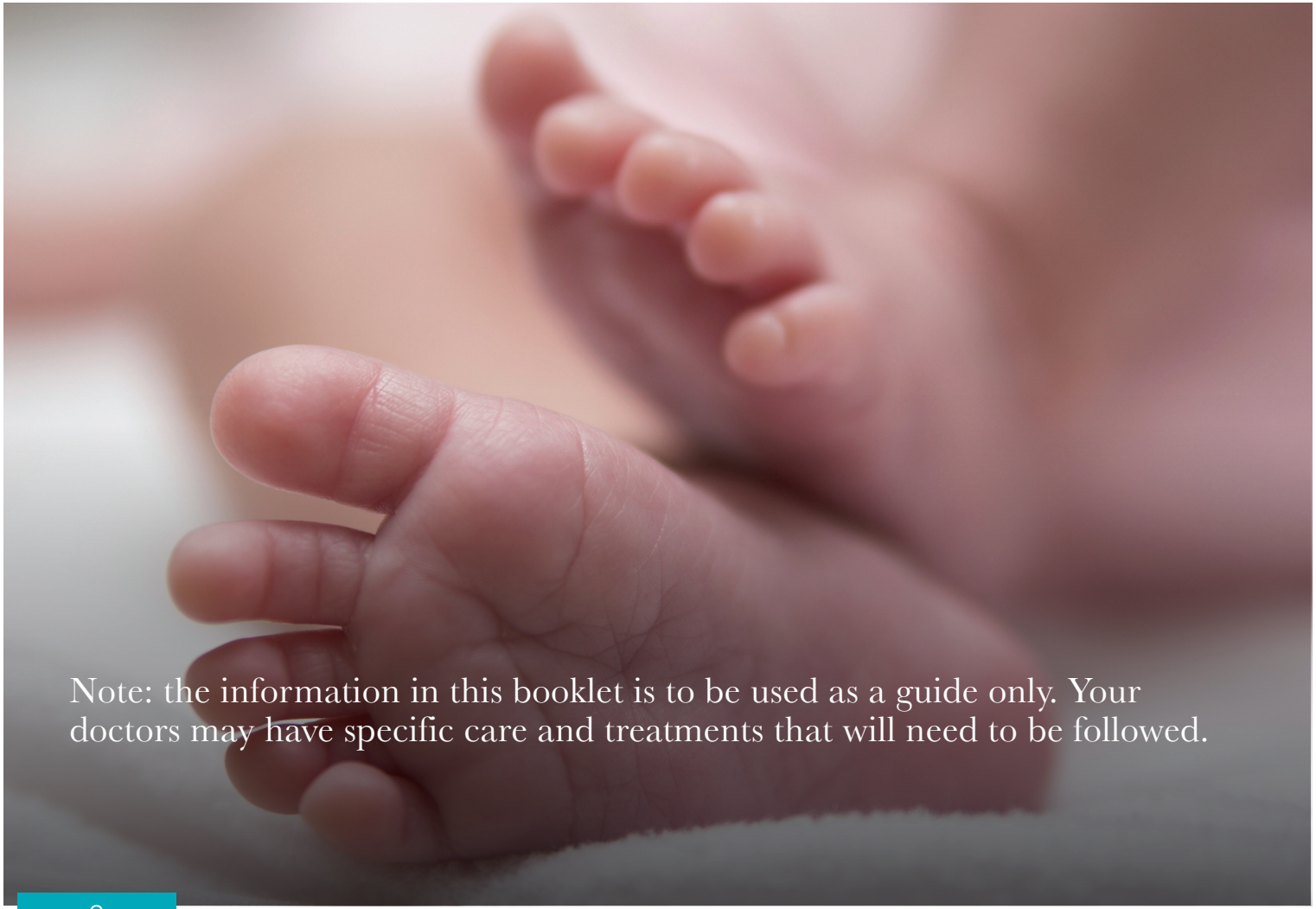
Postnatal

Congratulations on
the birth of your baby
at Nepean Private

Nepean
PRIVATE HOSPITAL



Note: the information in this booklet is to be used as a guide only. Your doctors may have specific care and treatments that will need to be followed.

Contents

Postnatal care - Mother

You will be shown around the unit as soon as possible. If you've had a caesarean section it may not happen till you are up and about. Please remind the staff if this hasn't happened.

The staff will check your temperature, pulse and if needed your blood pressure daily or more frequently if necessary while you are in the hospital.

Negative blood group

If your blood group is Rh negative, blood will have been collected from the umbilical cord before the delivery of the placenta. This blood will be tested at the pathology laboratory and the ward notified of the result of the baby's blood group. If the baby has a positive Rh blood group you will be given an injection of Anti D.

Medications, drips and drains

After a caesarean section (C/S) and sometimes after a vaginal birth you will have a drip in your arm. This will be removed when you are able to drink and eat and there are no medical reasons for it to remain. If you have had a C/S you may have a patient controlled analgesia (PCA) machine attached to your drip. It provides pain relief. You will be shown how to use it. You are the only person allowed to press the button that releases the pain medication. The staff will check the machine and your level of pain to ensure you are getting adequate pain relief. The PCA machine is usually removed after 48 hours. You will then be given oral pain medication, which can be ordered for the regular times but other medication you have to ask for. If what you have ordered is not adequate we can arrange for different analgesia. A "pain buster" may be inserted into the wound; this slowly releases local anesthetic directly into the operation site. It is usually removed when it is empty about day three.

You may have a catheter placed into your bladder to drain the urine. The catheter is usually removed the day after the birth. It is important for the staff to know when you pass urine after this catheter is removed.

Sometimes, after a C/S you can have other drains into your wound area. If you do have a drain, it is usually removed after two days.

Blood loss

Called “lochia”. The colour changes from a red to pink/brown in the first ten days and then a cream/white. This whitish discharge may last up to six weeks. The midwife will ask about your loss at least once a day. We need to know about any clots you pass, if your loss becomes bright red, heavy or smells offensive.

After birth pains

A hormone causes your uterus to contract and that’s the contraction like pain you may feel when feeding your baby. These usually settle after the first week. Sometimes you may need to take pain relief before you start breastfeeding your baby. Please discuss with the midwife, don’t put up with the pain.

Perineal stitches

You will have stitches if you’ve had an episiotomy or repair of a tear. Your stitches may feel tender for the first few days. They dissolve in 7-12 days. The midwife will check and/or ask about these: to make sure they are healing. Cold packs may be used to reduce any swelling of the perineal area.

We recommend that when you shower, pat dry carefully and change sanitary pads frequently. Talcum powder and creams shouldn’t be used. Some doctors recommend sitz baths of a weak salt solution to aid in the healing.

Abdominal sutures

If you have had a C/S the type of suture depends on your doctor. These will be dissolving. The midwife and the doctor will check them during your stay.

Haemorrhoids

These are swollen veins around your anus and can be very painful, and sometimes bleed. Cold packs and haemorrhoidal ointment may give relief. It is very important to avoid constipation and straining when using your bowels.

Postnatal feelings

Approximately two weeks after the birth, you may notice some mood swings and feel as if you have “the blues”. This may be quite normal as the hormone levels in your body change. There can be other causes for the blues, for instance the anticipation and apprehension you had prior to the birth and then labour. You may not have been prepared for the tiredness you feel.

You may feel emotional and upset and can burst into tears for no apparent reason. Sometimes, you may feel very tense and anxious. Sometimes you may have difficulty sleeping, even when you are tired.

What is the difference between “the blues” and postnatal depression?

Baby blues occur in the first week or two following birth and lasts for a short period of time, postnatal depression is a condition that can last for several weeks to months: it affects at least 20% of all mothers. Onset can be any time in the first year after giving birth to your baby.

Some of the signs of postnatal depression include:

- A loss of control when you would normally be competent
- Poor self image
- Low self worth
- Inability to do household chores
- Poor appetite or over eating
- Loss of sexual interest
- Apathy
- Suicidal thoughts, plans or actions.

Remember, it is normal to feel emotional and physically tired but if it lasts more than a couple of weeks, or you feel that you can’t cope, speak to the community nurse, doctor, Tresiliian, Karitane or family members. Do not hesitate to get help, phone numbers for some of these are at the back of this book.

Your Baby

Newborn babies are identified with a name band on two limbs. These bands are placed immediately following the birth and mother has a corresponding band with the baby's number on it. These will be checked each shift.

Behaviour

Most babies are unsettled in the early days, staff will assist you in learning the cues from your baby to comfort them, settle them and attend to their needs. Some ways of managing their needs are:

- Check the baby is comfortable - dry nappy
- Not too hot or cold
- Cuddling
- Relaxation bath/massage
- Patting or rocking
- Feeding - letting the baby determine the timing not the clock
- Wrapping and settling the bed.

Urine output

Your baby should pass urine in the first 24 hours. As your baby takes more milk their urine output increases. By day five there should be six-eight pale wet nappies. Staff will assess and if the urine output is low, strong and dark yellow in colour, they will advise you on baby's feeding patterns, as an increase in the amount of fluids may be required. A brick-red stain sometimes found in the nappy is due to uric acid crystals and is called "urates". If these are present they should disappear after a couple of days as your baby takes more fluid. Staff will ask about your baby's output each shift. The Paediatrician may also monitor your baby's output.

A very simple guide as a minimum requirement is:

Day one - one wet nappy, day two - two wet nappies etc.

Bowel actions

The first bowel actions are called “meconium”, a sticky dark green, black stool. After 24-48 hours of feeding the meconium lightens in colour and becomes less sticky and more liquid like. This is called “transitional stool”.

If your baby is still passing meconium type stools by day four then it may mean that your baby is receiving insufficient milk and the midwife will develop a feeding plan with you to increase the volume. Staff will ask about your baby’s bowel motions each shift.

Vaginal discharge

Female babies may have a clear, mucous or even blood stained discharge. This is from hormones being withdrawn from your baby’s system. It is very normal and will disappear within a few days.

Enlarged breasts

This occurs in both male and female babies because your hormones cross the placenta. Sometimes a little milk is present. It is important not to squeeze the breasts as it may cause bruising or infection. It will disappear in the first week. Sometimes the genitals are also swollen and this also disappears in the first few days.

The cord

After several days, as the cord begins to separate, you may notice a small amount of dark blood on the nappy. A small amount is normal. There may be a faint odour as the cord separates, have it checked if the smell becomes stronger, offensive or if there is any redness around the cord.

Cleaning around the cord base is with a dry cotton bud after nappy changes and baths. There is no need to use solutions to keep the area clean. The cord usually has fallen off by the end of the second week.

Sticky eyes

Is usually caused by a blocked tear duct and very common in the early days. When the baby has a sticky eye, it should be cleaned with sterile water or cooled boiled water and cotton balls. A cotton ball is used for each single wipe, beginning at the corner of the eye (near the nose) working to the outside. Staff will advise you on caring for the eyes and may take a swab of the eye to ensure there is no infection.

Possetting

Is when your baby spills up a small amount of milk after a feed. It is normal for babies to do this in the early days of life. It occurs because of an immature muscle at the base of the oesophagus and the stomach. It is different from vomiting but can sometimes be confused for vomiting. Any concerns please check with staff and your Paediatrician.

Baby's head

There are soft spots or "fontanelles" on the baby's head. This is so the head can change shape during birth. These bones will join together in the first year. The skin over the fontanelle is very strong so you can't hurt your baby by just touching the area when washing or drying your baby, but you do need to take care in this area of the head.

The senses

Seeing:

Newborns can see when they are born but it is a few months before they see as clearly as older people. They can see objects about 25 ems away from their eyes. Babies' eye colour may not be known for several months. Many newborn babies have a squint (turned in eye) this may be normal, but needs to be monitored by the Paediatrician.

Hearing:

Newborns can hear noises. They soon know their parents voices. Most household noises will not disturb a baby when sleeping. Your baby's hearing will be checked before discharge or as an outpatient.

Touch:

It is very important that your baby is touched gently and in a caring manner. They are sensitive to touch and respond accordingly, although they feel safer if handled in a secure manner.

Smell:

Newborns can smell when they are born and will often turn to smell their mother.

Rashes

Some of the common rashes in babies can be from many causes;

- Hormonal rash: a red pimply rash will disappear and needs no treatment.
- Heat rash: from overheating the body.
- Nappy rash: usually caused from irritation from urine and very loose stools. The staff can give you some cream to help healing of the area.

Tests for your baby

Your baby will be weighed and have a head-to-toe examination before being transferred to the ward or nursery.

- A second examination will be done by the Paediatrician caring for your baby and recorded in your "Blue Book".
- On day three or four you will be asked to consent to have a blood sample taken from baby's heel. (Newborn Screening Test) staff will explain about the test before it is done, you need to give consent.
- You will be offered the Newborn Hearing Screen for your baby. This is a state-wide initiative and aims to detect and identify hearing problems in order to provide early intervention. Staff from this service will provide you with information before you give your consent for the test to be done. This test is normally done before discharge but occasionally you may be required to return as an outpatient to have it done. Any follow-up required will be arranged with the screening staff.

Weight

Your baby will be weighed at birth and on day four, and then sometimes again before discharge. At the day four weight, a loss of up to 10% of birth weight is considered normal. If your baby is feeding well then your baby will begin to regain weight by the end of the first week. Sometimes you and your baby may be requested by the Paediatrician to remain in hospital so the staff can monitor and ensure baby is feeding correctly, especially if weight loss has been over the 10%. You may be asked to return to the hospital after discharge to ensure weight gain is continuing.

Injections and immunisation

All injections given to your baby will need you or your partner's written consent. An injection of Vitamin K is given; it helps prevent haemorrhagic (bleeding) problems in newborns.

Immunisation is a safe way to protect babies from some very serious illnesses. The first vaccine offered in hospital is the Hepatitis B vaccine. The full immunisation schedule is in the blue book.
Both injections (Vitamin K and Hep B) are given shortly after birth.

Baby's sleep

All babies are different and so is their ability to sleep. Most babies don't establish night sleep patterns until at least three months of age, and are not sleeping through the night till about six months of age. All babies cry, this is their way of communicating. A newborn sleeps about 16-17 hours per day, but is unable to sleep for long periods at a time. As they get older they sleep for longer periods.

Most babies have at least one unsettled period each day. This is often from one feed to the next and is most common in the evening.

Staff will assist you in learning the tired signs of your baby and settling techniques.

- Looking for clenched fists, grizzling, jerky movements, and facial contortions as a sign of tiredness.

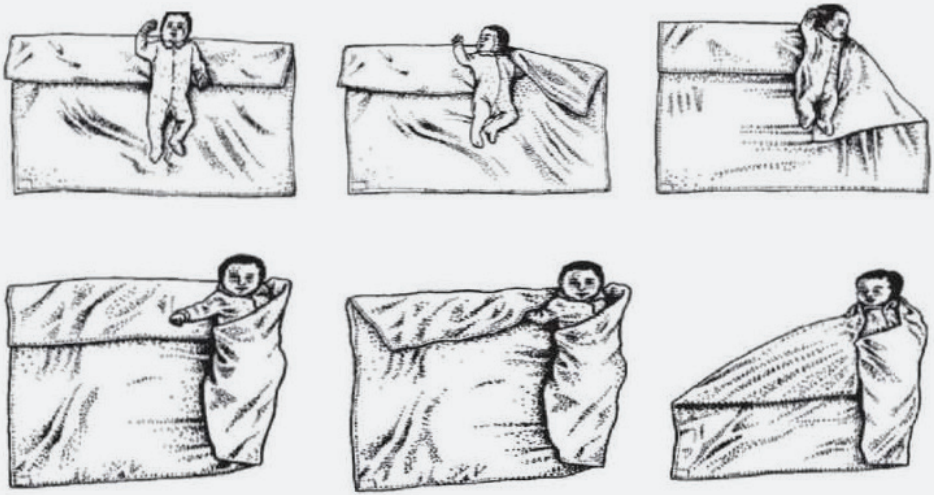
Settling by:

- Ensuring baby is not too hot or cold
- Lightly wrap with arms up
- Put baby on back in bed
- Place your hand on baby, if their eyes are mostly closed even when grizzling they will usually settle.

Wrapping your baby

Research suggests that wrapping your baby will help settle them. This is because they feel secure with the wrap containing them, as they did in the womb before birth.

It is usually recommended to start loosening the wrap with a view to not using it at all once your baby starts rolling over.



Sleeping positions for baby

There are some recommendations for reducing the risks of Sudden Infant Death Syndrome. The staff can provide more detailed information, please ask.

- Keep baby's head uncovered when in bed
- Make up the bed so baby can't slip under the covers
- Position the baby at the bottom of the bed
- Make sure baby sleeps on it's back, unless medical conditions prevent this
- Use light blankets and covers, don't overheat
- Don't use water bottles or electric blankets
- Don't use pillows
- Remove all toys when baby is asleep. Never have toys or plush bears at the head of the bed, even the smallest toy can smother a baby
- Provide a smoke free environment
- Don't use mittens on your baby. The concern is that the baby can put it's hand in it's mouth and when pulling it out, the mitten may come off and remain in the baby's mouth.

Jaundice

Jaundice is the yellow colour of the skin and sometimes the white of the eyes often seen in the first few days after birth. The yellow colour is caused by bilirubin. Bilirubin is a by-product produced when red blood cells are old and broken down by the body. Normally they are processed by the liver and removed in the stools, but a baby's liver can't work efficiently in the first few days of life, so a build up of the bilirubin occurs in the blood causing the yellow colour.

Visible jaundice occurs in nearly half of all babies. It doesn't cause any problems and fades by the end of the first week of life. Staff will check the level of bilirubin in your baby daily using a special machine that sits on their forehead. This determines if a blood test called a SBR level is required. The blood is taken from the baby's heel.

Small to moderate levels of bilirubin are not harmful and require no treatment, only monitoring. Higher levels may require treatment. Treatment may mean feeding the baby more frequently; giving extra fluids and monitoring the urine output and stools. Sometimes the baby needs to go under a light called "phototherapy" light in the special care nursery (SCN).

Special care nursery

Babies may be premature or unwell and require extra care will need to spend time in the SCN, which is located within the unit. Your doctor and the Paediatrician make the decision for admission to the nursery. This nursery is a restricted area and has the following visiting policy;

- Visiting is encouraged for parents and they are always welcome
- Siblings may accompany a parent but should be closely supervised
- Immediate family may visit accompanied by a parent
- There should be no more than two persons visiting the baby at any time
- When the nursery is busy, visiting will be at the discretion of the nursing staff
- Hygiene is very important and we ask that you and visitors wash hands upon entering and leaving SCN and when you're attending to your baby
- For safety we ask that shoes or slippers are worn at all times.

Your Paediatrician will want your baby to receive care, which is referred to as “minimal handling care.” This means:

- Feeds that are timed: Feeds are usually every two-three hours. These will be supervised by staff.

If you are breastfeeding you may need to express milk and store in containers for your baby. These containers will be kept in the fridge or freezer in the nursery. Please ask the staff if you need to collect milk or have milk placed in the fridge or freezer as they are staff access only. Your containers will be labelled with baby’s name, date of birth and time EBM was collected. This label must be checked before given to your baby and signed as the correct milk by two nurses or one nurse and the parent.

Most women can breastfeed successfully. The early days are a learning period for you and your baby. Feeding patterns change daily and even sometimes more frequently in this first week so information and advice will vary, listen to the information and use what suits you and your baby.

Remember: Don't be discouraged; ask for help, support and information and please ask why this time is different than the last feed!

Benefits for baby

- Breastmilk contains all the nutrients that your baby needs for at least the first six months of their life
- Colostrum in the first few days and then the breastmilk
- What is colostrum? The first milk. There may only be a small quantity but is very rich in antibodies and provides the nutritional needs for your baby at this early age
- Breastfed babies have the benefits of the fatty acids in the milk, important for brain development
- Breastfed babies have fewer allergies
- Breastfed babies are less likely to develop insulin dependant biabetics
- Breastfed babies are less prone to sids.

Benefits for mother

- Breastfeeding may help your body return to your pre-pregnant size
- Breastfeeding delays the return of menstruation and can have a contraceptive effect
- Breastfeeding saves money and can be done anywhere without having to take bottles and formula with you.

After the birth

You should have had the opportunity to put your baby to the breast and have skin-to-skin contact with your baby for at least one hour following the birth, unless there is a medical reason. Some babies are sleepy from medications given in labour, others may just want to look around, some will lick at the breast without sucking and others will latch on and feed well. Don't worry, every baby is different.

If your baby is premature

It is extremely important for premature babies to receive breastmilk. If necessary the staff will assist you to express milk. Sometimes babies will have to have nothing by mouth for a few days. You should still express regularly and keep it in the fridge or freezer for a later time.

Timing of your feeds

There is more than one correct way to feed your baby; you and your baby will learn what works for you. Some babies feed for short periods of time; others will want to feed for much longer. A feed shouldn't take longer than one hour from start to end, if it is, staff will assess the feeds. After the baby is 24-48 hours old, we prefer well babies have no more than one six hour gap between feeds in a 24 hour period. The time between feeds is from the start of the feed, not when the feed is finished. By discharge your baby should be having at least six-seven feeds in a 24 hour period.

Night feeds

Most babies wake and feed at night. This is essential for establishing your milk supply. Once your milk comes in it also helps prevent breast engorgement.

Burping

A short break between sides and placing your baby upright with your hand under their chin is enough. Patting on the back until your baby burps is unnecessary.

Guidelines for ensuring your milk supply

- Make sure that your baby is attached correctly to the breast
- Let your baby demand feed (except for medical reasons)
- It is important to breastfeed at night
- Offer alternate breasts first at each feed
- Your let-down occurs when your baby has long rhythmical sucks
- Get plenty of rest and good food.

What is the Let Down Reflex?

When the baby suckles on the breast, your hormones react causing the milk to be squeezed into the milk ducts, which then carry the milk to the nipple where the baby is suckling. Let down usually happens within a few seconds or minutes of starting to feed and occurs regularly throughout the feed.

Attaching your baby to the breast

When you rub your baby's mouth against your breast they will open it. When the mouth is open wide and the tongue forward quickly bring the baby to the breast. You may support your breast as your baby attaches, but your fingers must be behind the areola so they are not in the baby's way. **The baby goes to the breast, not the breast to the baby.** Supporting your baby behind the shoulders as you bring the baby to the breast assists in correct positioning.

Correct attachment

Be comfortable and well supported with a straight back, try to relax, and only if necessary use a pillow to support your forearm and elbow. If you lie down to feed you may need a pillow behind your back for support. This is a good position in the early days following a C/S.

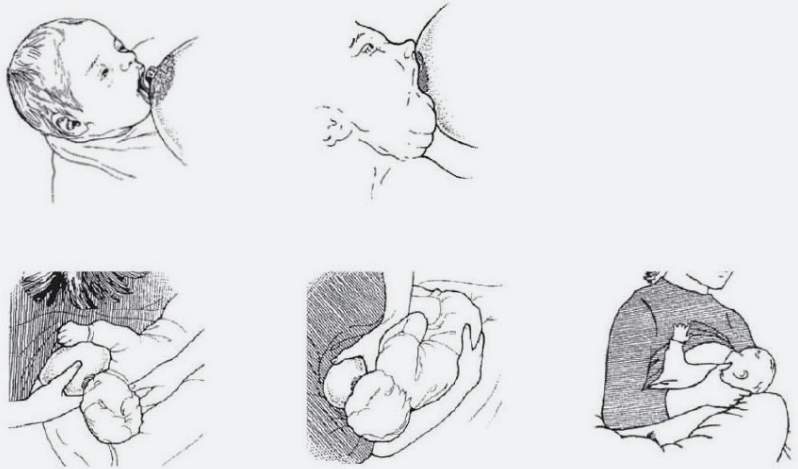
Your baby needs to be unwrapped so you con hold him/her close to you, if you ore worried about your baby getting cold a blanket can go over baby once attached to the breast.

A baby that is correctly attached to the breast will not cause damage to the nipple or cause any pain. The initial attachment may be uncomfortable and a slight tugging sensation but this should settle. The solution to sore nipples is correct attachment. At the end of the feed there should be no cracks, blisters, or pinching seen on the nipple.
Please call the staff to observe at least one feed per shift.

Correct attachment

The mouth will be right over the nipple and well onto the surrounding areola. The tongue is under the nipple and the lips opened out over the breast. The chin touches the breast and the nose is clear. You don't need to hold the breast away from your baby's nose. If you do hold the breast away the nipple may pull in the mouth or your fingers can block the milk ducts around the areola. (see picture).

A correctly attached baby shouldn't cause pain past an initial stretching of the nipple. If it's painful, break the suction by placing your clean finger into the corner of the mouth and start the attachment again. The baby should suck steadily with no clicking noise.



What happens in the early days of Breastfeeding?

The following is a guide for the first few days. It is important to remember that different advice isn't always conflicting advice: the advice will change day by day and at times feed by feed. Discuss any concerns or confusion you feel with your midwife.

Postnatal day 1-2

Both mother and baby can be quite sleepy and need time to recover from the birth.

- Offer both breasts at each feed
- Time taken to feed may be minimal: the colostrum is rich in calories and should meet the baby's needs
- Your baby may be mucousy and not interested in feeding.

Postnatal day 2-3

As the baby wakes they want to feed more frequently:

- Offer your baby both breasts. Always start the feed with the breast that you finished the previous feed with
- Baby feeds frequently
- Your breast milk changes from colostrum to transitional milk with the amount responding to your baby's needs
- Your breasts may feel heavier with veins visible.

Postnatal day 3-6

Your baby may become more unsettled, feeding frequently and not wanting to be separated from you. When your milk 'comes in' your baby may become more settled and will have more wet nappies.

- Offer your baby both breasts. Usually at this time your baby will get sufficient milk from one breast and may not be interested in the other breast
- Remember, start with the breast that you finished feeding from the previous feed, or the breast that the baby did not feed from
- Your baby's stools begin to be yellow-mustard in colour, soft and have the appearance of curdled milk
- Your baby should have six-eight well soaked nappies a day.

Complementary fluids

Most babies don't need extra fluid when your milk is coming in. If for a medical reason they do need extra fluids, it can be given via a syringe (if only a very small quantity is required) or via a tube directly into their stomach or by a cup or bottle. The staff will discuss the need for extra fluids and your preference on how to give it before they do. If you request a formula feed without a medical reason you will need to sign a consent form before this formula feed can be given to your baby.

Breast fullness

Fullness occurs when your milk comes in, your breasts become very full and tight. This uncomfortable feeling is only temporary and should settle in a few days. Ask the staff for the most appropriate treatment to relieve the discomfort. A cold compress applied to the breast is usually the most effective treatment. Your breasts may be so full that the nipple does not protrude, making it difficult for the baby to latch on. If this happens you may need to express some milk to soften the area around the areola to enable the baby to latch on.

Sore nipples

If the baby is correctly attached after the initial latching any discomfort should ease off. Have someone check the attachment at the beginning of each feed. If the nipple is damaged it may remain tender for a few days. It is not usually necessary to stop feeding on that breast. Make sure you speak to a midwife/ mothercraft nurse to establish a management plan with you and to advise on different positions to feed your baby to assist the healing process.

Cracked nipples

Cracked nipples are often a result of incorrect attachment or positioning of the baby. You may continue to feed with cracked nipples however it is important that the baby is attached correctly, for healing to take place. Please call for assistance with the feeds.

To help relieve cracked nipples;

- If it hurts, remove your baby from the breast and reattach him/her
- If feeding is too painful, take the baby off the breast temporarily to rest the breast/nipple and allow the healing to occur

- Express by hand (the midwife may assist you to express using a pump on low suction)
- Feed the expressed milk to the baby
- Get assistance with attachment.

Expressing your milk

If the nipple is rested you must express milk for your baby. This is best done by hand because sometimes using the pump may cause more damage to the nipple. A senior midwife will decide what is the best for you.

Feeding again after nipple damage

Damage to the nipple should improve after 12-24 hours. Start the feed on the good breast and feed the baby for a short time on the damaged side. You should have the midwife observe all feeds to ensure attachment is correct while the nipples are healing to prevent further damage being done to the nipples. You may need to continue to express from the damaged breast after the feed until full feeding is returned to that side. A nipple shield should only be used after consultation with a senior midwife that has assessed the feeds and the state of the nipples.

Remember; ask for help at the start of the feeds.

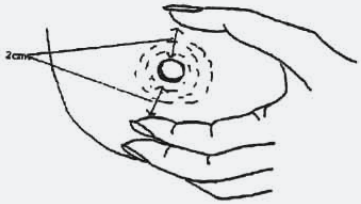
For some women expressing is easy, although for most it takes practice. You may express after a breastfeed or in place of a breastfeed. Some reasons you may be expressing are;

- If you are separated from your baby or unable to breastfeed
- To increase your milk supply
- To provide stored milk for later use.

How to hand express

- Wash your hands.
- Massage your breast using the pads of your fingers in a circular motion. Work from the outside to the centre of the breast before you start expressing. This will help the let-down
- Using a thumb on one side behind the oreola and your fingers on the other side squeeze gently in a rhythmical motion. This shouldn't be painful. If the milk doesn't start to drip try changing the position of your thumb and/or fingers. When the milk stops flowing you may find it useful to change the position of your hand to empty the other milk ducts
- Store the expressed milk as instructed. Making sure it is labelled correctly.

The staff will advise you on the use of the electric breast pumps.



Position your hand as above. Gently squeeze your thumb and forefinger together while pressing your whole hand back and in towards the chest.

As above, squeeze with regular movement. When the flow lessens, move your fingers around the areola to empty other sinuses.

	Room temperature	Fridge	Freezer
Freshly expressed milk into a closed container	Six-eight hours If fridge available store there	Three-five days store at the back of fridge - not in the door	• Two weeks in freezer compartment inside the fridge • Three months in a freezer with separate door • 6-12 months in a deep freeze
Previously frozen, thawed in fridge, not warmed.	No longer than four hours	24 hours in the fridge	Do not freeze
Thawed outside of fridge (in warm water)	For completion of the feed then discard	Hold for four hours, then discard	Do not freeze
Baby has begun drinking	Only for completion of the feed, then discard	Discard	Discard

Storage of Expressed Breastmilk -EBM

Using stored breast milk

- To defrost frozen milk, leave it in the fridge or on a bench to thaw
- Warm the milk before offering it to baby, by standing in cup of worm water or bottle warmer
- Do not stand milk in boiling water or heat in microwave as it may cook
- Shake the milk gently before offering it to baby, this will remix it, as it may separate into two layers
- Discord any unused milk at the completion of the feed.

NOTE: While in hospital, all expressed breast milk must be labelled correctly with baby's name, Date of Birth, medical record number, the time of collection and date, and the label attached to the storage container. When giving the milk to your baby it must be checked and signed by two nursing staff or one nurse and parent.

Should my baby use a dummy or pacifier?

Some babies may get confused if given a bottle or dummy. It requires different muscles and sucking motion to the breast. The hospital doesn't recommend using them until your baby is sucking correctly at the breast. The reason for wanting to use a dummy should be investigated before giving one to your baby.

How often should I feed my baby?

As often as your baby demands to feed. Frequent feeds will not mean you will run out of milk. The more the baby sucks the more milk you will make. It is best to feed whenever your baby is hungry. You will learn to know your baby's signs of hunger. When your baby is new, feed about six-eight times in 24 hours. (Every two-three hours). As your baby grows you may not need to feed as often. Let your baby determine the feed not a clock.

Do I have enough milk?

Your baby is getting enough milk if there are at least six-eight wet nappies in 24 hours once your milk comes in. The staff will assess your supply if you are worried. After the initial weight loss your baby should begin to put on weight.

How can I increase my supply?

Try to relax. Breastfeed your baby more often. The more your baby sucks with correct attachment, the more stimulation to your breasts and increasing the amount of milk. Make sure your baby finishes one side before starting on the other side. Occasionally it may be necessary to take medication that will assist in increasing your milk supply. Staff may discuss other options with you to increase your supply.

Medications

Most medications enter the breast milk: however, most will not harm your baby as long as you take the correct dose. There are a few medications that aren't suitable to take while breastfeeding. Your doctor can check before prescribing them to you. Remember, at home, it is important to speak to your doctor or pharmacist before taking medications. If you are unsure you can call "mother safe" help line at the Royal Hospital for Women on 1800 647 848 (Monday to Friday) for advice.

Contraceptive pill

You can take a low dose: this doesn't affect your milk supply. Speak to your doctor about what is best for you.

Smoking

The substances in Cigarettes will pass through in to the breastmilk, they are also absorbed through the air. Smoking;

- Decreases your milk supply
- Decreases your baby's appetite and flavours the milk
- Causes restlessness and increased heart rate in your baby
- Can cause on increase in colic or wind like systems.

If you can't give up smoking, you should avoid smoking near your baby. There are many dangers to your baby from passive smoking including SIDS (cot death).

Alcohol

Like all drugs, alcohol passes through to the breastmilk. Some babies will become irritable and unsettled even after small amounts.
Alcohol:

- Decreases your milk supply
- Alters the flavour of the milk
- May sedate your baby if you have a drink within two hours of breastfeeding
- Can effect your baby's development.

An infant formula should be used until your baby is 12 months old. Cow's milk based formula is suitable for most babies.

Important points to remember for formula feeding

- Use the scoop provided for that formula. All brands have different size scoops. They can't be interchanged
- If you change formula brands, check the instructions carefully as they may use different number of scoops to water
- Formula can't be mode stronger. Never add extra scoops
- Formula can't be diluted. Never add extra water to the milk
- Always use the correct amount of powder and water as stated on the can
- Always make up the formula by adding the powder scoops to the water, not the water after the powder.
- Check the expiry date on the can
- Cans must be discarded one month after opening
- Formula must be kept in the fridge
- Microwaves shouldn't be used to heat formula. It heats unevenly and may burn your baby's mouth. It also destroys essential vitamins in the milk
- Milk partially used in bottles must be discarded after one hour.

Preparing formula feeds

- Wash your hands.
- Make sure the bottles and teats have been cleaned and sterilised
- Boil some water in the kettle and let it cool. (Tank water needs to be boiled for ten minutes in a saucepan then cooled)
- When the water is warm, not hot, odd the correct amount of water into the bottle
- Add the correct amount of scoops of formula:
  - Scoop up a generous amount of powder into the measuring scoop - don't pock it down into the scoop
  - Run a flat edge plastic knife across the rim of the scoop to level off

- Add the measured amount into the bottle, put the lid on and shake until all powder is dissolved
- Store the bottles in the refrigerator
- Stand the bottle in hot water or bottle warmer before giving to your baby. (In hospital milk must be heated in bottle warmers located in the nursery)
- Throw out any formula that hasn't been used in 24 hours of making.

Choosing your bottle and teat

There are many different bottles and teats available. The bottle should allow enough milk to enter the teat and cover the outlet of the teat so the baby doesn't have to swallow excessive amounts of air during the feed. Teats are available in all different shapes and sizes. They are generally made from rubber or silicon and come in different hole sizes that determine the flow rate of the formula. The flow rate usually increases with the age of the baby. The standard straight teat is suitable for most babies. If there is a problem with your baby's sucking or swallowing you need to let the midwife know and they can assess the feed. Some babies may need a different bottle or teat to enable them to feed well.

Feeding your baby

Feed your baby in a comfortable chair. Hold your baby close to you in a well supported position so your baby feels secure. Always hold your baby while you are feeding a formula. Never let your baby feed by propping the bottle in the baby's mouth. Stroke the teat gently across the baby's cheek so that your baby opens their mouth with the tongue touching the lower gums. If the teat is forced into the mouth or put in during a yawn or crying, the tongue isn't in the correct position. Put a little upward pressure with the teat against the roof of the baby's mouth. This gives the baby the prompt to keep feeding. It is OK for the baby to take a rest during the feed. Don't jiggle the teat in the baby's mouth to keep baby sucking. It makes feeding unpleasant. It may trigger gagging or cause the baby to stop feeding altogether.

Time of the feed

The amount of formula may determine the length of the feed. In general, most feeds should take no longer than 40 minutes. If the feed is completed too quickly it may mean that the teat runs too fast and the baby may have to gulp down the feed. Some babies may vomit because of the teat flow. Feeds that take too long may mean that the baby may need some help to improve their sucking ability. Long feeds will tire your baby and you. Please get the midwife to check a feed at least each shift.

Cleaning equipment

When feeds are finished, always discard the leftover formula, and rinse bottles and teats with clean, warm water.

- Turn teats inside out to remove milk residue
- Wash the bottles, teats and caps in hot, soapy water. This helps in breaking down and removing the milky film on teats and bottles
- Thoroughly rinse all equipment with cold water before sterilising.

Sterilising equipment

The Boiling Method

- Place bottles, caps and teats in a large saucepan
- Cover completely with water
- Bring to the boil and boil for five minutes
- Turn off heat and allow to cool
- Remove bottles etc with tongs. Invert teats into bottles and seal cap and disc
- Allow bottles to cool
- Boil equipment every 24 hours, whether used or unused.

The Chemical Method

There are a number of sterilising solutions available. It is important to follow the manufacturer's instructions.

- Discard solution every 24 hours, scrub container with hot soapy water and then renew the solution
- Put cleaned bottle, teats and caps into the sterilising solution, ensuring there are no air bubbles and that everything is covered
- Leave in solution for the required time before using equipment
- It is not necessary to rinse equipment before use, just shake off any excess liquid
- Keep solutions well away from children.

The Microwave Method

Steam sterilising units create steam in the microwave, which sterilises bottles and teats in eight-ten minutes.

- It is important to follow the manufacturer's instructions, especially concerning the correct amount of water to use
- This method is not suitable for glass bottles, as glass retains heat and can become extremely hot in the time it takes to sterilise
- Teats should be placed upright not laid flat as this allows the steam to circulate to all areas of the teat. Clean sterilisers as per manufacturer's instructions.

Questions asked about infant formula

What do the words on the can of formula mean?

Some formulas now have extra ingredients to try and make them more like breastmilk. Others are made for babies with special medical needs. For most babies, regular formulas are enough, and you do not need to use special ones, listed below are some of the names you might see on some cans of formula, and what they mean. Most of the "extra" ingredients in the list haven't been around long enough to know if your baby will have better health in the long term from using them. Many of these formulas cost more than regular ones. So it is up to you whether you would like to use them.

Alpha Pro / Opti Pro

The balance of proteins in breastmilk is different to the balance of proteins in cow's milk (which the infant formula is made from). Infant formula companies change the mix of proteins to be closer to breastmilk. "Alpha pro" or "Opti pro" formulas have more of a certain type of protein in them that is found in breastmilk. It is in small amounts in regular infant formulas. It is not yet known if this makes the formula any better for your baby.

AR / Thickened

"AR" means "anti-regurgitation". These formulas may be used for babies with reflux. They have thickener added to them. AR formulas do not always help with reflux; Reflux must always be a confirmed diagnosis by your Paediatrician before changing to this formula.

Questions asked about infant formula

Bifidus / Probiotics

These have “good” bacteria that are added to the formula. They help to keep the balance of your baby’s digestive system. It seems the good bacteria (or probiotics) may be good for your baby’s tummy, but babies can also be healthy without them in their formula.

Gold

Gold formulas have certain types of fats in them that are found in breastmilk. The fats are found in a baby’s brain, eye tissue, and other parts of the body. These fats are not found in regular formulas. Your baby can make these fats in their body. They do not have to get them from formula.

HA

“HA” means “hypo-allergenic”. These formulas are for babies at high risk of allergies (e.g. where immediate family members have asthma, eczema, hay fever or food allergies). The protein has been broken down into smaller parts. This formula is not for babies with a cow’s milk allergy. If you think your baby might have an allergy to formula, or is at risk of allergies, speak to your doctor.

Lactose-free

Lactose is the natural sugar in breastmilk, cow’s milk and formula. Sometimes a baby may not be able to break down or digest the lactose. These types of formulas are only for babies who have a problem with lactose (lactose intolerance). Lactose intolerance is a rare problem that must be diagnosed by a Paediatrician.

Nucleotides

Nucleotides are found naturally in the cells of our body. Breastmilk contains nucleotides. Formula companies can choose to add small amounts to formula. It is not yet known if this makes the formula any better for your baby.

What is in infant formula?

The most common infant formulas are based on dried cow's milk. It is altered to make it safe for babies.

What type of formula should I give my baby?

Standard newborn formula should be given for the first six months. Follow on formulas ore made from different proteins and should only be given to your baby after six months. It is not necessary to change to follow on formula; you can continue to use newborn formula. All brands of formula are slightly different. You shouldn't swap formulas because of price or specials. There are some formulas that should only be used after medical advice.

Why shouldn't I use cow's milk?

Cow's milk has too much salt and protein in it. It is also very low in vitamins and iron. Small amounts on cereal and custards can be given otherwise your baby should be at least 12 months old.

Can I use goat's milk?

Goat's milk has very high levels of protein and salt and low in vitamins and iron. There is also some risk of infections that are carried by goats to your baby. Goat's milk isn't pasteurized.

Can I use soy based formulas?

These formulas are based on soy beans. They are modified in a similar way to cow's milk formulas. They are generally recommended for babies with Galactosemia - a rare metabolic disorder.

What do I do when I want to go out?

Take enough water in a sterilised bottle for the feed. The powder should be taken in a separate container and only added to the water at the time of the feed. If prepared formula is left out of the fridge it starts to grow bacteria very quickly.

Will my baby be constipated from formula?

A bottle fed baby will pass a formed stool but a soft stool usually every day or two. Signs of constipation include hard pebbly stools, with more than three days between motions.

- Make sure your baby is getting enough formula
- Make sure the formula is made correctly, according to the can
- Offer your baby some cooled boiled water between feeds
- NEVER water down the formula
- Ask your midwife or community nurse for advice.

What is lactose intolerance?

Lactose is the main carbohydrate (sugar) in milk. It is broken down for digestion in the gut. Lactose intolerance is a rare problem. It is usually due to a problem in the stomach and/or the intestinal lining. Signs:

- Loose frothy stools
- Abdominal pain
- A doctor does tests on the baby's stools before treatment.

The Paediatrician should always diagnose lactose intolerance.

What is reflux?

All babies will vomit. They have small vomits called possitting. Reflux is a medical condition that should be diagnosed by your Paediatrician before commencing treatment.

Does my baby have colic?

Some babies cry more than expected. It is often worse in the afternoons and night-time and usually takes longer to settle. This doesn't mean your baby has colic. Crying or colicky type behaviour peaks at about six weeks and then decreases with age.

Do's & Dont's

- **Do** listen to your baby crying. Learn their cues. It may be hunger, over stimulation from overhandling or tiredness
- **Do** ask for help from your midwife, early childhood nurse or Paediatrician.

Your back

Pregnancy, childbirth and motherhood places many demands on your body. You will have noticed many changes in your body over this period.

Sensible and appropriate postnatal exercise will assist the body to recover from pregnancy and help you to cope with the challenges of motherhood.

Looking after your back

- Pregnancy hormones continue to soften your ligaments that support your joints making you more at risk of injuring yourself or feeling joint aches and pains
- Postural changes and the added activities of being a mother (e.g. bathing, feeding) often places strain on the neck, shoulders, arms and back regions
- Monitoring good posture is very important. Avoid slouching, sit in a well supported chair. Sit, stand and walk tall with your shoulders gently rolled down and back and your spine elongated
- Regularly stretch and correct poor postures
- Avoid lifting heavy loads to minimize potential injury e.g. lifting the pram, emptying a baby bath.
- When feeding your baby, sit in a comfortable chair with good lower back support and feet flat
- Bring the baby to the breast, not breast to baby. Pillows may be used to support the baby to reduce arm fatigue and allowing a more upright posture. Avoid sitting with a twisted spine.

The pelvic floor muscles

What is the pelvic floor?

The pelvic floor comprises of muscles, connective tissues, nerves and blood vessels. The pelvic floor muscles span from the pubic bone in the front and to the tail bone at the back of your pelvic girdle. The pelvic floor has many functions which include supporting the pelvic organs and allowing closure of sphincters that prevent the loss of urine, wind and faeces.

The pelvic floor muscles work together with the deep abdominal and spinal muscles (inner core) to support the spine, pelvis and contribute to sexual sensation. During pregnancy the pelvic floor stretches due to the load of your developing baby. You can think of it like a trampoline mat that stretches as the load on it increases.

The abdominal muscles also stretch during pregnancy. Diastasis Rectus Abdominis is where extreme stretching separates the midline abdominal muscles. This looks like a domed bulge in the midline when the head is bent forward from a lying down position. Your midwife or physiotherapist can assess for this and refer you for further physiotherapy where indicated.

The abdominal muscles

Vaginal delivery places the pelvic floor under considerable strain often resulting in swelling, bruising and soft tissue tears.

In the first 24-36 hours the "**RICER**" principle can be used to help with recovery.

Rest
Ice
Compression (supportive under garments)
Elevation (lying down buttocks elevated)
Referral (doctor, midwife, physiotherapist)

Pelvic floor exercises

Gentle pelvic floor exercise can begin within the first couple of days following either vaginal or caesarean delivery. This will assist healing, reduce swelling and improve muscle control.

- Start initially lying down. Once you have mastered the technique you can activate the pelvic floor in a variety of positions. Then start to activate your pelvic floor muscles when lifting, coughing or sneezing.
- Lie down with your knees bent up and your hands resting on your lower ribs/tummy. Take in some slow deep breaths (two-three) then return to regular breathing. On the out breath gently tighten and draw the muscles around the anus, vagina and urethra. Hold the tightening for one-two seconds and do five repetitions two-three times a day.
- As the muscles strengthen you need to progress the exercise by holding the tightening for longer and doing more repetitions. As a guide try to hold the contraction for an additional one second each week so that by ten weeks postpartum you can hold for ten seconds.

Continue these exercises as part of your daily routine like you cleaning your teeth. With the goal of maximising the functioning of the pelvic floor throughout your life.

With so many important functions it is really important to respect and correctly rehabilitate the pelvic floor after childbirth. Your body will thank you for if, allowing for better bladder and bowel control, sexual relations and reducing the risk of developing incontinence, prolapse and low back pain later in life.

Deep abdominal exercises (inner core)

- Do the same exercises as for your pelvic floor activation (above exercise). As you improve the activation of your pelvic floor you should start to feel a gentle tensioning on the deep low abdominals just above the pubic bone and between the pelvic bones. Try to draw in or tension these muscles a little more with each pelvic floor exercise. Then you can start trying to engage the pelvic floor and core when doing the mobility exercises below.

Technique tip: Don't hold your breath, suck in your belly or brae with the outer abdominal. The muscles in your legs need to be relaxed.

Ask your physiotherapist if you are not sure what to do or to check if you are doing the exercise correctly.

Exercising after a Casesarean Section

Mobility exercises

These can be done throughout the day to prevent or relieve tension in joints or muscles in the early days following delivery.

Neck moves

- In sitting or standing elongate your spine and look straight ahead. Relax your shoulders down and back. Gently tilt your head down towards your shoulder hold for two-three seconds then tilt your head to the other shoulder. Repeat five times each side.

Shoulder rolls

- In sitting or standing elongate your spine. Gently roll your shoulders upwards, backwards and down. Repeat ten times.

Chest moves

- In standing, with your feet shoulder width apart, gently elongate your spine. Clasp your hands behind your back then gently push your chest forward and take the clasped hands away from your buttocks. Gently repeat the moves five times.
- In standing, clasp your hands behind your neck with your elbows out wide. Gently rotate your up per chest to the left and then to the right.

Repeat five on each side.

Spine moves

- In standing, elongate your spine. Rest your bent arms by your side then gently raise one arm and reach toward the ceiling hold the position for two-three seconds then repeat on the other side. Do five on each side.
- On all fours, head looking at the floor and in line with the spine. Hands need to be positioned directly under your shoulders with knees shoulder width apart. The shoulders should be relaxed in the down and back position. Gently arch your back and move your head forward to look at your knees, hold for two-three seconds then return to the start position. Repeat this gentle rhythmical move five times.

Your core muscles can be activated whilst doing the above exercises. Start with what you can manage as this can be tiring and difficult for the pelvic floor and core muscles in the early days. Gradually it will become easier.

Walking

- Short walks, around the ward after childbirth will assist your recovery. Remember your upright posture with an elongated spine.
- Once you get home daily walks are ideal but avoid straining your back, pelvic floor or body in general. Gradually increase the distance as you are able.

Additional exercises after a Caesarean

When in bed

- **Deep breathing** - Every hour complete five slow deep breaths holding for one-two seconds. You may like to bend your knees up to take the strain off your tummy. Support your tummy by holding a pillow/towel over the incision when you cough.
- **Foot/ ankle** - Every hour move your feet up and down and circle them in both directions repeat five-ten times to minimize blood clots.
- **Getting out of bed** - Roll onto your side, support your tummy/incision with one hand and then push yourself up with the other. Sit for a moment, support your tummy and then stand up. Avoid slouching and stooping over.

These are gentle exercises designed to improve your posture and activate your pelvic floor and core muscles. Do not do any exercises that cause pain. Always consult your physiotherapist if you have any concerns.

Do not be tempted to over exercise. Be patient focus on your pelvic floor and core exercises. Once home, avoid lifting anything heavier than your baby for several weeks. In the early days do these exercises twice a day. If you have had more complicated delivery you may like to check with your physiotherapist before starting your exercises.
Continue with these exercises for four weeks. Then consult your physiotherapist to check on your progress, upgrade your exercises and to develop a sensible program to assist you to shrink your baby belly and improve your fitness.
Traditional crunches, sit ups and returning to gym programs and high intensity personal training should not be undertaken until you have good pelvic floor and core control.

Even though you may feel fine, consult your doctor/ physiotherapist before starting high impact exercise.
Avoid damaging stretched or weak internal structures that you can't see and exercise with confidence knowing you won't lose control of your bladder or bowel.

Useful phone numbers

Nepean Private Hospital
02 4732 7333

Tresillian
1800 637 357
www.tresillian.net.au

Australian Breastfeeding Association
02 8853 4999
www.breastfeeding.asn.au

Karitane
1300 227 464

Poisons Information
131 126

Mothersafe
1800 647 848

References/Resources - Better Health

- O'Dwyer M. (2011) Hold It Mumma – The pelvic floor and core handbook for pregnancy, birth and beyond.
- Redsok Westlake L. (2012) Mums shape up. Hachette Australia.
  Penrith Physiotherapy Sports Centre
  Ph: 02 47215567
  Joanne Wholohan – Physiotherapist

Welcome to the World...

My name is: _____

Parent's names: _____

Gender: _____ Siblings: _____

Date of Birth: _____ Time: _____

Weight: _____ Length: _____

Head circumference: _____ Hair and eye colour: _____

Doctor: _____

Paediatrician: _____

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V3 09/2016