and the previous chapter, and if you still can't figure out the trigger, check with your practitioner.

What You Can Expect at Your Postpartum Checkup

Your practitioner will probably schedule you for a checkup 4 to 6 weeks postpartum. (If you had a cesarean delivery, you may be asked to come in at about 2 to 3 weeks postpartum to have your incision looked at.) During your postpartum visit, you can expect the following to be checked, though the exact rundown of the visit will vary:

- Blood pressure
- Weight, which may be down by about 17 to 20 pounds
- Your uterus, to see if it has returned to prepregnant shape, size, and location
- Your cervix, which will be on its way back to its prepregnant state but will still be somewhat engorged
- Your vagina, which will have contracted and regained much of its muscle tone
- Any tear or episiotomy repair site
- Your incision site, if you had a cesarean delivery
- Your breasts, to check for lumps, redness, tenderness, cracked nipples, or any abnormal discharge
- Hemorrhoids or varicose veins, if you have either
- Your emotional state (screening for PPD)
- Questions or problems you want to discuss—have a list ready

At this visit, your practitioner will also discuss with you the method of birth control you're planning to use. See page 511 for birth control options.

What You May Be Wondering About

Exhaustion

"I knew I'd be tired after giving birth, but I haven't gotten any sleep in weeks, and I'm so beyond exhausted, it's not funny."

No one's laughing—especially none of the other sleep-deprived new parents out there. And no one's really wondering why you're so exhausted, either. After all, you're juggling endless feeding (especially if you're breastfeeding), burping, changing, rocking, and pacing. You're trying to tackle the mountain of laundry that seems to grow larger and more daunting each day and the pile of thank-you notes that never seem to get written. You're shopping (out of diapers—again?), and you're schlepping (who knew how much baby stuff you'd need to lug just to pick up milk at the supermarket?). And you're doing it all on an average of about 3 hours of sleep (if you're lucky) a night, with a body that's still recovering from childbirth. In other words, you have multiple good reasons

why you're feeling like Our Lady of Perpetual Exhaustion.

Is there a cure for this maternal fatigue syndrome? Not really—at least not until baby starts sleeping through the night. But in the meantime, there are many ways of regaining some of your get-up-and-go—or at least enough so you can keep getting up and going:

Get some help. Hire help if you can afford to (a postpartum doula might be just the ticket). If you can't, now's a good time to let family and friends lend their helping hands. Enlist them to take baby out for a stroll while you grab a power nap or suggest that they pick up your groceries.

Share the load. Parenting—when there are two parents around—is a two-person job. Even if your partner-in-parenting is holding down a 9 to 5, he should share the baby load when he's home. Ditto the cleaning, laundry, cooking, and shopping. Together, divide and conquer the responsibilities, then write down who's on for what and when, so there's no confusion. (If you're a single parent or your partner is deployed, lean on a close friend or family member to help out.)

Don't sweat the small stuff. The only small stuff that matters right now is your baby. Everything else should take a distant backseat until you're feeling more energetic. So let the dust bunnies breed where they may (even if it's on top of those still-blank thank-you notes). And while you're ignoring those thank-you notes, buy some time by sending out a bulk email with baby's picture attached.

Find deliverance. Whether it's the hot meal you never have time to cook, or the baby nail clippers you forgot to buy, or the diapers you're forever running out of, there's an app for everything you need delivered to your door (except for a nap), so load up your phone and get busy.

Sleep when the baby sleeps. Yes, you've heard it before, and probably snorted at the thought. After all, baby's naptime is the only time you can tackle the 300 other things that never seem to get done. But stop snorting and start snoring. Lie down for even 15 minutes during one of the baby's daytime naps, and you'll feel better able to handle the crying when it starts again.

Feed your baby, feed yourself. Sure, you're busy feeding baby—but don't forget to feed yourself, too. Just as you did when you were expecting, fight fatigue by grazing on mini meals that combine protein and complex carbs to serve up long-term energy. Keep your fridge, your glove compartment, and your diaper bag stocked with grab-and-go snacks so you're never running on empty. While sugar and caffeine (that giant cupcake and that 5-shot latte, taken in quick succession) may seem the obvious solution for the energy challenged, remember this: Though they may give you the boost you crave in the short term, they'll quickly lead to an energy crash and burn. And don't just eat—drink plenty of water, too, because dehydration can lead to exhaustion.

If you're really beat, check with your practitioner to rule out any other physical cause (such as postpartum thyroiditis; see box, page 503). If you're feeling a little down, take steps to boost your mood (see page 495), because baby blues are tied to fatigue as well. If all else checks out and it's Diagnosis: New Mommy, rest assured (that is, when you can rest at all) that your zombie days are numbered. You will live to sleep again.

Hair Loss

"My hair seems to be falling out suddenly. Am I going bald?"

You're not going bald—you're just going back to normal. Ordinarily, the average head sheds 100 hairs a day (just not all at once, so you don't usually notice the shedding), and those hairs are being continually replaced. During pregnancy, however, hormonal changes keep those hairs from falling out, which means your head hangs on to them. But all good things must come to an end, including your reprieve on hair fall. All those hairs that were slated to go during pregnancy will be shed sometime after delivery, usually in the first 6 months postpartum—and often in unsettling clumps. Some women who are breastfeeding exclusively find that hair fall doesn't begin in earnest until they wean their baby or supplement with formula or solids. You'll take comfort knowing that by the time your baby is ready to blow out the candles on that 1st birthday cake (and probably has a full head of hair of his or her own), your hair should be back to normal-for-you.

To keep your hair healthy, continue taking your prenatal supplement (or switch to a supplement designed for breastfeeding moms if you're nursing), eat well, and treat your mane humanely. That means shampooing only when necessary (as if you had time for any extra shampoos now), using a wide-toothed comb or detangling brush if you have to untangle, not frying your hair with curling or flat irons (as if you have the time to style it, anyway), and using soft scrunchies or gentle clips to put up your mom-do.

Talk to your practitioner if your hair loss seems really excessive, since that can be a symptom of postpartum thyroiditis (see box, page 503).

By the way, if you also had a reprieve from waxing and shaving during pregnancy—because hair stopped growing on your legs, under your arms, and other places you typically keep groomed—that party may be over. Unfortunately, hair will probably resume its growth in the places you'd prefer it didn't. However, if you had a fuzzy belly or extra facial hair throughout your pregnancy, you'll likely be shedding that soon, thankfully.

Postpartum Urinary Incontinence

"I gave birth nearly 2 months ago and I'm still peeing when I cough or laugh. Am I ever going to stop leaking?"

So your new-mom bladder is letting you—and your panties—down? It's completely normal to involuntarily leak a little urine in the months (yes, months) after delivery, usually while laughing, sneezing, coughing, or performing any strenuous activity—and it's pretty common (more than a third of moms spring a postpartum leak). That's because pregnancy, labor, and delivery weaken the muscles around the bladder and pelvis, making it harder for you to control the flow of urine. Plus, as your uterus shrinks in the weeks after delivery, it sits directly on the bladder, compressing it and making it more difficult to stem the tide. Hormonal changes after pregnancy can also batter your bladder.

It can take between 3 and 6 months, or even longer, to regain complete bladder control. Until then, use panty liners, maxipads, or bladder control pads to absorb the leak (depending on how much you're leaking). You can also take these steps to help regain control faster:

Keep up your Kegels. Thought you were finished with your Kegels now

Help for Leaks That Won't Let Up

Tried every do-it-yourself trick for dealing with postpartum urinary or fecal incontinence—including Kegeling until you're blue in the face—but still left with a leak? Don't let embarrassment keep you from talking to your practitioner. He or she might suggest biofeedback (see page 82), other treatments (such as physical therapy), or in a particularly tough case, eventual surgery. Fortunately, leaks usually resolve themselves without that kind of intervention.

that your baby's delivered? You'll actually need them more than ever to speed your recovery. Among other perks: Continuing those pelvic-floor–strengthening exercises will help you regain bladder control now and preserve it later on in life.

Start losing it. Extra pounds gained during pregnancy are still applying pressure to your bladder. Once you've reached the 6-week mark, start shedding weight sensibly to take that pressure off.

Train your bladder to behave. Pee every 30 minutes—before you have the urge—and then try to extend the time between pees, going (without going) a few more minutes each day.

Stay regular. Try to avoid constipation, so full bowels don't put pressure on your bladder.

Drink up. It might seem that cutting back on fluids would cut down on the leaking, but dehydration makes you vulnerable to UTIs. An infected bladder is more likely to leak, and a leaking bladder is more likely to become infected. When reaching for the fluids, however, consider limiting caffeine, since too much can irritate the urinary tract.

Tired of pulling out pads to absorb all those leaks, or not crazy about graduating to the bladder leak variety? Another option once you've completely finished your postpartum healing (check with your practitioner first): a bladder-support product—a specially designed tampon-like product that's inserted vaginally to gently lift and support the urethra to prevent leaks (don't use real tampons). Leak won't let up? See box, this page.

Fecal Incontinence

"I've been passing gas involuntarily lately and even leaking some feces, which is gross. What can I do about it?"

As a new mother, you definitely expected to be cleaning up after your baby—but you probably didn't count on cleaning up after yourself. Yet some newly delivered moms do add fecal incontinence and the involuntary passing of gas to that long list of unpleasant postpartum symptoms. That's because during labor and childbirth, the muscles and nerves in the pelvic area are stretched and sometimes damaged, which can make it difficult for you to control how and when waste (and wind) leaves your body. In most cases, the problem takes care of itself as the muscles and nerves recover, usually within a few weeks.

Until then, skip hard-to-digest foods (nothing fried, no beans, no cabbage), and avoid overeating or eating on the run (the more air you gulp, the more you are likely to pass it as gas). Keeping up with your Kegels can also help

tighten up those slack muscles as well as the ones that control urine (which also may be leaking these days). Check in with your practitioner about it, too. If fecal leaking continues, you may want to ask for a referral to a physical therapist for pelvic floor therapy.

Postpartum Backache

"I thought all my back pain would go away after delivery, but it hasn't. Why?"

Welcome back, backache. If you're like nearly half of all newly delivered moms, your old not-so-friendly pal from pregnancy has returned for an unwelcome visit. Some of the pain still has the same cause—hormonally loosened ligaments that haven't yet tightened up. It may take time, and several weeks of soreness, before these ligaments regain their strength. Ditto for the stretched-out and weakened abdominal muscles that altered your posture during pregnancy, putting strain on your back. And of course, now that you've got a baby around, there's another reason for that pain in your back: all the lifting, bending, rocking, feeding, and toting you're doing. Especially as that cute little load you're carrying around gets bigger and heavier, your back will be up against growing stress and strain. One thing that you can't blame your backache on: an epidural. Research shows that lingering back pain beyond the first postpartum days isn't related to having had an epidural.

While time heals most things, including those postpartum aches and pains, there are other ways to get your back back on track:

- Tone that tummy. Ease into some undemanding exercises to strengthen the muscles that support your back (see page 520 for more).
- Get support. Use a belly binder, belt, or band to help support your abdominal muscles, easing back pain.
- Mend when you bend. And lift. Give your back a break by bending properly: Spread your feet apart to give yourself a wide base of support, bend at your knees (not your waist), tighten your core as you lift (or lower), lift using your leg muscles, and hold the object as close to your body as you can. If an object is too heavy or awkward, don't lift it.
- Get off your feet. Sure, you're running (and rocking) all the time, but whenever you don't have to, take a seat. When you have to stand, place one foot on a low stool to take some pressure off your back.
- Put your feet up. Who deserves to put their feet up more than you? Plus, elevating your feet slightly when sitting—and baby feeding—will ease the strain on your back.
- Don't be a slouch on the couch. When feeding your baby, don't slump over (as tempting as that might be, given your state of exhaustion). Your back will thank you if it's well supported.
- Watch your posture. Listen to your mom, Mom—and stand up straight, even when you're swaying from side to side. Slouched shoulders result in an aching back. As your baby gets bigger, avoid resting that growing weight on one hip, which will throw your back off further, plus lead to hip pain.
- Wear your baby. Instead of always holding your baby, wear him or her in a sling or wrap. Not only will it be soothing to baby (and you), but it'll be a relief to your achy back and arms.
- Pull a switch. Many moms play favorites with their arms, always carrying

(or bottle-feeding) baby in the left arm or the right. Instead, alternate arms so they each get a workout (and you don't get a lopsided ache).

- Rub it. Can't spare the time and change for the professional massage your muscles are aching for? Ask your spouse to step in and rub.
- Turn up the heat. A heating pad can spell relief from back pain and muscle aches. Apply it often, especially during those marathon feeding sessions. Ask your practitioner (or the baby's pediatrician) whether it's okay to use topical creams or heat patches if you're breastfeeding. You'll probably get the green light, but it's good to ask, just to be on the safe side.

As your body adjusts to toting a baby all the time, you'll probably find that pain in your back (and arms, and hips, and neck) diminishing, and you may even find yourself sporting some new baby biceps. In the meantime, here's something else that might help ease your aches by easing your load: Unload that diaper bag. Lug around only what you absolutely need, which is plenty heavy anyway.

Baby Blues

"I was sure I'd be over the moon once my baby was born. But I'm feeling down instead. What's going on?"

How can something so happy make you feel so sad? That's what an estimated 60 to 80 percent of new moms end up asking themselves soon after childbirth, thanks to so-called baby blues. Baby blues appear seemingly out of the blue—usually 3 to 5 days after delivery, but sometimes a little earlier or a little later—bringing on unexpected sadness and irritability, bouts of crying, restlessness, and anxiety. Unexpected because—well, for one thing, isn't having a baby supposed to make you over the moon, not down in the dumps?

It's actually easy to understand why you're feeling this way if you step back for a moment and take an objective look at what's been going on in your life, your body, and your psyche, including any or all of the following: rapid changes in hormone levels

FOR FATHERS

Your Baby Blues

Becoming a dad was the happiest moment of your life—and holding your bundle of joy fills you with more joy than you even knew was possible. So why are you so emotionally spent? After all that buildup, all the planning and preparation and dreaming and drama and anticipation and exhilaration, your child has been born, and you feel not only run down (that's the sleep deprivation talking) but also a tiny bit let down. Welcome to the Postpartum Club, when you suddenly realize why the word "baby" is so often followed by the word "blues." Not every new parent experiences the so-called baby blues (about 10 percent of new dads do), but you can pretty predictably expect a potent cocktail of emotions in both of you (fortunately, it's likely only one of you will experience down feelings at a time). Be ready. And be strong. You'll need the patience of a saint, the endurance of a triathlete, and a sense of humor (big time) to work through this period of adjustment. Adapt the tips for her baby blues (on these pages) to your needs during this rough patch. If those don't help, and baby blues progress to depression, talk to your doctor about getting the help you need so you can start enjoying life with your new baby.

(which drop precipitously after childbirth) and a draining delivery followed by an exhausting homecoming, all compounded by the round-the-clock demands of newborn care, sleep deprivation, possible feelings of new mommy self-doubt, breastfeeding stumbling blocks (sore nipples, painful engorgement), unhappiness over your looks (the bags under your eyes, the pooch around your belly, the fact that there are more dimples on your thighs than on your baby's), and stress from inevitably shifting relationship dynamics. With such an overwhelming laundry list of challenges to confront (and don't even get you started on the laundry that's on that list), it's no wonder you're feeling down.

The baby blues will likely fade over the next couple of weeks as you adjust to your new life and start getting a little more rest—or, more realistically, begin functioning more effectively on less rest. In the meantime, try the following tips to help lift yourself out of that postpartum slump:

Lower the bar. Feeling overwhelmed and underprepared in your role as a newbie mom? It may help to remember that you won't be for long. After just a few weeks on the job, you're likely to feel much more comfortable in those mom shoes. In the meantime, lower your expectations for yourself—and for your baby. Then lower them some more. Make this your mommy (or daddy) mantra, even after you've become a parenting pro: There's no such thing as a perfect parent. Expecting too much means you'll be letting yourself down—and bringing your mood down, too. Instead, just do the best you can (which at this point may not be as well as you'd like, but that's okay).

Don't go it alone. Nothing is more depressing than being left alone with a crying newborn, that mountain of spit-up-stained laundry, a leaning tower of dirty dishes, and the promise (make that guarantee) of another sleep-deprived night ahead. So if it's feasible, ask for more help—from your partner, your mother, your sister, your friends.

Dress yourself. Yes, you're busy dressing (and diapering) your baby—but have you forgotten to dress yourself? It sounds trite, but it's surprisingly true. Spending a little time making yourself look good will actually help you feel good—even if baby's the only one seeing you all day. So hit the shower and maybe even the blow-dryer before your spouse hits the commuter train in the morning, trade in the stained sweats for a clean pair, and consider applying a little makeup (and a lot of concealer).

Wear your baby. Babywearing can boost your mood and baby's (babies who are worn more cry less, and that's a happy fact). See box, facing page.

Leave home. It's amazing what a change of scenery can do for your state of mind—especially when the scenery doesn't include the cluttered mess that was once your home. So try to get out of the house with baby at least once a day: Take a walk, stroll the mall, grab a coffee with friends. Anything that will keep you from hosting another (understandable) self-pity party.

Treat yourself. Next time you have 30 minutes to yourself, grab it. Take a nap, a long shower, a mini-mani, or a chance to catch up on social media or a guilty pleasure celebrity gossip site. Occasionally, make yourself a priority. You deserve it.

Get moving. Exercise boosts those feel-good endorphins, giving you an all-natural (and surprisingly lasting) high. So join a postpartum exercise class (look for one that includes babies in the fun), work out to a post-pregnancy

Wearing Away the Baby Blues

There's no doubt it's the ultimate in hands-free baby care, allowing you to soothe your baby, rock your baby, even eventually feed your baby without lifting a finger—leaving your hands and arms available for just about anything else you have to get done. But can babywearing (wearing your little one in a sling or carrier) also wear away the baby blues in new moms (and dads)? Or even help ease postpartum depression?

Some say yes—and for several reasons:

- Wearing your baby close to you (like skin-to-skin contact) increases your levels of oxytocin, one of the body's happiest hormones. Also known as the "bonding hormone," oxytocin not only helps cement your emotional connection to your baby, but relieves stress and eases postpartum aches—both of which can bring a new mama down. In fact, low levels of oxytocin have been linked to postpartum depression, as well as postpartum anxiety disorders. Pumping up the oxytocin by wearing your baby may actually boost your mood.
- Wearing your baby makes your baby happier. Babies who are worn more cry less and sleep and feed better—and what could make a new parent happier (and more confident) than that?
- Wearing your baby leaves your arms and legs free—free to eat a meal, catch up on work, get the laundry done, and yes, even do your hair (your hair!). All of which can make you feel better.
- Wearing your baby lets you get out more. There's no easier way to take a walk, do the marketing, have lunch with a friend. Plus, a baby who's worn isn't easily touched by prying (possibly germy) strangers—an added perk.

Of course, if babywearing isn't for you—you just don't feel comfortable doing it—don't feel obligated. Remember, every mom is different—and what feels right for you is almost always what's best for you. Keep in mind, too, that while babywearing may be very therapeutic for new moms battling the baby blues or even mild depression or anxiety, it may not be the answer for every mom, and it's likely not enough to treat more serious postpartum depression.

exercise DVD or a YouTube video, step out for some exercises that tone with the help of a stroller full of baby, or just simply step out for a walk.

Be a happy snacker. Too often, new moms are too busy filling their babies' tummies to worry about filling their own. A mistake, since low blood sugar sends not only energy levels plummeting but moods, too. To keep yourself on a more even keel, physically and emotionally, stash sustaining, healthy, easy-to-munch snacks within quick reach. Tempted to reach for a chocolate bar instead? Go ahead and reach—especially if chocolate really makes you happy—just remember sugar-induced blood sugar highs have a way of crashing quickly. (Opt for dark chocolate when you can, since it's much lower in sugar and is believed to have mood-boosting properties.)

Cry—and laugh. If you need a good cry, go for it. But when you're finished, watch something silly on TV or online

and laugh. Try laughing, too, at all the mishaps you're likely having—you know, the diaper blowout, the breasts that leaked in line at the market, the spit-up that spewed only after you realized you had left home without wipes. You know what they say: Laughter is the best medicine. Plus, a good sense of humor is a parent's best friend.

Still blue, no matter what you do? Keep on reminding yourself that you'll outgrow the baby blues within a week or two—most moms do—and you'll be enjoying the best of times, most of the time, in no time.

But also remember that there's a big—and very significant—difference between baby blues and postpartum depression. If the baby blues just don't fade, or appear later than expected, if feelings of sadness persist (lasting more than 2 weeks) or get worse, and/or if you start to feel very anxious, you may be suffering from postpartum depression.

"I don't have any sign of baby blues—but my partner seems really down. Could he have baby blues?"

Does your partner seem to be down while you're flying high? Studies show that a new dad is far more likely to experience baby blues when the new mom in his life escapes them (and conversely, he's unlikely to be down when she is—perhaps nature's way of ensuring that both parents don't slump at the same time). Hormonal changes (dads experience those, too, postpartum) may be a trigger when dad gets the blues, as may all the inevitable life changes that come with a new baby. Either way, it's important that he not keep his feelings under wraps, something a new dad may feel compelled to do to avoid dumping on his spouse. Encourage him to talk them out—and to see the box, page 495.

Postpartum Depression

"I felt so happy after we brought our baby home. But in the last couple of weeks, I've started feeling really down. Sad, hopeless even. Should I write it off as baby blues?"

Though "baby blues" and "postpartum depression" are often used interchangeably to describe new mom moodiness, they're actually two very different conditions. The far more common baby blues appear and fade quickly. True postpartum depression (PPD) is much less prevalent (affecting about 15 percent of new moms) and much more enduring (lasting anywhere from a few weeks to a year or even more). It may have roots in pregnancy depression, it may begin at delivery, or (more often) it may not start until a month or two after baby's born. Sometimes PPD comes far later—it doesn't begin until a new mom gets her first postpartum period or until she weans her nursing baby (possibly because of fluctuating hormones). More susceptible to PPD are women who've had it before, have a history of depression or severe PMS, spent a lot of time feeling down or depressed during pregnancy, had a complicated pregnancy or delivery, or have a premature or sick baby. Women who have had a miscarriage or stillbirth are more susceptible to postpartum depression (and anxiety) with a subsequent healthy delivery, often because they can't shake the feeling that something will go wrong again.

The symptoms of PPD are similar to those of baby blues, though much more pronounced. They include crying and irritability, sleep problems (not being able to sleep or wanting to sleep the day away), eating problems (having no appetite or wanting to do nothing but eat), persistent feelings of sadness,

FOR FATHERS

Keep an Eye on Her Mood

Baby blues are one thing (they're normal and self-limiting), but true postpartum depression (PPD) is another. It's a serious medical condition that requires prompt, professional treatment. The same goes for other postpartum mood disorders, including postpartum anxiety disorder, postpartum OCD, post-partum PTSD, and postpartum psychosis. If the mom in your life still seems truly overwhelmed, sad, angry, anxious, or hopeless several weeks after the baby comes home, isn't sleeping or is sleeping all the time, won't leave the house or let anyone come over to visit, isn't eating or isn't otherwise functioning normally—as normally as can be expected given her demanding new mom life—sit down with her and tell her you're worried about her wellbeing. Focus on the behaviors you've seen—crying constantly, raging for no apparent reason, refusing to leave the house or answer the phone, being uncharacteristically anxious, jittery, or stressed, not interacting well with the baby—and encourage her to share her feelings with you. Reassure her that whatever she's going through is in no way her fault—it's not because she's weak or a bad mother. And remind her that you are and will be there to support her every step of the way. Emotional support from a partner is an essential component in the recovery from PPD.

But don't stop there. Encourage her to talk to her practitioner about it and, as needed, to get a referral to a psychotherapist or psychologist. Don't leave it up to her if she says no—make the calls yourself. She may not recognize the signs of depression. Be sure you know the signs (see facing page), and understand that she may not experience all of the symptoms (postpartum depression and anxiety are not one-size-fits-all illnesses). Make sure she gets the treatment she needs to feel better, and be as supportive as you can of the treatment plan that's proposed. If one treatment method doesn't work (and it won't necessarily, at least at first), encourage her to be open to others—and not to give up. PPD is treatable, but finding the right treatment sometimes takes time.

And though much of your focus will understandably be on your partner as you try to help her get better, realize that—for now—she may not be up to much, or (in a severe case of PPD) any of the baby care. Step in to provide the nurturing your newborn needs, and if you can't provide it all because of your work schedule, try to find a friend or family member (or baby nurse, if you can afford one) to fill in as needed. Keep in mind that it's normal for you to feel frustrated or disappointed that your partner isn't over the moon happy in her new role with your new baby—so don't fault yourself for feeling that way. Find ways to give yourself a break, too, and remember there are other dads who know exactly what you're going through. Check out the support pages for dad on postpartum.net.

Be aware, too, that dads can also suffer from PPD. Your own hormones are in flux postpartum, too, and it's natural for the combination of the new baby, the stress of the past 9 months, and the new sense of responsibility to take their toll. In fact, 1 in 4 dads experience paternal postnatal depression (PPND), a dad's version of PPD. You may feel left out, or you may feel overwhelmed by everything that's expected of you. If you suspect you have PPND, talk to your partner or a trusted friend or family member about it, and don't hesitate to seek professional treatment—for the health and wellbeing of both you and your baby.

Getting Help for PPD

No new mother should have to suffer from PPD. Sadly, too many do, either because they believe it's normal and inevitable after delivery (it isn't) or because they're ashamed to ask for help (they shouldn't be). PPD can keep a new mom from nurturing her little one, which could lead to slower development (babies of depressed moms are less vocal, less active, make fewer facial expressions, and are more anxious, passive, and withdrawn).

Luckily, there is more and more awareness about PPD and the need for new moms who are suffering from it to get the help and treatment they need. Most hospitals send new moms home with educational materials about PPD so that they (and just as important, their partners and other family members) will be more likely to spot the symptoms early and seek treatment. Practitioners are becoming better informed, too—learning how to look for risk factors during pregnancy that might predispose a woman to PPD, to screen routinely for the illness postpartum, and to treat it quickly, safely, and successfully.

Pediatricians—who have many more opportunities to interact with new moms than obs or midwives do—are often the first line of defense when it comes to spotting PPD. The AAP recommends that pediatricians screen for PPD at 1-, 2-, and 4-month visits by asking new moms to complete a short checklist called the Edinburgh Postnatal Depression Scale—basically 10 questions designed to reveal whether a new mother is struggling with PPD.

PPD is one of the most treatable forms of depression. So if it strikes you, don't suffer with it any longer than you have to. Speak up—and get the help you need now. For more help, contact Postpartum Support International at 800-944-4PPD (4773) or postpartum.net.

emptiness, hopelessness, and helplessness, an inability (or lack of desire) to take care of yourself or your newborn, social withdrawal, excessive worry, aversion to your newborn, feeling all alone, and memory loss.

If you haven't already tried the tips for getting the baby blues to fade (see page 496), do try them now. Some of them may be helpful in easing PPD, too. But if moderate symptoms continue for more than 2 weeks without any noticeable improvement, or if you're having more serious symptoms for more than a few days, chances are your PPD won't go away without professional attention. Don't wait to see if it does (and don't delay at all if you're having symptoms that might result in harm to yourself or your baby). And don't be put off by reassurances that such feelings are normal postpartum—they're not. Call your practitioner and be up front about how you're feeling. Ask for a referral to a therapist who has a clinical background in the treatment of PPD, and make an appointment promptly. Therapy, the first line of defense, can help you feel better fast, and if your therapist thinks medications will help, too, there are several antidepressants that are safe even if you're breastfeeding (though it can take time to figure out the right meds at the right dose). Bright light therapy can also be effective in reducing symptoms of PPD by causing a positive biochemical change in your brain that can cheer you up. Other CAM therapies, healthy

Thyroiditis Got You Down?

Nearly all new mothers feel run-down and tired. Most have trouble losing weight. Many feel blue at least some of the time, and just about all experience hair loss. It may not be a pretty picture, but for the majority of moms, it's a completely normal one in postpartum—and one that gradually begins to look better as the weeks pass. For the estimated 7 to 8 percent of women who suffer from postpartum thyroiditis (PPT), however, this picture may not improve with time. And, because the symptoms of PPT are so similar to those weathered by most new moms, the condition may go undiagnosed and untreated.

PPT may start anywhere from 1 to 4 months after delivery with a brief episode of hyperthyroidism (too much thyroid hormone). This period of excess thyroid hormone circulating in the bloodstream may last 2 to 8 weeks. During this hyperthyroid period, a new mom may be tired, irritable, and nervous, feel very overheated, and experience increased sweating and insomnia—all of which are common in the immediate postpartum period anyway, making an easy diagnosis more elusive. That's okay, because treatment isn't usually needed for this phase.

In about 25 percent of women with PPT, this hyperthyroid period will be followed by one of hypothyroidism (too little thyroid hormone) that often lasts about 2 to 6 months. With hypothyroidism, fatigue continues, along with depression (longer lasting and often more severe than typical baby blues), muscle aches, excessive hair loss, dry skin, cold intolerance, poor memory, and an inability to lose weight. Again, so close to typical new mom symptoms that they may be easy to write off as postpartum-as-usual.

Some new moms with PPT experience only hyperthyroidism, while others have only hypothyroidism, which begins 2 to 6 months after delivery.

If your postpartum symptoms seem to be more pronounced and persistent than you would have expected, and especially if they are interfering with your ability to function and enjoy your baby, check with your practitioner. A blood test can easily determine whether PPT is the cause of your symptoms. Be sure to mention any personal history of thyroid problems or a family history (especially on your mom's side of the family, since there is a very strong genetic link).

Most women recover from PPT within a year after delivery. In the meantime, treatment with supplementary thyroid hormone can help them feel much better much faster. About 25 percent of women who have the condition, however, remain hypothyroid, requiring lifetime treatment (which is as easy as taking a pill every day and having a yearly blood test). Even in those who recover spontaneously, thyroiditis is likely to recur during or after subsequent pregnancies. For this reason, it makes sense for women who have had PPT to have a yearly thyroid screening and, if they are planning another pregnancy, to be screened in the preconception period and during pregnancy (because an untreated thyroid condition can interfere with conception and cause problems during pregnancy).

eating, and exercise can also help minimize symptoms, as can babywearing (see box, page 497). Since postpartum thyroiditis can trigger depression (see box above), your practitioner may also want to check your thyroid levels. The

Beyond Postpartum Depression

New moms often have ups and downs, occasional moments of feeling overwhelmed and stressed, even anxious—and most do more than their share of unnecessary worrying. For the most part, that's the adjustment talking—and the sleep deprivation. And it's to be expected.

But sometimes, it's not as easy as that—or as normal. Postpartum mood disorders are distinctly different from typical new mom mood swings—and they come in many forms, sometimes accompanying PPD or appearing instead of it. All the following postpartum mood disorders need prompt diagnosis and treatment. If you notice any symptoms of these conditions, don't delay in getting the help you need:

Postpartum anxiety disorder. Some new moms, instead of (or in addition to) feeling depressed postpartum, feel extremely anxious or fearful, sometimes experiencing panic attacks that include rapid heartbeat and breathing, hot or cold flashes, chest pain, nausea, insomnia, dizziness, and shaking. Women with a history of anxiety or panic attacks (during pregnancy or before) are more likely to experience these symptoms postpartum.

Postpartum anxiety affects about 10 percent of new moms, and about half of those who have PPD will also experience postpartum anxiety. A mom with postpartum anxiety may feel a constant sense of dread—as if something is about to go terribly wrong. Or she'll worry constantly about her baby's health and development, her ability to parent well, and how she's going to balance parenting and the rest of her responsibilities at work and home. These worries aren't the normal new mom worries (they're more extreme) and are typically not based on any real problem or threat. For instance, a mom suffering from postpartum anxiety may be fearful that her baby is alarmingly sick or in pain every time he or she cries. Or that she might fall asleep while holding her baby and drop him or her. Or have a pervasive, nagging fear that her baby has died or that she's left her baby in the hot car or that someone is going to break into the house and kidnap her sleeping baby. Sometimes a new mom suffering from postpartum anxiety may feel restless and jittery all the time—even though she's exhausted. Postpartum anxiety, like PPD, requires prompt treatment by a qualified therapist. Such treatment may include therapy (talk or cognitive behavioral therapy), learning techniques such as meditation, relaxation exercises, and mindfulness training, and, if necessary, medication.

Postpartum obsessive-compulsive disorder (PPOCD). About 30 percent of women suffering from PPD also exhibit signs of postpartum obsessive-compulsive disorder (PPOCD), though PPOCD can also occur by itself. Symptoms of PPOCD include obsessive-compulsive behaviors, such as waking up every 15 minutes to make sure the baby is still breathing, developing an obsessive order for doing ordinary

same tips that are used to deal with pregnancy depression (see page 44) apply to PPD as well.

Whichever treatment (or combination of treatments) you and your therapist decide is right for you—and even if it takes time to figure out the best treatment in your case—the most important first step is the one you're taking: acknowledging that you're

tasks (like tapping on the light switch 3 times before turning it on) and worrying that straying from the order will cause her baby harm, furious housecleaning, or having obsessive thoughts about harming her newborn (such as throwing the baby out the window or dropping him or her down the stairs). Women suffering from PPOCD are horrified by their gruesome and violent thoughts, though they won't act on them (only those suffering from postpartum psychosis might; see below). Still, they can be so afraid of losing control and following through with these impulses that they may end up neglecting their babies. Like PPD, treatment for PPOCD includes a combination of therapy and antidepressants. If you're having obsessive thoughts and/or behaviors, be sure to get help by telling your practitioner about your symptoms.

Postpartum psychosis. Much more rare and much more serious than PPD is postpartum psychosis. Its symptoms include loss of reality, hallucinations, and/or delusions. If you're experiencing suicidal, violent, or aggressive feelings, are hearing voices or seeing things, or have other signs of psychosis, call your doctor and go to the emergency room immediately. Don't underplay what you're feeling, and don't be put off by reassurances that such feelings are normal postpartum—they're not. To be sure you don't act out any dangerous feelings if you're alone while you're waiting for help, try to get a neighbor, relative, or friend to stay with you or put your baby in a safe place (such as the crib). You can also call 911 or the National Suicide Prevention Hotline at 1-800-273-8255. (If you're a dad noticing symptoms of postpartum psychosis in your spouse, get her help immediately—and in the meantime, don't leave her alone with the baby for even a moment.)

Postpartum Post Traumatic Stress Disorder (P-PTSD). The safe delivery of a healthy baby should be a moment to remember with joy. But for the estimated 9 percent of new moms who suffer from P-PTSD, childbirth becomes a source of pain and anxiety. Triggered by a traumatic event during labor, delivery, or postpartum (such as an umbilical cord prolapse, shoulder dystocia, a severe tear, hemorrhage, or an emergency c-section) or by a perceived trauma (feelings of being powerless or not having adequate support during childbirth), P-PTSD can leave a new mom with flashbacks and nightmares that vividly replay (and possibly magnify) the traumatic birth. Or she may feel detached from her baby and others, have difficulty sleeping, anxiety and panic attacks, an exaggerated startle response, and disturbing, intrusive thoughts. Women with a history of depression, anxiety, or prior trauma (a sexual assault, for instance, or a terrible car accident) are at higher risk of developing P-PTSD. P-PTSD is temporary and treatable—usually with therapy—so if you're experiencing any of the symptoms of the condition, don't wait to seek professional help. Without treatment, new moms suffering from P-PTSD are less likely to get routine postpartum care, less likely to breastfeed, and more likely to have challenges bonding with and caring for their newborns.

depressed and seeking help. Without the right treatment, PPD can prevent you from bonding with, caring for, and enjoying your baby. It can also have a devastating effect on your baby's emotional, social, and physical development (see box, facing page), on the other relationships in your life, and on your own health and wellbeing.

Losing Weight Postpartum

"I knew I wouldn't be ready for my skinny jeans right after delivery, but I still look 6 months pregnant 2 weeks later."

Loved your pregnancy bump, but not such a fan now that you're no longer pregnant? Though childbirth produces more rapid weight loss than any fad diet (an average of 12 pounds overnight), most new moms don't find it rapid enough. Particularly once they catch a glimpse of their still pregnant-looking postpartum profiles in the mirror.

The fact is, no one comes out of the delivery room looking all that much slimmer than when they went in. Part of the reason for that protruding postpartum belly is your still-enlarged uterus, which will be reduced to prepregnancy size and relocated to its previous pelvic position by the end of 6 weeks, shrinking your girth in the process. Another reason for your belly bloat might be leftover fluids, which should be getting flushed out soon. And then there are those stretched-out abdominal muscles and skin, which will likely take some effort to tone up—plus a few extra fat stores that helped nurture your baby during pregnancy (and are still nurturing baby if you're breastfeeding).

As hard as it might be to put it out of your mind, don't even think about the shape your body's in during the first 6 weeks, especially if you're breastfeeding. This is a recovery period, during which ample nutrition is important for your energy, mood, resistance to infection, and general wellbeing.

Sticking to a healthy postpartum diet should start you on the way to slow, steady weight loss for now. If, after 6 weeks, you aren't losing any weight, you can start cutting back sensibly on calories. If you're breastfeeding, don't go overboard. Eating too few calories can reduce milk production, and burning fat too quickly can release toxins into the blood, which can end up in your breast milk. If you're not breastfeeding, you can aim to lose weight somewhat faster once you've passed the 6-week mark, but stick to diets that are well balanced and provide enough calories to fuel the energy every new mom needs.

Some women find that the extra pounds melt off while they're breastfeeding, while others are bummed to find the scale doesn't budge. If the latter turns out to be the case with you, don't worry—you'll be able to shed any remaining weight once you've weaned your baby.

How quickly you return to your prepregnant weight will also depend on how many pounds you put on during pregnancy. If you didn't gain much more than 25 to 35 pounds, you'll likely be able to pack away those maternity jeans in a few months, without strenuous dieting. If you gained 35 or more pounds, you may find it takes more effort and more time—anywhere from 10 months to 2 years—to return to prepregnancy weight and your skinny jeans.

Either way, give yourself a break—and give yourself some time. Remember, it took you 9 months to gain that pregnancy weight, and it may take at least that long to take it off.

C-Section Recovery, Continued

"It's been a week since my c-section. What can I expect now?"

While you've definitely come a long way since you were wheeled into recovery, like every new mom, you're still in recovery mode. And like every mom who's had a c-section, you're

recovering not only from pregnancy and childbirth, but from surgery. You'll recover faster if you follow your doctor's instructions both for post-op and for all those things new moms aren't known for in general (getting enough rest and not overdoing it come to mind). In the meantime you can expect:

Progressive improvement in pain. Most of the pain should dissipate by the end of the first 6 weeks (though some moms experience occasional pain and other twinges much longer, even months later). Your scar will be sore and sensitive for the first few weeks, but it should improve steadily. Occasional sensations of pulling or twitching and other brief pains around the incision site are a normal part of healing and eventually subside. Itchiness around and on the scar (another normal—if extra annoying—part of the healing process) may follow. If it does, ask your practitioner to recommend an anti-itch ointment that you can apply. The numbness surrounding the scar will last longer, possibly several months. Lumpiness in the scar tissue will probably diminish, and the scar may turn pink or purple before it finally fades.

Narcotics during the first 2 weeks after birth are considered okay in safe doses if you feel you need them, but acetaminophen (Tylenol) or ibuprofen (Advil) should do the trick after the first week, so try to wean yourself off any pain meds as quickly as you're able, particularly if you're breastfeeding. If pain at the incision site gets worse, or if the area around the incision turns an angry red, or if a brown, gray, green, or yellow discharge oozes from the wound, call your doctor. The incision may have become infected. (A small amount of clear fluid discharge is usually normal, but report it to your doctor anyway.)

You may find that wearing a belly band or other type of postpartum belly wrap can help minimize pain while giving support to your healing incision and shrinking abdomen.

A 4-week wait (at least) for sex. The guidelines are pretty much the same as they are for those who've delivered vaginally (yes, even though your baby didn't exit vaginally), though how well your incision is healing may also be factored into how long you'll need (and want) to wait. See page 507 for more on resuming sex.

To get moving. Ease your way back to exercise with a 5-minute walk a few times a week starting as soon as you feel up to it, building up to low-impact workouts after the first 5 to 6 weeks. Once you reenter the world of workouts, do it gradually, building up as your stamina does—but also try for consistency (if you're looking for results, occasional workouts won't cut it). As you're working your way back to your old exercise routine, concentrate on exercises that tighten the abs (see page 520), but be sure to start off slow. Expect it to take several months at least before you're able to work out the way you did prebaby. And remember, Kegels are still important even if you delivered with your perineum intact, because pregnancy took its toll on those pelvic floor muscles, even if childbirth didn't.

Breast Infection

"I've got a lot of pain and redness in one of my breasts and I'm running a fever. Do I have an infection?"

Sounds like mama has mastitis—a breast infection that can happen anytime during lactation but is most common between the 2nd and 6th week postpartum. What causes it? Often a combination of germs entering the milk ducts through a crack in the nipple,

Feeling Down with Let-Down

There's nothing more joyful than putting your baby to breast—that rush of oxytocin, the feel-good hormone, as it courses through your veins, filling your baby with nourishment and you with blissful, peaceful pleasure.

But what if that's not what you feel at all each time baby latches on? What if you feel—instead of that expected happiness and serenity—a fleeting moment of sadness, agitation, dread, guilt, anger, or resentment? Feelings that pass quickly but leave you unsettled, wondering what could be triggering such an unexpected response to breastfeeding?

It's little known and discussed, but a small percentage of breastfeeding moms suffer from Dysphoric Milk Ejection Reflex (D-MER)—a rare condition in which the milk let-down reflex itself brings on a range of negative emotions. The emotions begin immediately before the milk lets down and last anywhere from 30 seconds to a few minutes.

Experts say D-MER isn't psychological (it's not an aversion to breastfeeding, and it's not related to postpartum depression), rather it's a physiological hormonal response, related to the sudden decrease in the brain chemical dopamine (responsible for mood stabilizing and happy thoughts) immediately before milk let-down.

So what can you do if you're experiencing D-MER? First, know that the condition will pass—gradually improving and eventually disappearing (likely by the time baby's 6 months old). Second, remember that those negative emotions don't represent your true feelings—they're just a momentary hormonal response. Moms with D-MER (unlike moms with PPD) feel fine throughout the rest of the day. Understanding what is happening, and reminding yourself that it's very temporary, can help you cope with D-MER. It may also help to keep track of those surges of negative feelings to see whether there's a pattern of intensity to them (maybe they come on more strongly when you're dehydrated or extra tired) and whether there are proactive steps you can take to ease them. Third, ask your practitioner if there are any therapies (such as breastfeeding-safe herbal remedies, acupuncture, or dietary changes) that might help. Exercise can boost dopamine levels naturally, which means that taking a walk with baby before feeds may give you a lift during let-down. Finally, reach out to your social media mom network to see if you can find other moms who have experienced the symptoms of D-MER. As always, knowing that you're not alone in what you're feeling can be incredibly reassuring.

failure to drain breasts at each nursing, and lowered resistance in mom due to stress and fatigue.

The most common symptoms of mastitis are severe soreness or pain, hardness, redness, heat, and swelling of the breast over the affected duct, plus flulike symptoms—chills and a fever of about 101°F to 102°F—though occasionally the only symptoms are fever and fatigue. If you develop such symptoms, contact your doctor right away. Prompt medical treatment is necessary and may include bed rest, antibiotics, pain relievers, increased fluid intake, and heat applications. You should begin to feel drastically better within 36 to 48 hours after beginning the antibiotics. If you don't, let your practitioner know. He or she may need to prescribe a different type of antibiotic. Finish up the entire prescription unless you're advised

not to (or prescribed a different one). Taking probiotics during the course of antibiotics (though not at the same time of day) will help prevent yeast infection and thrush.

Continue to breastfeed during treatment. The antibiotics prescribed for the infection will be safe during breastfeeding, and draining the breast will help prevent clogged milk ducts. Breastfeed on the infected breast if you can handle the pain, and express whatever baby doesn't finish. If the pain is so bad that you can't nurse from the affected breast at all, see if pumping to drain it is tolerable.

Delay in treating mastitis or discontinuing treatment too soon could lead to the development of a breast abscess, the symptoms of which include excruciating, throbbing pain, localized swelling, tenderness, and heat in the area of the abscess, and temperature swings between 100°F and 103°F. Treatment includes antibiotics and, frequently, surgical drainage under local anesthesia. Breastfeeding on that breast may be able to be continued (depending on the location of the abscess), but in many cases it won't be possible. But you can keep nursing with the other breast until you wean your baby.

Resuming Sex

"I've heard a lot of different answers to this question—but when can we start having sex again?"

That's at least partly up to you, though you'll also want to include your practitioner in the decision (probably not in the heat of the moment). Couples are typically advised to pick up where they left off sex-wise whenever the woman feels physically ready—usually around 4 weeks postpartum, though some practitioners give the green light to sex as early as 2 weeks postpartum, and others still follow the old 6-week rule routinely. In certain circumstances (for instance, if healing has been slow or you had an infection), your practitioner may recommend waiting longer. If your practitioner still has you in a holding pattern, but you think you're ready to move forward, ask if there's a reason why you shouldn't, and if there isn't, whether you can get busy earlier. If it turns out there is a reason, hold off and wait for clearance. Keep in mind that time will fly when you're caring for a newborn. In the meantime, assuming you're in the mood, satisfy each other with lovemaking that doesn't involve penetration.

"My midwife told us we can start having sex, but I'm afraid it's going to hurt. Plus, to be honest, I'm really not in the mood."

Doing "it" isn't topping your to-do list these days—or, more likely, isn't even making the top 20? No surprise there (or down there). Most women lose that loving feeling during the postpartum period—and beyond—for a variety of reasons. First, as you already suspect, postpartum sex can be more pain than pleasure—especially if you delivered vaginally, but, surprisingly, even if you labored and then had a c-section. After all, your vagina has just been stretched to its earthly limits, and possibly torn or surgically cut and sutured to boot—leaving you too sore to sit, never mind contemplate sex. Adding to the pain potential no matter which exit your baby took: Low levels of estrogen cause the vaginal tissue to remain thin, and thin is not in as far as vaginas are concerned. And, your natural lubrications haven't turned on yet, making you feel uncomfortably dry where you'd rather be moist—especially if you're breastfeeding (breastfeeding hormones can keep you dry longer).

FOR FATHERS

Postpartum Sex?

So, maybe you're experiencing the longest sexual dry spell you've had since freshman year—and you're pretty sure you're exhibiting the symptoms of dreaded DSB (deadly semen backup). You're as ready for action as you've ever been—but action may not be in your partner's plans right now. And you get that. After all, she's recovering from a significant shock to her system—not just the birthing, but the 9 months preceding. She's been through the wringer physically—and you feel for her, even if you don't literally feel her pain. You probably even hesitate to bring up sex. The doctor or midwife may have already said that sex is technically okay to start up again—but understandably, your partner (and her body) may have a different timetable in mind (as in, sex is tabled until she changes her mind). And she will, eventually.

Once she does agree to give postpartum sex a try—and even if she's just as eager as you (or even more eager) to resume where you last left off—proceed very slowly and extremely gently. Ask her what feels good, what hurts, what you can do to help. Keep in mind that you'll need to serve up lots of tender foreplay appetizers before you even consider laying into the main course, both to get her in the mood and help her get her juices going (she'll be dry due to hormonal changes, so extra lubrication will be helpful, too). Don't be surprised if you get an accidental eyeful of milk right in the middle of the action (milk happens, especially early on). Share a laugh, and get back to business.

Or maybe the issue with getting back into the sack isn't with her, but with you? Perhaps you're hesitant to hitch a ride on the sex bandwagon because being a new parent is making you feel incredibly happy but distinctly unsexy? Many brand new dads find both the spirit and the flesh somewhat less willing after delivery (although there's nothing abnormal about those who don't) for many very understandable reasons: fatigue, fear that baby will wake up and cut you off at first base (or when you're trying to steal second), unease about having sex so nearby your newborn (particularly if he or she is sharing your room), concern that you may hurt your spouse by having sex before her body is completely healed, and, finally, a general physical and mental preoccupation with your newborn, which sensibly concentrates your energies and interests where they are most needed at this stage of your lives. Your feelings may also be influenced by the temporary increase in estrogen and drop in testosterone that many new fathers experience, because it's testosterone—in both women and men—that fuels libido. That's probably nature's way of helping you nurture—and

But your libido has other problems to contend with postpartum besides the physical ones: your understandable preoccupation with a very little and very needy person, who is given to waking up with a full diaper and an empty tummy at the least opportune times. Not to mention a number of other very effective mood killers (the pungent smell of day-old spit-up on your sheets, the pile of dirty baby clothes at the foot of your bed, the baby massage oil on your nightstand where there used to be couples massage oil, the fact that you