

A Guide to Postpartum Recovery & Newborn Care

Maternal Newborn Health at GBMC

Health. Healing. Hope.

The mission of GBMC is to provide medical care and service of the highest quality to each patient leading to *health, healing and hope.*

Vision

To every patient, every time, we will provide the care that we would want for our own loved ones.

Greater Values

The values of GBMC are our GREATER Values of *Respect, Excellence, Accountability, Teamwork, Ethical Behavior and Results.*



GBMC

Congratulations

Dear Mom,

Congratulations on the birth of your baby! The postpartum period, generally the first four to six weeks after delivery, is one of continuing physical and emotional changes during which your body transitions back to its non-pregnant state.

During this special time in your life, your body will undergo many changes as it recovers from pregnancy, labor and delivery. It took many months for these changes to occur and you can expect that it will take several weeks to months for your body to return to what is more normal for you.

Many changes also take place as you get to know your baby and learn how to care for this new member of your family. As a parent, you will become your baby's "expert." Trust yourself and enjoy the journey!

We hope you will find the following information and suggestions useful. Knowing what to expect and relying on your healthcare team, family and friends will help you to relax through this experience with as much confidence and comfort as possible.

Best wishes,

*Your GBMC Postpartum Nursing Staff
Your GBMC Newborn Nursery Nursing Staff*

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Mom Care

Follow Up

Call your physician's office as soon as you are home to schedule your routine postpartum exam as directed by your physician (usually six weeks after delivery).

Danger Signs

Call your doctor if *any* of the following happens:

- You develop a fever over 100.4 degrees or higher by mouth. Do not eat, drink or smoke one half hour before taking your temperature. If you are breastfeeding, you may have a slight increase in temperature (about 100.0 degrees) when your milk “comes in.”
- You have a painful, firm, red area on either breast or cracked, bleeding nipples. (You can expect to have fullness, pressure and slight warmth in both breasts for a day or so when your milk “comes in”).
- Your vaginal bleeding gets much heavier than a normal menstrual period or if you are passing large clots. (It is normal to have a slight increase in bleeding and pass small clots after breastfeeding.)
- Your vaginal bleeding or discharge develops a foul odor.
- You have severe abdominal pain. (Some cramping is normal, especially during breastfeeding.)
- You suddenly have increased frequency in urination.
- You have any redness, swelling, yellow-green or bloody discharge from your incision (episiotomy, tubal ligation or C-section incision).
- You have been constipated for more than three days.
- You develop pain or a tender, reddened area in your lower leg.
- You are feeling depressed or having crying spells lasting more than three days.

Bleeding

- You can expect to have a flow of dark red blood called *lochia*, about the same amount as a menstrual period, which can last for two to five days after delivery. This will eventually taper off and become brownish, then yellowish/clear. The light color discharge can continue for six weeks with occasional light pink vaginal discharge.
- If your bleeding becomes heavier (soaking a sanitary pad in one hour) or becomes bright red or you are passing clots that do not get better with rest, ***call your doctor.***

- Your first menstrual period may be heavier than usual.
- Bleeding may be more with increased activity. It can also be more during a breastfeeding episode. This is normal and should not cause alarm. However, if it continues, ***call your doctor.***
- If you are breastfeeding, it is normal not to have a period for several months or longer. If you do not have a period six weeks after you stop breastfeeding, ***call your doctor.***
- If you are not breastfeeding, you can expect your period within six to ten weeks after delivery. If you have not started by the eleventh week, ***call your doctor.***

Vaginal Care

- Do not put anything in your vagina for six weeks after delivery (no tampons, no douching or swimming).
- Do not have sexual intercourse (sexual pleasuring is fine, as long as nothing enters the vagina) until you have seen your doctor for your postpartum check up.
- After urinating or having a bowel movement, clean with plain water using a squirt bottle, also called Peri Bottle and then pat dry with toilet paper.
Remember to “wipe” from front to back.
- If you have an episiotomy, the stitches should dissolve in a couple of weeks. To sooth the discomfort, you may use an anesthetic spray, like Dermoplast® and a sitz bath (use two to three times daily for one to two weeks).

Uterus

- You can expect some cramping after birth as the uterus goes back to its normal size and position. This also prevents heavy bleeding.
- If your cramps become very strong, call your doctor. You can use Tylenol®, Motrin® or any medications your doctor prescribed for you to help with the cramping.

Cesarian Section

- Keep the incision clean and dry. You may use the cool setting on the blow dryer after showering to dry the incision and the Steri-Strips™, if you have them.
- If you notice any redness, discharge or increased tenderness of the incision, call your doctor.
- Do not lift anything heavier than the baby in a car seat carrier.

Breast Care – Breastfeeding

- You can expect creamy colostrum coming from your breast for the first three days. Your milk will “come in” within three to five days.
- Nurse your baby soon and often after birth to help stimulate milk production and to avoid breast engorgement.
- If your breasts become *engorged* (hard and sore), apply warm towels or a heating pad to the breast and/or underarms to help the milk flow more easily, right before you start a feeding. You can use ice packs in between feedings to decrease the swelling of your breasts. You may have a slight fever below 100.4 degrees with engorgement. You may take Tylenol or Motrin for the fever or discomfort.
- If you notice any red, tender areas on the breasts, **call your doctor**. It may be a sign of infection. **Continue to nurse**, especially on the affected breast. This will help to clear the infected milk duct. Your milk will not hurt the baby.
- Keep your nipples clean and dry. Wash with soap and water if you notice cracked or bleeding nipples to reduce the risk of infection. You may use purified lanolin (e.g., Lansinoh®) on your nipples after each feeding. You do not need to wash it off before nursing.
- Wear a good support bra to prevent stretching of the breast skin and tissue.
- You will occasionally leak breast milk, so keep a supply of breast pads.
- While breastfeeding, make sure you add an extra 200-300 calories per day of healthy foods. Eat foods high in calcium (dark green leafy vegetables, milk, yogurt, etc.), fiber and protein (meats, fish, eggs, nuts, etc.)
- If you smoke, please do not do so while breastfeeding your baby.
- If you have any questions or concerns about breastfeeding, you may call the GBMC Breastfeeding Warm Line at 443-849-3428.

Breast Care – Bottle Feeding

- Wear a good, snug support bra 24 hours a day until your milk dries up.
- If your breasts become engorged, you can apply an ice pack to your breasts several times daily as needed for the soreness.
- You may express a little breast milk to relieve the pressure, but do not empty your breasts completely as that would encourage milk production. You may feed any of the expressed milk to your baby if you like.
- You may take Tylenol or Motrin for the soreness.
- When showering, make sure the flow of warm water is not hitting directly on the breasts.

- If you follow all of the above, engorgement should go away after three to five days.

Activity

- You may slowly increase your activity as you can tolerate.
- Try to avoid sitting in one position for more than one hour.
- Try to avoid standing for too long.
- Try to avoid driving as directed by your doctor. You may ride in a car, but be sure to get out and stretch if you are traveling for more than one hour.
- Rest often throughout the day, especially when the baby is sleeping.
- Try not to lift, push or pull anything heavier than a baby in a car seat for the first two to four weeks.
- Your feet may swell two to three days after delivery. Drink plenty of water and rest with your feet up on pillows to help reduce the swelling. Your feet should be back to normal in two weeks.

Diet

- Eat a healthy, well-balanced diet that includes lean meats, poultry, fish, fresh fruit or juice, fresh vegetables, and dairy products. Breastfeeding burns about 300 calories per day. This will help you return to your pre-pregnancy weight.
- Drink at least eight to ten glasses of fluid daily. Have a glass of water, juice or low-fat milk each time you feed your baby.

Intercourse and Birth Control

- Talk with your partner about what form of birth control you feel is best for both of you (birth control pills, IUD, diaphragm, foam, condoms, etc.). At your postpartum check up, your doctor will help you decide which method is best for you.
- Forty percent of breastfeeding women who do not use birth control become pregnant. You can become pregnant even if you do not have a menstrual period.

Constipation

- *Drink plenty of water!*
- Eat plenty of fresh fruits and vegetables.
- Eat foods high in fiber (bran, broccoli, cauliflower, fruit, etc.) to help keep your bowel movements regular.

- You may use a stool softener like Colace® for two to three weeks or until the tenderness of your episiotomy/hemorrhoids is better and your bowel movements are normal.
- Once you are at home and if you go three days without a bowel movement, call your doctor.
- **Do not** use an enema without talking to your doctor first.
- Talk to your doctor first before taking any stool softener or laxative **not** mentioned above.

Hemorrhoids

- Avoid being constipated.
- Use sitz bath as directed and as needed.
- Use Tucks® or Anusol® as directed for hemorrhoids or episiotomy soreness.

Medications

- Resume taking your prenatal vitamins, as directed by your doctor.
- You can take Tylenol or Motrin for minor aches and pains, as directed by your doctor.
- Your doctor may have given you a prescription for pain medication. This can be taken even if you are breastfeeding. Prescription medications may cause constipation.

The “Blues”

- It is not uncommon to have a day or two of depression after your baby is born. This is usually temporary and is due to the sudden change of hormones in your body and to the demands of motherhood.
- It is okay to have a good cry for a short period of time if you are feeling “blue.” Then, do something special for yourself without your baby.
- Do not forget the other important person in your life, your partner or significant other. Make time for yourself and each other without your baby. Leave your baby with a trusted friend, relative or sitter. You may pump your breasts and leave the milk refrigerated in a clean bottle.
- Ask yourself these questions. **If you answer “YES” to any of the questions, call your doctor!**
 - » *Are you having trouble sleeping?*
 - » *Are you feeling isolated?*
 - » *Have you lost your appetite?*
 - » *Are you having thoughts of hurting yourself or your baby?*
- **Call your doctor if your depression is severe or if it lasts more than three days!**

Newborn Care

Follow Up

Your baby should be seen by a pediatrician no later than two to three days after discharge from the hospital or sooner if needed. The nursery staff will ask you the name of your pediatrician and remind you to make the first appointment before leaving the hospital. If you have not already chosen a pediatrician, the nursery staff can provide a list of doctors for you.

Warning Signs – Call your pediatrician if any of the following happens:

- The baby has a fever of 100.4 degrees or higher under the arm.
- The baby has several poor feedings in a row. The baby should be having eight to 12 breast feedings or six to eight bottle feedings each day.
- The baby has little urine or stool in 24 hours. By day five, babies should have six to eight wet diapers each day. Breast-fed babies should have at least two stools each day and formula-fed babies usually stool at least once in 24 hours.
- The baby has a change in activity – the baby seems more floppy and sleepy or has become fussy and irritable.
- The baby seems to have breathing difficulties, including noisy breathing and “pulling” between the ribs when breathing or the baby is consistently breathing fast (more than 60 times a minute).
- The baby has pale or bluish color.
- The baby has vomiting or diarrhea. (It is normal for breast-fed babies to have frequent yellow, runny stools).
- The baby’s skin appears more yellow (jaundiced) or the whites of the eyes are yellow.
- The skin around the umbilical cord is red or there is drainage and a foul odor from the umbilical cord.

Breastfeeding

- Nurse your baby soon and often after birth to help get breastfeeding off to a good start. Skipping feedings may lead to latching difficulty, decreased milk production and engorgement. Remember – breastfeeding is a learned skill and takes some adjustment. It will become second nature after some practice. The American Academy of Pediatrics recommends breastfeeding for one year, with exclusive breastfeeding (no other food, supplements or water) for the first six months.

- Initially, your breasts are producing colostrum, the first milk. Colostrum is a yellowish color and is easily digested. It is rich in carbohydrates, has little fat, gives antibodies to the baby and works as a laxative. The colostrum level decreases as the milk level increases. By day five, most mothers see an increase in the amount of milk produced and feel breast fullness.
- Prior to breastfeeding your baby, find a comfortable position and try to relax. You may want to have extra pillows. If you decide to breastfeed lying down, turn on to your side. The baby should be on his or her side, in the curve of your body (side-lying position). If you prefer to breastfeed while sitting up, place a pillow under your arm and cradle your baby across your body. You should be tummy to tummy, with your baby facing your breast (cradle hold). You may also tuck the baby next to your body, under your arm while sitting up (football hold). Support your breast by placing your fingers under your breast and your thumb on top. Keep your fingers behind the areola.
- Hold your baby close so that his or her face touches your breast. Touch your nipple to the baby's lower lip until the mouth opens wide. Pull the baby closer to you so he or she can latch on to your breast. Be sure that as much of the areola (the darker area around the nipple) as possible is in the baby's mouth. To unlatch the baby, slip your finger into the corner of the baby's mouth. When the suction is released, remove your baby from the breast. Never just pull your baby off your breast. Doing this can cause trauma to your nipple.
- Breastfed babies should be fed about every two to three hours. Frequent nursing helps the milk come in sooner, helps prevent sore nipples and helps prevent engorgement. Breast milk is easily digested, so babies are hungry more often than bottle-fed babies.
- Babies should breastfeed at least 10-15 minutes on one or both breasts at each feeding. Don't watch the clock – watch your baby. If you see that the baby is sucking less frequently, stimulate the baby by stroking under the chin. It takes a few minutes for the milk to start flowing. The baby gets the majority of the milk in the first 10 minutes, but the milk later in the feeding (hindmilk) has the most calories. The baby should nurse as long as possible on at least one side.

Is the Baby Getting Enough?

- The baby should have eight to 12 breast feedings each day. The baby's diapers can tell you how the feedings are going. Once the mother's milk is well established, the baby should have at least six to eight wet diapers and two or more stools each day. Breast-fed babies' stools are yellow and loose, the color and consistency of mustard. The baby should also see a

pediatrician two to three days after hospital discharge for a weight check. Most babies lose weight initially and regain back to the birth weight by two weeks of age.

Get Help!

- Good support and advice is an important part of breastfeeding success. Please call the GBMC Breastfeeding Warm Line at 443-849-3428 if you have questions or concerns. Your call will be returned as soon as possible. Private lactation consults are available for a fee. Call the Warm Line to schedule a consult.

Formula Feeding

- Bottle feed your baby six to eight times each day, about every three to four hours.
- Your baby should be able to complete a feeding within 30 minutes.
- Bottles and nipples should be boiled for five minutes before using the first time and then washed in hot, soapy water after each use.
- If you are preparing formula from powder or liquid concentrate, carefully follow the preparation instructions on the can. Do not dilute the formula by adding extra water.
- Formula can be prepared up to 24 hours ahead of time but should be kept in the refrigerator until ready to use.
- Use the paced method of bottle feeding to let the baby control the flow of formula:
 - » *Wash your hands.*
 - » *Prepare the bottle according to instructions on the can. Do not heat the bottle in the microwave. This could cause burns to the baby.*
 - » *Hold the baby upright, supporting the baby's head and neck with your hand rather than with the crook of your arm.*
 - » *Place the nipple fully in the baby's mouth and tip the bottle up just far enough so the formula fills the end of the nipple. The bottle should be almost horizontal to slow the flow of formula and allow the baby to control the flow.*
 - » *Allow frequent pauses and burp the baby after each half ounce.*

Bathing and Cord Care

- Until the umbilical cord falls off, sponge baths are the best way to clean your baby. Be sure to gather all of your supplies before you begin the bath, such as a diaper, clothes, towel, wash cloth and soap. Begin by washing your baby's face. Use only warm water, no soap, on your baby's face. Gently wipe your baby's eyes from the inner corner of the eye outward to prevent infection. Use a clean part of the cloth for each eye. When washing the

rest of the face, be sure to get behind the ears and under the chin. The rest of the baby can be washed with a mild soap. Be sure to clean between any folds of skin, the palms of the hands, under the baby's arms and behind both knees. Make sure to keep the umbilical cord dry. Bathe the baby's bottom after the rest of the body. Wash girls from front to back only. You may notice a whitish discharge between the labia. It is not necessary to remove all of it. For uncircumcised boys, retracting the foreskin is not necessary in a young infant. For circumcised boys, do not rub the circumcised area until it is healed. Pat the baby dry before diapering. The baby's scalp should be washed once or twice a week with a mild, no-tears shampoo.

- Skin care – Powders, lotions and ointments are not necessary. Dry, peeling skin is common. Small white bumps on the forehead, nose and cheeks will clear by themselves.
- Keep the umbilical area clean and dry. Avoid tub baths until the cord separates. Do your best to avoid contamination with urine or stool. Fold the diaper away from the umbilical cord. Call the doctor for signs of infection including redness around the cord, any drainage or foul odor. The cord should fall off within one to three weeks.
- Once the umbilical cord falls off, the baby may have tub baths. Never leave the baby unattended in the bath.

Circumcision Care

- Initially, the circumcised area may swell or bleed a little around the incision. The head of the penis will look red. As it heals, you may see a crust of blood or a yellowish coating. Do not rub this crust or it may bleed. The circumcision should heal in one to two weeks.
- Wash your hands before diaper changes to prevent infection. Apply A&D® ointment for five days with every diaper change to keep the penis from sticking to the diaper.
- Keep the circumcised area clean. During bath time, gently wash the area with warm water squeezed from a washcloth. Do not touch or rub the area. No tub baths for five days.
- Your baby may cry at first when he urinates and may be fussy for the first few days after circumcision. You can console him by feeding, swaddling, rocking or changing the diaper.
- Call your doctor if there is:
 - » *Bleeding or excessive drainage*
 - » *Increased redness or swelling*

- » *Foul odor*
- » *Fever of 100.4 degrees or higher*
- » *Vomiting*
- » *Not making urine or a decrease in wet diapers*

Jaundice

- Babies often have newborn jaundice, a yellow color to the skin and/or whites of the eyes. This is caused by the buildup of bilirubin in the baby's blood. Mild jaundice is not usually a problem, but some babies have jaundice that needs to be watched or treated. Your baby will have a blood test to check for jaundice before leaving the hospital.
- Jaundice (yellow skin) is usually seen first on the face and then on the rest of the body as it gets worse. The whites of the eyes may look yellow. Babies at higher risk for jaundice include those born before 37 weeks gestation, with a family history of jaundice, with feeding problems and with a blood type incompatibility.
- Jaundice peaks about the third to fifth day after birth. Your baby should see the pediatrician within two to three days of leaving the hospital (or sooner if needed) to be checked again for jaundice.
- More severe jaundice can make a baby sleepy and less likely to feed well. Call your doctor if you think your baby's skin is yellow, if your baby does not wake well to feed or if there are few wet or dirty diapers.
- Hospital treatment for jaundice includes phototherapy (light) treatment. The baby's skin is exposed to special lights that help the body to clear the bilirubin. Occasionally a bili-blanket can be used at home for milder jaundice if ordered by the physician.

Car Seat Safety

- Be sure that your infant is in the proper size car seat appropriate for your infant's weight. All infants should be in a rear-facing car seat for as long as possible (at least 18 to 24 months). Rear-facing is the safest way to protect from head and spinal cord injuries. The baby should always ride in the back seat. The center back seat is the safest. If your baby *must* be in the front seat, turn the airbag off.
- Follow your car seat's instructions to install and use the seat correctly. Put the shoulder straps in the lowest position. Straps should be at or below the infant's shoulder. The chest clip should be at the armpit level. The harness strap should fit snugly so that you cannot pinch any slack.

- There should be nothing between the baby and the car seat. Do not dress the baby in heavy clothes or snow suits because this could make it impossible to get the harness straps tight enough to properly protect your baby. In cold weather, warm up the car before leaving, add a hat or a blanket (or two) over the baby to keep him/her warm. Tuck rolled blankets or towels along the baby's torso and head to help position the baby. A washcloth may be placed between the infant and the crotch strap if the baby slides downward. Never put any blankets or towels under or behind your baby.
- It is not advised to use any products or accessories that did not come with the car seat. These items were not tested with the car seat and could cause injury in a crash.
- Avoid using the car seat for long periods of time and limit use outside of the car. Sometimes babies cry when in a car seat. If this happens, try to talk or sing in a soothing voice, but remember to never take the baby out of the car seat while the car is moving.

Sudden Infant Death Syndrome (SIDS)

- SIDS is a sudden and silent disorder that can happen to a healthy infant, often associated with sleep and little or no signs of suffering. It is determined after a thorough case investigation, including a scene investigation, autopsy and review of clinical history.
- SIDS is the leading cause of death in infants between one month and one year of age. Most SIDS deaths happen when babies are between two and four months of age.
- Babies who sleep on their stomachs are more likely to die of SIDS and accidental suffocation than babies who sleep on their backs.
- The American Academy of Pediatrics (AAP) recommendations to reduce the risk of SIDS include:
 - » *Place your baby on his/her back to sleep during naptime and bedtime.*
 - » *Place your baby on a firm sleep surface covered by a fitted sheet. There should be nothing else in the crib or bassinet (NO bumper pads, sleep wedges, stuffed animals, toys, excess bedding, pillows, blanket rolls, etc.). Your baby should **not** sleep in a car seat, swing or bouncy chair. Your baby should also not lay on a couch or beanbag chair for sleeping.*
 - » *Avoid overheating. Excessive clothing and blankets and increased room temperature can increase SIDS risk.*
 - » *Share a room with your baby for the first six months **but do not bed share.** Your baby needs his/her separate sleep surface but is recommended to sleep in the same room with you.*

- » *Do not let anyone smoke around your baby. Aside from sleep position, smoke exposure is the largest contributing risk factor for SIDS. Babies that breathe secondhand smoke are two times more likely to suffer from SIDS.*
- » *Consider using a pacifier after breastfeeding has been well established, between two to four weeks of age. The pacifier should **not** be reinserted once the infant falls asleep.*
- » *Avoid products that claim to reduce the risk of SIDS (sleep wedges, etc.) Home monitors do not prevent SIDS.*
- » *Educate anyone who takes care of your baby about the risk of SIDS, including child care providers, babysitters and grandparents.*
- » *Consider breastfeeding, which has been shown to reduce the risk of SIDS.*

Shaken Baby Syndrome

- Shaken Baby Syndrome describes serious injuries that can occur when an infant or toddler is shaken. Babies have very weak neck muscles that cannot support the weight of their heads. When shaken, their heads wobble back and forth causing delicate veins over the brain to tear and bleed. This can cause serious brain damage and even death. Shaken baby syndrome most often occurs when a caregiver becomes frustrated with a crying baby. If you feel yourself getting upset when your baby is crying, put the baby in a safe place and take a moment to deal with your stress. Listening to music, taking a shower or bath or exercising can help you relax.
- Tips to calm a crying baby:
 - » *Make sure baby's basic needs are met (feeding, diapering, etc).*
 - » *Gently walk, rock or dance with baby.*
 - » *Hold baby close to you and breath slowly and calmly.*
 - » *Swaddle in a soft blanket.*
 - » *Turn on music or run the vacuum. Babies like consistent, rhythmic noise.*
 - » *Lay baby tummy-down on your lap and gently pat his/her back.*
 - » *Take baby outside for a walk in the fresh air.*
 - » *Take baby for a ride in the car.*
- Remember to reach out for help if you feeling overwhelmed. Your pediatrician can be a good resource to help you with questions about your baby's crying. Call a friend or relative to take over care of the baby for a little while if you need a break.

Important Resources for Help at Home/ After Hospital Discharge

- You are invited to attend GBMC's "Mommy Matters," a free support group for new mothers. Bring your baby and share and connect with other moms going through the joys and challenges of being a new mother. This group meets on Fridays from 10 a.m. to noon in the GBMC Physicians Pavilion East Civiletti Conference Center. Call the Parent Education Department at 443-849-2229 for more details.
- Postpartum Doula services are available through the GBMC Doula Touch Program. Call 443-849-6287 for in-home help support for infant care, breastfeeding support, meal preparation, laundry, light housekeeping, errands, transportation and companionship.
- Postpartum depression is a very common concern for many moms. Contact the Parent Education Department at 443-849-2229 to set up a one-on-one support consultation. We want to support your concerns and help identify positive solutions. Remember you are not alone.
- Call the GBMC Breastfeeding Warm Line at 443-849-3428 if you have questions or concerns about breastfeeding. Your call will be returned as soon as possible. Private lactation consults are available for a fee. Call the Warm Line to schedule a consult.
- Keep your obstetrician and pediatrician phone numbers readily available to call when medical questions arise.
- Fathers, significant others or partners are looking for ways to bond with the new baby. Here are some ideas:
 - » *Have them take a turn getting up in the middle of the night so you can sleep a little longer.*
 - » *Encourage them to be involved in bath time.*
 - » *Have them take the baby for a walk so you can have some alone time.*
- Grandparents are an invaluable resource. Make the most of their help! Grandparents are usually delighted to take over for an afternoon. This allows them to bond with their grandchild and gives you and your partner time to rest and nurture your relationship.

- Friends may call to ask if there is anything you need. Say yes! Here are some ideas:

- » *Have someone help with chores around the house.*
- » *Ask someone to watch your baby while you take a shower, do laundry or nap.*
- » *Ask for a meal to put in the freezer for those evenings you have run out of time to cook.*
- » *Ask for company if you are feeling isolated and need friendly conversation or support.*

Notes
