Flinders Medical Centre

Now that you have had your baby

Flinders Women and Children

Government of South Australia

Health
Southern Adelaide
Local Health Network

List of important telephone numbers you may need

Flinders Medical Centre

Flinders Medical Centre (main switchboard - 24 hours)	8204 5511
Postnatal Ward (4C)	8204 4216
Postnatal Day Support Service Appointments	8204 4216
Maternity Outreach Service	8204 5189
Maternity and Gynaecological Ward (4SMG)	8204 4217
Birthing and Assessment Suite	8204 5511
Neonatal Unit	8204 5041
Women's Health Clinic	8204 5197
Southern Midwifery Group Practice	8204 3130
Physiotherapy Department	8204 5498
Noarlunga Health Services	8384 9222

Other Telephone Support Services

24 hour Parent Help Line CaFHS	1300 364 100
Breastfeeding Helpline - 1800 ABA mum 2 mum Available 24 hours a day; 7 days a week	1800 686 268
Medicine and Drug Information Service	8161 7555
Adult Mental Health Services - 24 hour crisis and emergency assistance	13 14 65
PANDA - Post and Antenatal Depression Association Helpline Mon-Fri 9am-7.30pm (AEST)	1300 726 306
Helen Mayo House (Family Unit Glenside) - 24 hour counselling line	8303 1183
Domestic violence help line (24 hour counselling line)	1800 800 098

Now that you have had your baby

Giving birth is one of the most memorable events of your life. Being a parent will give you many rewards as you watch your baby grow. There may be occasions where you may feel anxious and unsure. This booklet has been written by the maternity and physiotherapy staff of Flinders Medical Centre in collaboration with other health professionals.

We hope that this information will assist you to solve concerns that may arise in the first few weeks following the birth of your baby.

For simplicity, where personal pronouns are used, the terms ‘he’ or ‘him’ and ‘she’ or ‘her’ have been used alternately and can refer to either gender.

This book is divided into three Sections; Care for Mother, Breastfeeding and Your new baby.

Contents

Contents


Care for Mother

Being in hospital

Rest and sleep

Rest is essential for your postnatal recovery. As night feeding means interrupted sleep it is important to rest during the day. Consider limiting the number of visitors in hospital and the first few days at home.

Visiting Hours

Maternity visiting hours are strictly from 3-8pm. Partners and your children, however, are welcome any time. This is to allow time for rest, bonding with your baby and to also allow time to receive information and education from midwives, doctors and physiotherapists before leaving hospital.

Rooming In

If both you and your baby are well, baby will stay with you from birth during your stay in the postnatal ward. Having baby next to you in your room helps you get to know each other better. You can gain confidence handling and caring for your baby, feed on demand, and your partner will have a greater opportunity to become involved.

Postnatal Recovery

Vaginal Bleeding

It is normal to have vaginal bleeding for up to 6 weeks after you have had your baby. Bleeding is usually heaviest just after birth and then it becomes less. It changes colour from bright red to pink to brown or watery. You may find it is slightly heavier and brighter with each breastfeed.

When to seek help

You should see your GP if you:

- Find your bleeding is getting heavier
- Pass large clots
- Have offensive smelling vaginal discharge
- Feel dizzy, weak or have a fever

Secondary Postpartum Haemorrhage is a rare complication which can occur up to 12 weeks after birth. If you suddenly begin to 'gush' large amounts of blood or pass lots of large clots you need to seek immediate help by calling an ambulance to get your nearest hospital emergency department.

Bowels and bladder

Your bowels can take a few days to return to normal. Eat a high fibre diet and drink plenty of water to avoid constipation (see page 22 for tips to help protect your pelvic floor). Bowel movements will not tear your stitches if you have them and may even reduce a feeling of pressure in the area.

We recommend the application of ice if haemorrhoids become swollen and painful. You can apply ice packs for 10-20 minute intervals every 1-3 hours if needed. Do not put ice directly onto your skin. Haemorrhoid creams are also available.

Care should be taken not to get the cream on your stitches.

Perineal Care/Stitches

The area between the vagina and the anus is called the perineum. This area is stretched during child birth and may tear. The degree of the tear varies and your doctor or midwife will discuss this with you.

Stitches in your perineum can be uncomfortable for the first few days. To help your perineum heal we recommend that you:

- Shower at least daily to keep the perineum clean
- Wash and pat dry your perineal area after toileting
- Change sanitary pads frequently and wash hands before and after changing. Tampons are not recommended at this time
- Support the perineal wound when coughing or using your bowels with a clean sanitary pad or folded toilet paper.
- Exercising your pelvic floor muscles strengthens muscle tone and increases the blood flow to the damaged tissue helping to speed up the healing process.
- Check the wound daily with a hand mirror and report any signs of infection to the midwife or your GP. Signs of infection may include feeling unwell, increasing pain or swelling, fever and foul smelling discharge.

To relieve discomfort and swelling:

- We recommend that you apply ice packs for 10 to 20 minute intervals every 1-3 hours for the first 2-3 days. Do not put ice directly against your skin
- Pain relieving tablets may offer some relief from discomfort (see page 15)

Resuming sexual intercourse

- It may take weeks or months before you feel ready to resume intercourse. Gentle sexual intercourse can resume when it feels comfortable.
- Talk to your GP about birth control before you return to sexual intercourse.

Caesarean Section Wound Care

The stitches in your caesarean wound are usually dissolvable and do not need to be removed. Your wound will usually be covered with a clear dressing with a white 'honeycomb' pattern foam underneath. The midwife will remove this dressing, clean your wound and place an adhesive tape (hypafix) over the wound prior to your discharge home.

The hypafix dressing can get wet in the shower, but it needs to be dried well using a clean towel.

Approximately 2 weeks after your surgery, you can remove the hypafix dressing from your wound and leave the wound uncovered.

Wound infection:

Sometimes a wound infection can occur. Once home you need to check your wound for signs of infection including:

- Redness
- Swelling
- Increased pain
- Fever
- Wound discharge

If you notice any of these signs see your GP or go to your nearest hospital emergency department.

Prevena Wound dressing

Some women may need a special dressing applied to their surgical wound to help with healing. Your doctor or midwife will tell you if you have one of these dressings. The dressing is called a 'Prevena' wound dressing. The Prevena dressing has been placed on an area that can sometimes have problems with healing and it works in the following ways:

- Inside the dressing there is purple foam and when it's connected to the small machine and turned on, it sucks out the air creating a vacuum. This helps heal your wound by applying a gentle pressure that encourages more blood flow to the area.
- It will also remove any small amounts of fluid that may ooze from your wound, keeping the area clean and dry.
- When you begin to move around more, the dressing will help support your wound, so there is no strain on the area.

The dressing will remain in place for 7 days and it will usually be removed by a midwife who will visit you once you have gone home. The small machine will alarm if there is a problem. If it alarms, you are to let your midwife know so he/she can have a look at your dressing.

You are also to let your midwife know if your wound hurts more, or if you notice any bleeding. Occasionally wounds do have problems and it may be necessary to remove the dressing before planned, so that the Doctor can have a closer look at your wound. It is anticipated that the dressing will be comfortable and reduce your risk of wound complications.

Caring for your wound when you go home

Your Prevena dressing will remain on for approximately one week. It will be removed by a midwife after you have been discharged home. An adhesive tape (Hypafix) will be placed over your incision to provide protection. You can get this wet in the shower, but it needs to be dried after the shower. To do this, gently lift your stomach and dry with a hair dryer on a cool setting. Then place a small combine pad in the skin fold to keep the area dry. You will need to do this each day, for the next few weeks while your wound is healing.

The Hypafix may start to lift off between 4-7 days at which time you can remove it. To replace the Hypafix, you will need your partner to help you. Hands should be washed before doing this. Lie on the

bed, gently lift your stomach and have your partner apply a new piece of Hypafix. Continue to dry the area after your shower as before and wear the combine pad in the skin fold, so that moisture and rubbing do not irritate your wound. You will be given a supply of Hypafix and pads to take home.

Deep vein thrombosis

A deep vein thrombosis (DVT) is a blood clot that forms in a deep vein of the leg, calf or pelvis. The risk of developing a deep vein thrombosis after the birth of your baby is 60 times the risk of a non pregnant woman of the same age. This is due to the changes that occur during pregnancy and birth. The danger of a DVT is that the blood clot may break off and travel in the blood stream until it gets lodged in another part of the body, such as the lung (Pulmonary embolus). Although a pulmonary embolus is rare, it can be life threatening.

After you have had your baby, you will have your risk for deep vein thrombosis assessed. If risks are identified, it will be recommended that you have a daily injection of an anticoagulant called clexane (a form of heparin whilst you are in hospital to reduce the risk of DVT).

To improve blood circulation and reduce the risk of DVT we recommend that you get out of bed and walk around as soon as possible after your delivery. After discharge from hospital it is important to go for short walks and gradually return to your normal activities.

Common signs and symptoms of a clot include:

- Pain, redness, warmth, swelling and tenderness in the affected area
- Joint pain and soreness
- Fever
- Fast heartbeat
- Sudden unexplained cough
- Chest pain or shortness of breath

If you experience any of these symptoms please seek urgent medical attention from your GP or attend your nearest hospital emergency department.

Important Discharge Information if you have had an epidural or spinal anæsthetic

Late complications (up to 6 weeks) after an epidural or spinal are very rare but may require immediate treatment. Call the Anaesthetic Doctor on call on (08) 8204 6512 if you experience any of the following:

- Headache which dœs not settle with simple pain medications such as paracetamol and ibuprofen
- Weakness or inability to move your legs
- Numbness in your legs
- Difficulty controlling your bladder or bowels
- Severe back pain
- Fever

If you see a doctor in the first few weeks after having your baby, let them know you had an epidural or spinal anaesthetic.

Postnatal follow-up for Gestational Diabetes

Women who have had Gestational Diabetes during their pregnancy have a high risk of developing type 2 diabetes later in life and gestational diabetes in future pregnancies.

If you had Gestational diabetes during your pregnancy we recommend follow-up by:

- A Glucose Tolerance Test (OGTT) at your 6 week GP appointment
- A yearly blood sugar check with your GP to monitor for the development of diabetes.
- Having your blood sugar level checked by your GP before you next become pregnant in case you have developed diabetes. If you have developed diabetes you will need to begin treatment before you become pregnant.

You should have an earlier check with your GP if you are thirsty, passing large amounts of urine or feeling very tired as these could be signs of diabetes. If diabetes is diagnosed and treatment is started early the risk of long term damage from diabetes is reduced.

To reduce your risk of developing diabetes it is recommended that you

- Exercise regularly
- Maintain a healthy diet
- Maintain a healthy weight

If you have questions, please discuss them with your GP or contact the diabetes educators at Flinders Medical Centre.

Immunisation

Whooping cough (Pertussis) and influenza are highly infectious diseases and can be life threatening if contracted by a baby under 12 months of age. Immunisations for pertussis and influenza are recommended in pregnancy to protect your health and the health of your baby.

It is also important that you ask everyone who has regular contact with your baby to become immunised. This will decrease the chance of your baby becoming infected if those who are around him are well.

A baby cannot become vaccinated against whooping cough until they are 6-8 weeks of age. Influenza vaccinations are not given to baby's less than 6 months of age.

If you did not receive a vaccination in pregnancy, visit your local doctor or immunisation provider.

Postnatal Depression and Anxiety

During the early days of your physical recovery from childbirth, you will experience a range of emotions. You may be unprepared for the overwhelming tiredness that often follows the physical exertion of birth or meeting the frequent needs of your baby and family.

Many women find the transition to motherhood difficult, particularly if you are a first time mother. Hormonal changes in the first few days after delivery can impact emotional wellbeing. 'Baby blues' is experienced by up to 80% of mothers in the first week and can last from a day to a couple of weeks. You may feel tearful for no particular reason, or experience troubling thoughts.

Postnatal depression and anxiety can occur any time during the first 12 months postnatally. If you have any concerns about postnatal depression and anxiety we recommend review by your GP or your Child and Family Health Nurse who can conduct Postnatal Mental Health Screening. If necessary you can be referred to specialist services. Further information or support can be obtained from the perinatal anxiety and depression association website www.panda.org.au or helpline 1300 726 306.

Community Services/ Postnatal Follow-up

FMC Maternity Outreach Service

Within the first few days after discharge from hospital you will be offered a home visit by an FMC midwife or invited to return to the postnatal ward for a midwife appointment. The midwife will phone you to arrange the visit and can provide wound care, answer any questions you may have and offer you advice and support with feeding and settling your baby.

If you live outside of the FMC visiting area we will organise for another domicillary midwife service to visit you at home.

Child and Family Health Services (CaFHS)

While in hospital, you will be invited to complete a form which gives CaFHS consent to contact you.

Universal Contact Visit

CaFHS aims to make contact with you approximately 2-4 weeks after the birth of your baby to arrange a 'Universal Contact Visit'. This visit will take place in your home or your local CaFHS Clinic. During this visit the nurse will provide a 1-4 week health check for your baby, information about being a new parent and information and about services and supports available in your local area

CaFHS can provide you with parenting support from birth to five years of age. They are available to help with your newborn baby, offer breastfeeding support, provide health and development checks and support you with any parenting concerns.

Should you require earlier support, or have not been contacted by CaFHS in this time, please phone 1300 733 606.

Clinic services

CaFHS offers a range of services for families including:

- Parent groups
- Breastfeeding clinics
- Follow-up hearing clinics
- Parent Helpline (24 hour help-line for advice on infant/child health) 1300 364 100

You can also drop into any CaFHS clinic during opening hours to weigh your baby without an appointment.

For further information about CaFHS services or to make an appointment, phone 1300 733 606, Monday to Friday 9.00am to 4.30pm.

GP Follow-up

We recommend follow-up appointments with your GP 2 and 6 weeks after birth for you and your baby to have a health check. At the 2 week visit the GP will check your baby's weight, feeding and jaundice, discuss your contraception options and check your wound healing. At the 6 week visit the GP will offer a Cervical Screening Test if needed (previously known as a Pap Smear) and provide immunisations for your baby.

We recommend seeing a regular GP or GP Clinic for your baby's health checks.

If you have any concerns we encourage you to make an earlier appointment with your GP.

Postnatal Medication Information

1. When you leave hospital

When you leave hospital, you may still experience some discomfort following the birth of your baby. Listed below are medications you may require for common conditions experienced by some women after childbirth. It is important to seek advice from your doctor, pharmacist, midwife or physiotherapist prior to taking any new medication. All medications mentioned are safe to use in breastfeeding, but there are some cautions with oxycodone and tramadol (see later).

2. Pain and discomfort

Each day you should experience less discomfort. Please seek advice from your GP if the pain persists or seems to get worse.

Pain from caesarean section, perineal trauma and after birth pains

If you have had a Caesarean Section you may experience wound discomfort. If you have had a vaginal birth, areas around your vagina and stitches can be painful. You may experience after birth pains due to the uterus (womb) contracting back to its pre pregnancy size. After birth pains may last for several days after you go home.

Back pain

This may be from the pregnancy or may sometimes occur after an epidural or spinal injection. This can be made worse by bad posture, especially when breastfeeding.

Make sure your posture and support are good when breastfeeding – ask your midwife for help. Hot packs/wheat bags may be helpful and the physiotherapist can offer exercises at the physiotherapy class on the ward.

Pain-relieving medications

You may have been advised to take one or more of the following medications.

1. Paracetamol (e.g. Panamax®, Panadol®)

   When used regularly, paracetamol at 1000mg (usually TWO 500mg tablets) taken four times a day, can provide good pain control.

   Regular dosing is recommended for the first 24 to 48 hours after going home. Suggested times to take during the day: 7am, 12pm, 5pm, 10pm.

   Remember that many medicines that you can buy contain paracetamol, so ensure that you take no more than 4000mg of paracetamol per day (usually **8 tablets/capsules containing paracetamol per day**).

2. Anti-inflammatories

   These may help to reduce pain due to inflammation and swelling and can be used if paracetamol is not enough for your pain. Be aware that these may cause stomach ache or dizziness. If concerned, consult your doctor.

   If you suffer from any of the following conditions, check first with your doctor or pharmacist before using anti-inflammatories: asthma, stomach ulcers (including past stomach ulcers), heartburn or indigestion, kidney problems, high blood pressure, pre-eclampisa, HELLP syndrome or bleeding problems, blood clotting disorders, heart conditions, inflammatory bowel disease, liver problems.

   Examples of use (use **either/or**):

   Diclofenac 50mg (Fenac®, Clonac®, Voltaren®): Take ONE tablet up to three times a day.

   Ibuprofen 200mg (Advil®, Rafen®, Nurofen®,): Take TWO tablets up to three times a day.

   Take these medications with or after food.

3. Strong pain-relieving medications – Oxycodone or tramadol

   This may be given to you to relieve more severe pain. Using oxycodone (e.g. Endone®) or tramadol (e.g.Tramal®, Tramedo®, Zydol®) with regular paracetamol and anti-inflammatories can help you manage your pain. The dose will be prescribed by your doctor.

   Oxycodone and tramadol may cause constipation and make you feel drowsy.

   You should not sleep with your baby in the same bed. This is very important if you are taking a medicine that could make you drowsy.

   You should also take extra care when looking after your baby if you are taking any medicine that could make you drowsy.

   If you or your baby are very sleepy or having trouble staying awake, stop taking oxycodone or tramadol and contact the emergency department of your nearest hospital

   If you need to take regular doses of strong pain relievers for more than four days, it is best to have yourself and your baby checked by your local doctor.

Codeine containing products are NOT recommended in breastfeeding.

3. Stinging when urinating

Urine is slightly acidic and can sting tender areas until they have healed. Drink plenty of water each day to dilute the urine. You may have been advised to take a Urinary alkaliniser. These can help to reduce stinging.

Examples: Uracol®, Ural®, Citravescent®

Take ONE sachet mixed in a glass of water, up to three times a day if needed.

4. Constipation

Prevention is better than cure! Pregnancy hormones, reduced food intake, medications and the need for rest in the early postnatal period may all cause sluggish bowels.

It is important to keep stools soft if you have had a tear or have had an episiotomy with stitches after a vaginal delivery.

Drink plenty of water each day and eat a high-fibre diet with plenty of fruit, vegetables and whole grains.

Do some gentle walking around the house to help your bowels start moving.

Products to prevent and manage constipation

Soluble fibre supplements such as psyllium husks are bulk-forming and they encourage softer stools which are easier to pass. Take regular doses and drink plenty of water for these to work properly.

Examples: Metamucil®, Fybogel®, Benefiber®. These can be purchased from your local pharmacy.

Take as directed on the product label.

Stool softeners are the next option and are gentle laxatives that draw water into the bowel to lubricate and soften stools to make them easier to pass.
Example: Docusate (Coloxyl®) tablets.

These can be purchased at your local pharmacy. Start with a low dose and increase up to maximum dose or until an effect is achieved.

Osmotic laxatives are another laxative that draws water into the bowel and softens the stool.
Examples: Lactulose® liquid (e.g. Actilax®, Dulose®, Dulphac®).

For more severe constipation consult your GP.

5. Hæmorrhoids

These are swollen blood vessels around the anus that can be outside or just inside. They are common in pregnancy and can be worse after a vaginal delivery. Preventing constipation is important. Keep the area clean.

Some ointments and suppositories are available that may help. They may contain a soothing base, an antiseptic, an anti-inflammatory steroid, or mild anaesthetic to help reduce pain by slightly numbing the area.

Examples: lidocaine/hydrocortisone ointment (Soov It®), cinchocaine/ hydrocortisone ointment (Proctosedyl®).

These ointments contain an anaesthetic and a steroid, and can be used up to three times a day when required for a maximum of 1 week.

Anusol® ointment (antiseptic in a soothing base) can be applied at any time and for as long as needed.

If symptoms persist consult your doctor.

6. Infection

Your doctor may prescribe some antibiotics either to treat or prevent an infection. It is important to finish the course of antibiotics to ensure the bacteria causing the infection have gone.

Be sure to read the instructions on the label as to when to take the antibiotic, and whether to take it with or without food.

7. Anæmia

This can occur in pregnancy or possibly due to blood loss during labour. Your blood may be checked for this by measuring haemoglobin levels. Haemoglobin in red blood cells carries oxygen around the body. If haemoglobin levels are low, this can lead to tiredness and a lack of energy.

Your doctor may suggest taking an **iron supplement** to increase haemoglobin levels.

Iron is best absorbed on an empty stomach but if stomach irritation occurs, take it with food.

Iron may cause constipation and can cause dark stools.

Examples: Ferrogradumet®, Ferrograd C®, Maltofer®, Ferro-tab®, Ferro-liquid®, FGF*®, Fefol*® Ferro F*® (*these also contain folic acid). These can be purchased from your local pharmacy.

Take as directed on the packaging

8. Vitamin D Deficiency

Vitamin D deficiency is low levels of vitamin D in your blood (diagnosed with a blood test). Vitamin D keeps your bones healthy and strong, by controlling the level of calcium in the blood.

If you have been taking vitamin D supplements throughout your pregnancy and up until delivery, it is important to continue to do so after birth unless advised by a health professional. Vitamin D level testing can be arranged by your local doctor.

9. Drugs and breast feeding

If you have any questions about the safety of taking medication while breastfeeding, please contact the Medicines and Drug Information Centre on 8161 7555 9am to 5pm Monday to Friday.

10. Contraception

After having a baby, you may need to choose an effective method of contraception if you don't want to have another baby straight away.

It is very important to make sure you are not already pregnant before starting any contraceptive method.

The choices you have depend on your needs, whether or not you are breastfeeding and time since delivery. Some of the different contraceptive methods are summarised as follows.

Hormonal methods

1. Progesterone only pill (POP)

   This is also known as "the mini-pill". This is an oral contraceptive pill taken at the same time every day, without a break. Strict adherence to taking the mini-pill at the same time each day is essential, with only a 3 hour window for late pills. The mini-pill is considered safe in breastfeeding and is the preferred 'oral' contraceptive method straight after birth. This method is 91-99.7% effective.

2. Contraceptive implant: Implanon®

   The Implanon® is a progesterone type, long-acting, reversible method of contraception. The implant (4cm long) is inserted directly under the skin where it continuously releases the hormone into the blood stream for 3 years. The implant can be removed at any time and definitely at the end of the 3 years. The Implanon® can be inserted after delivery and is considered safe in breastfeeding. The implant is 99.9% effective.

3. Intra-uterine device (IUD): Mirena®

   The Mirena® is a soft, flexible, plastic intrauterine device releasing progesterone that provides contraception for up to 5 years.

The Mirena® can be inserted into the uterus 4-6 weeks after birth. The Mirena® is considered safe in breastfeeding and is 99.8% effective.

4. Injectable contraception: Depo Ralovera® or Provera®

   The Depo is a progestogen only, long acting contraceptive method. It is given as an intramuscular injection every 12 weeks. It is 94-99.8% effective in preventing pregnancies. The Depo is generally considered safe in breastfeeding and administration immediately postpartum has not been shown to alter the duration of lactation. There have been reservations about its use in mothers <6 weeks after birth due to theoretically higher steroid exposures; however overall benefits outweigh this minimal theoretical risk.

5. Combined oral contraceptive pill

   This is also known as "the pill" which contains the hormone oestrogen and a progestogen. This oral contraceptive should be taken at the same time every day. Early use of oestrogen containing contraceptives may reduce breast milk supply as well as increase the risk of clots soon after birth. The combined oral contraceptive pill should be avoided at least until 6 weeks after birth where the risk of clots decreases and breastfeeding is fully established. Efficacy ranges from 91-99.7%.

Non-hormonal methods

1. Barrier

   Condoms: The Male condom is a device which is rolled on to an erect penis before sexual intercourse. Condoms are also effective at reducing the risk of sexually transmitted infections. Efficacy ranges from 82-98% depending on use. Safe in breastfeeding.

   Diaphragm: A diaphragm is a dome-shaped silicone cap that is inserted into your vagina and placed so that it covers your cervix. It needs to be inserted before you have sexual intercourse. They are 88-94% effective in preventing pregnancy. You will need to be "fitted" 6-8 weeks after having your baby. Safe in breastfeeding.

2. Lactation amenorrhoea

   During breastfeeding, hormonal changes in your body usually stops ovulation and periods. This is only effective as long as your baby is fully breastfeeding, not yet having solid foods, AND should be less than 6 months of age. If your menstruation recommences you are not protected from pregnancy anymore. This method is 98% effective when all of these mentioned criteria are met.

3. Fertility monitoring

   This method involves the avoidance of intercourse when fertile. Please discuss this option with your GP for further information.

4. Tubal ligation.

   A surgical procedure for women. Please discuss this option with your GP for further information

5. Vasectomy.

   A surgical procedure for men. Please discuss this option with your GP for further information.

   Please ask your pharmacist, midwife or your Doctor if you would like any further information on any of these options i.e. Side effects, suitability, safety concerns. You can also refer to the shine website below.

   www.shinesa.org.au

For more information contact Flinders Medical Centre Division of Pharmacy on 08 8204 4400

Postnatal physiotherapy The first 2-3 days;

Protect – support your perineum (the area between the vagina and anus) with gentle pressure over your sanitary pad when coughing or blowing your nose. Support your abdomen with your hands when coughing after a caesarean section.

Roll onto your side to get out of bed. Avoid straining on the toilet or lifting anything heavier than your newborn baby.

Rest lying down throughout the day between activities.

Avoid prolonged sitting or standing.

Ice – ice packs (see page 9 for recommendations for use)

Compression – try wearing firm briefs to support your sanitary pad firm against your perineum. Sit on a folded towel, soft cushion or foam cushion, but avoid donut pillows.

Elevation – lying on your tummy with a pillow under your hips. This will take the pressure off your perineum after a vaginal delivery. Lying in any comfortable position is better than sitting on a chair or couch.

Practice your pelvic floor exercises gently while lying down.

The following advice is recommended after a vaginal or caesarean birth.

Early activity

Early movement out of bed is encouraged. Balance gentle activity and some sitting for feeding your baby and meal times with regular periods of lying down as required.

Getting out of bed

To get out of bed roll onto your side, bracing your pelvic floor and abdominal muscles. Keep your head on the pillow as you roll.

Brace your pelvic floor and abdominal muscles again as you put your legs over the edge and push up to sitting. This puts less stress on your perineum, abdominal muscles and back. Avoid holding your breath as you move.

Reverse this getting back into bed.

If you have had a caesarean section aim to use this technique by your day of discharge.

You may want to have someone standing by the edge of the bed until you get more confident but avoid pulling on them as this can result in shoulder injury.

Toileting

If you have any problems with the feeling or the ability to pass urine please discuss this with your Midwife.

You should aim to urinate every two to four hours even if you don't feel the need as your feeling of bladder fullness may be unreliable at this time.

If you are unable to urinate in the first 6 hours after delivery or after catheter removal this may indicate that your bladder is retaining urine (urinary retention).

Catheterisation may be required to drain the bladder to protect against long term bladder problems. This occasionally occurs after discharge home from hospital. If you experience inability to urinate, straining to urinate or frequent small urination you should attend the FMC Emergency Department for assessment.

If you have a combination of the following you may have a bladder infection: feeling unwell, fever, urethral or bladder/ abdominal pain or discomfort with urination, frequent urination, urgency to urinate, unpleasant urine odour, altered urine colour, or significant urinary leakage. If you suspect that you have a bladder infection attend your GP or after hours the FMC Emergency Department.

Do let your Doctor or Midwife know if you experience constipation or diarrhoea.

Eat sensibly with lots of fruit, vegetables and whole grain foods. Dietary fibre and adequate fluid intake can help to keep stool soft and easy to pass. Discuss use of fibre supplements and stool softeners with your Doctor or Pharmacist if required. (see page 16 for Pharmacy advice).

Avoid constipation and straining (when passing urine or stool) to protect your pelvic floor, bladder and bowel. This is most important in the first 6 months.

Correct position on the toilet

Sit on the toilet and support your feet on a small footstool so that your knees are higher than your hips. This can make it easier to empty your bladder and bowel. Rest your elbows on your knees and avoid a slumped posture. Try not to hold your breath and strain. Alternatively, make a long 'moo' or 'hissing' sound as you breathe out slowly.

You may find it helpful to support your perineum with a sanitary pad or folded toilet paper when using your bowels, especially if you have perineal stitches. Support your abdominal wound with your hands if you have had a caesarean section.

Postnatal Ward Class

Monday, Wednesday, Friday in 4C Lounge. Contact Ward 4C for times.

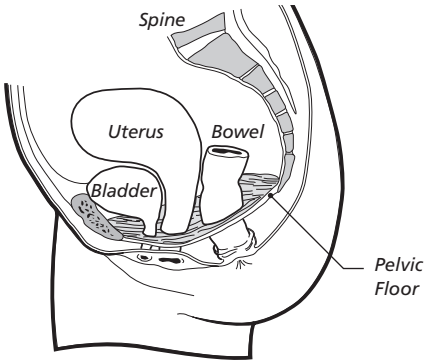
The Physiotherapist will advise about:

- safe postnatal activity and exercise
- good bladder and bowel habits
- pelvic floor exercises
- abdominal muscle separation
- core muscle function and correct body movement to prevent back pain

If you miss this class while you are in hospital you are encouraged to attend during the next 6 weeks. Please ring the ward the morning you wish to attend to avoid cancellations.

A 30 minute video with similar information can be viewed online (see resource section)

Pelvic Floor Exercises



Your pelvic floor muscles are a group of muscles that are situated just inside the vagina and act as the muscular floor of the pelvis. As they span the pelvis from front to back and side to side they help to hold your bladder, uterus and lower bowel (the pelvic organs) in the right position.

The urethra, vagina and rectum pass through the floor so at this level the pelvic floor muscles can act to help with control of urine, stool and flatus.

If the pelvic floor muscles are not working correctly loss of control (incontinence)

of urine, faeces and flatus can occur. Vaginal prolapse, when the pelvic organs move out of position, is associated with weakness of these muscles.

Both pregnancy and vaginal delivery weaken the pelvic floor muscles. Strengthen them by doing gentle pelvic floor exercises after the birth of your baby. This is suitable after vaginal delivery with or without stitches and after caesarean birth.

Gentle early pelvic floor exercises performed correctly may improve circulation and healing and reduce pain in the perineal region following vaginal birth.

Begin by trying a gentle pelvic floor squeeze for a few seconds while lying down.

- Tighten the muscles around your back passage as if trying to control wind. Relax.
- Avoid tightening your buttocks muscles.
- Now tighten (squeeze and lift) around your back passage, vagina and front passage all at once. Relax.
- You might feel the lower abdominal muscles tighten as well. This is normal, but remember to keep the focus on the pelvic floor.
- Breathe normally
- A correct pelvic floor muscle contraction should not cause pain or discomfort.
- Once you are home it is easier to remember to do these exercises if you do them with everyday activities such as feeding your baby.
- Do 5-10 repetitions, 3-5 times per day, in lying initially, then progress to sitting.

Tighten and hold your pelvic floor muscles every time you lift your baby, lift the wash basket, or before you cough or sneeze, to avoid loss of urine or wind.

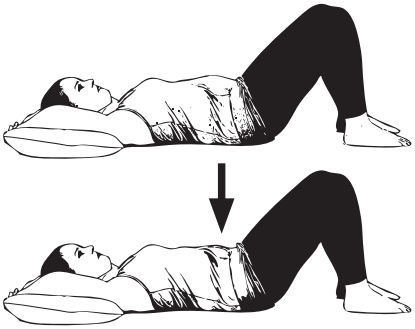
If you are unsure that you are doing these exercises correctly, ask for a referral to a Women's Health Physiotherapist

See page 25 to progress your pelvic floor exercises.

Abdominal Muscle Exercises

Abdominal bracing

Lie on your back with your knees bent up.



Relax. Now, gently tighten your pelvic floor muscles and pull in your lower abdominal muscles towards your spine as if doing up a zip on a pair of 'too tight' jeans. Your upper body should stay relaxed and your breathing soft.

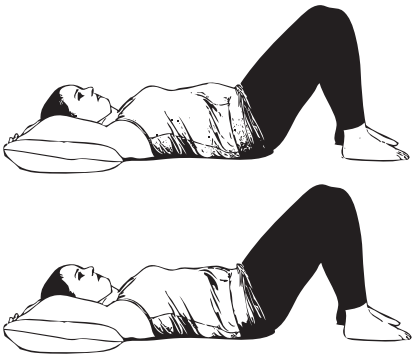
Hold for 5 seconds.

Rest and repeat 5-10 times.

Maintain an abdominal brace as you pick up your baby, get in and out of bed, on and off a chair and with any lifting activity.

Pelvic Tilting

Lie on your back with your knees bent up. The soles of your feet should remain soft.



While holding an abdominal brace, tilt your hips back so that the arch in your lower back is flattened.

You should feel your lower abdominal muscles tighten as you tilt your pelvis.

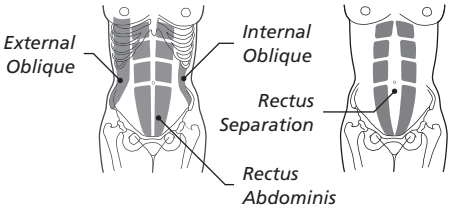
Do not push through your feet.

Tilt slowly, hold for 3-5 seconds, then relax slowly. Repeat 5 to 10 times.

Start with small movements, increasing as you feel comfortable. This can help to relieve back pain when it is performed without the hold, in a rhythmical manner (pelvic rocking).

Separation of Abdominal Muscles

There are four layers of abdominal muscles on each side of your abdomen. The top layer is called the rectus abdominis muscle and is made up of 2 muscle bellies lying next to each other (see picture).



Your abdominal muscles are important in supporting your back and your abdominal contents especially during lifting.

In pregnancy the abdominal muscles tend to stretch out to the sides to accommodate your growing baby. This often creates a gap between the rectus muscle bellies near the level of your belly button. If this occurs, you might notice a bulge form at the level of your belly button when you cough, sneeze or get out of bed by sitting forwards.

After you have had your baby this gap may not reduce straight away even when you tighten the abdominal muscles. This can be called a 'rectus muscle separation' or 'rectus diastasis'. This gap will reduce over time.

Strengthening these muscles will protect your lower back and help flatten your tummy. The Physiotherapist can assess this for you at the Postnatal Ward Class.

The first 6 weeks:

Pelvic floor exercises

When you are confident that you are tightening you pelvic floor muscles in the right direction, gradually increase your hold to 6 seconds during the first 6 weeks.

Repeat this 10 times, with a few seconds rest in between.

Do 5 sets of 10 repeats daily in the first 6 weeks.

Start lying down and as soon as you are confident, do them sitting, for example, while feeding. At six weeks progress to doing them standing, perhaps during food preparation, nappy changes or cleaning your teeth.

When you have progressed to standing pelvic floor exercises do 3 sets of 10 repeats daily.

(See page 22 for instructions on correct pelvic floor exercise technique)

Good Postural Habits

Be aware of your posture as you go about your daily activities. You will be doing a lot of sitting, lifting and carrying, so good postural habits are vital. Bad posture can lead to back strain, aching and fatigue.

Here are some ideas to help prevent this.

Standing

Stand tall with your body weight even between the front of your feet and your heels. Avoid stooping with rounded shoulders and upper back.

When changing or bathing baby, washing clothes and dishes, or ironing, lean forward by bending your hips and knees rather than your back. Work at waist height. If this is not possible, sit down or kneel.

Sitting and Feeding

You will feed baby many times a day. Choose a comfortable, relaxed and well supported position to avoid back and neck strain. Place a rolled up towel or small cushion in the curve of your lower back while sitting to avoid slouching. Try a small footstool for extra back relief.

Lift baby up to your breast and try not to curl your shoulders forward towards your baby during breastfeeding. Rest your elbows on the arms of an armchair or pillows to relax your neck and shoulders if necessary. Intermittently look up and move your neck gently to avoid neck pain.

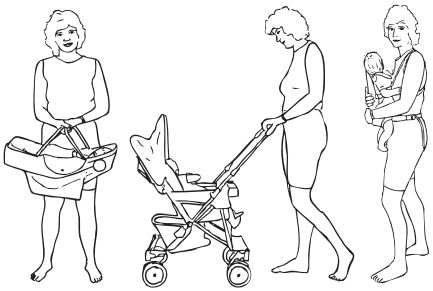
Breastfeeding in side lying can be an alternative position to sitting up in a chair. Use pillows for extra support.

During feeding you may do pelvic floor strengthening exercises. After feeding can be a good time to do the neck and shoulder and upper back exercises to relieve tension from your upper back.

Carrying Baby

To avoid straining your pelvic joints while ligaments are still soft, carry baby in front of you, not on one hip. A baby sling may be useful.

Only carry baby in the capsule for very short distances. It is better to use a pusher or a front carrying sling.



capsule carry *pram* *sling*

Artwork by K. Schneider copied with permission from 'The Touch of Love', a Johnson & Johnson publication.

'Child Accident Prevention Foundation of Australia' (Kidsafe) recommends that a sling should hold your baby in an upright position where you can see your baby's face at all times. In a sling, your baby should be 'Visible and Kissable' ™ with 'Chin up, face visible, nose and mouth free'.

Baby's knees should be out wide and thighs supported by the sling. This is the best position for baby's hip development. Avoid carrying baby in a sling with legs straight down and together as this may cause hip problems.

'Visible and Kissable': BCIA trademark (USA registered)

For sling safety visit sites:

www.sidsandkids.org/safe-sleeping

www.kidsafesa.com.au/babyslings

www.accc.gov.au

(product safety/baby&nursery/baby carriers)

Lifting

Try to avoid lifting anything heavier than your baby for six weeks. This may be important if you have had significant perineal trauma or a Caesarean Section.

- Before and during lifting baby, brace your pelvic floor then your abdominal muscles. Hold baby close to you.
- Keep your back straight and use your leg muscle strength to stand up.
- Avoid twisting as you stand. Use your feet to turn instead.
- Kneel down, or let your toddler climb onto your lap when they want to be comforted, to minimise lifting.

Exercise advice

The following is general advice and should be used in conjunction with Physiotherapy advice.

After you have had your baby, the hormones that prepared you for childbirth are still affecting your body. The hormones soften your ligaments and your muscles throughout the body. This can make your joints and muscles more vulnerable to sprain and strain. This may affect you for up to 6 months after delivery.

The combined stresses and hormones of pregnancy can cause considerable weakening of the pelvic floor muscles and the abdominal muscles. If you had a vaginal delivery your pelvic floor muscles have been stretched and may have been cut or torn during the birth. The pelvic

floor muscles and the abdominal muscles need to be strengthened after both a vaginal delivery and a caesarean section.

Avoid high impact exercise or jarring movements to reduce the risk of pelvic floor, pelvic joint, and other soft tissue problems. Smooth, rhythmical activities like walking and swimming are ideal in the first 3-6 months. Avoid swimming until you are well healed and you have stopped bleeding. Bike-riding is suitable when you feel comfortable. To progress abdominal strengthening, gentle head and shoulder lift exercises (rather than sit-up exercises) can be started when a correct pelvic floor hold can be achieved throughout the movement.

Exercise classes designed for postnatal women are available in the community. It is recommended to commence group sessions after your routine postnatal doctor's review at 6 weeks. First time mothers are encouraged to attend for guidance on what exercise is appropriate in the first 6 months after birth. A list of classes (water and land based) is provided by the Australian Physiotherapy Association (see resources).

Download a free exercise app from www.pelvicfloorfirst.org.au suitable to begin from 6 weeks onwards.

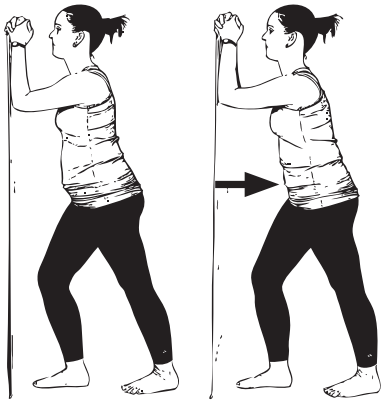
The following information is provided to help you recover and protect your body, especially during the first 6-12 weeks after giving birth. Select from the following exercises to make up a 10 minute exercise program that you can perform one to two times daily.

Abdominal Bracing in Standing

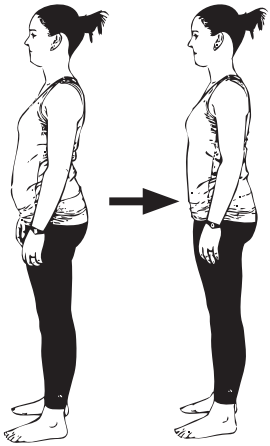
Stand facing a wall with one leg in front of the other and lean your forearms up against the wall.

Now draw in your pelvic floor and abdominal muscles together.

Hold 5 seconds. Repeat 5-10 times.



Stand with knees soft and a comfortable distance apart. Practice bracing in standing throughout the day, remembering to use abdominal bracing every time you lift your baby.



Pelvic Circles in Standing

You can do this exercise on hands and knees or in standing.

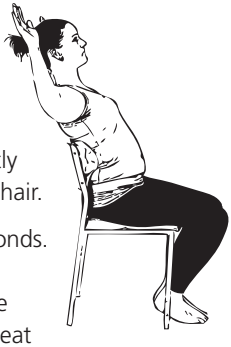
Begin with an abdominal brace then roll your pelvis in a circular motion.

You should feel your abdominal, lower back and side muscles tightening through the movement. Start with small circles, increasing the size of the circles as you feel comfortable. Repeat 5-10 times each direction.

Hands above your head

In sitting, join your hands together and stretch them above your head gently stretching up as far as you can go. Hold for 5-10 seconds and relax. Repeat 3-5 times.

Upper back Stretch in Sitting



Sit in a chair with arms elevated to a 'stop' position.

While looking straight ahead, gently lean back over the chair.

Hold for up to 5 seconds. Do not do this if you feel discomfort in the abdominal area. Repeat 3-5 times.

Thoracic Stretch

Begin with your arms in a 'stop' position with elbows at shoulder height. Press your shoulder blades together, keeping your chin tucked in. Now round your upper back and bring your hands and elbows together in front of your face. Breathe into this stretch for 1 breath, then repeat.

Aim to breathe in as you 'open' and breathe out as you 'close'. Repeat 5-10 times.

Bow and Arrow

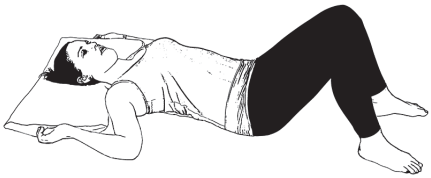
Sit in a chair or stand. Bring your hands together and lift both arms up in front of you to shoulder height. Keeping your left hand forward (as if holding up the bow), pull your right hand back (as if pulling back the string on the bow). Rotate your upper back as far as you can whilst "pulling back on the bow". You can add neck rotation to the side you are pulling to increase the stretch. Now repeat on the other side.

Repeat 5-10 times.

Upper back Stretch in Lying

Place a rolled towel on the floor. Lie on your back on the carpet with your arms in the stop sign position. Place the towel so that it runs down the middle of your spine between your shoulder blades.

Gently relax into this stretch for a few minutes.



Neck and Shoulder Exercises

Do these exercises during or after feeding. Begin sitting with a tall back and look straight ahead. You should feel a gentle stretch with some of the exercises but stop if you feel dizziness or pain.

Chin Tuck

Gently make a double chin as you glide your head backwards. Hold for 2 seconds and release. Repeat 5-10 times.

Neck side Stretch

Tilt your right ear down towards your right shoulder and hold gently for 20-30 seconds. You may apply gentle pressure with the right hand. Release and repeat to the left. Repeat 3-5 times.

Back of Neck Stretch

Tilt your right ear down towards your right shoulder. Now look down in towards your right armpit as you take your right hand behind your head to hold or increase the stretch. Hold gently for 20-30 seconds then release and repeat to the left.

Repeat 3-5 times.

Neck Turn

Turn your head to look over your right shoulder without turning your body. Hold for 2 seconds then release and repeat to the left. Repeat 5-10 times.

Shoulder Blade Brace

Tighten your shoulder blades together as you gently push your chest forward. Keep your chin tucked in. Hold for 5 seconds then release. Avoid arching your lower back. Repeat 5-10 times.

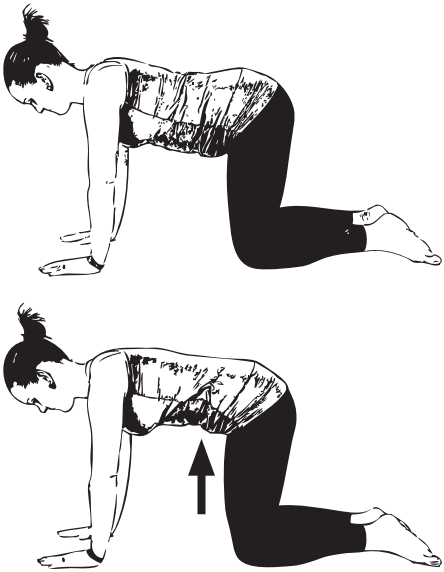
Shoulder Blade Rolls

Roll your shoulders backwards one at a time. Repeat 5-10 times.

Abdominal Muscle Bracing on all fours

Get into all fours on the carpet or on a double bed.

Now draw in your pelvic floor and abdominal muscles together.



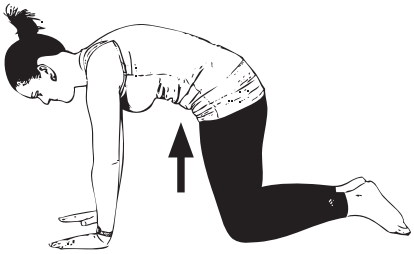
Hold 5 seconds and repeat 5-10 times.

To reduce pressure through your wrists, you may kneel on the floor and lean your forearms up onto the seat of a chair or simply make a fist with both hands.

Abdominal Roll-up on all fours

Get into the all fours position on the floor, or lean your forearms up onto the seat of a chair.

Be careful not to arch you back when you get into the starting position. Begin with an abdominal brace then round your back up towards the ceiling. Return to the starting position.

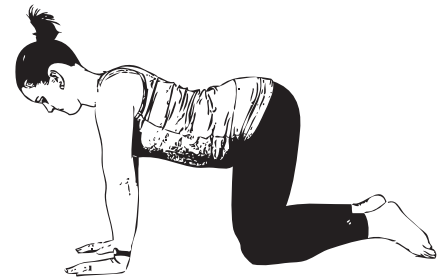


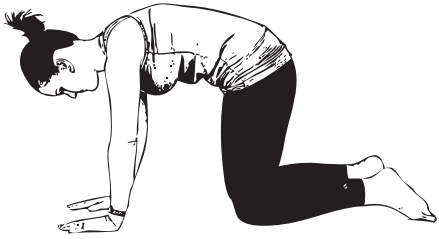
Repeat 5-10 times.

Pelvic Tilt on all fours

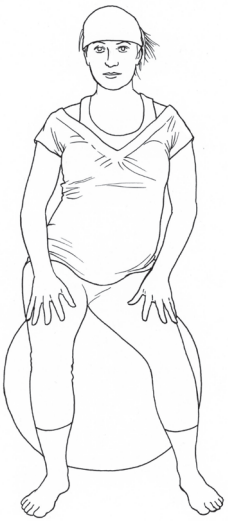
Get into the all fours position on the floor or kneel on the carpet and lean your forearms up onto the seat of a chair.

Begin with an abdominal brace. In this position you are free to tilt your hips back and forth ('poke your bottom out behind you then tuck your bottom under'). Do this in a slow controlled manner and be careful not to over-arch your lower back.





Repeat 5-10 times.

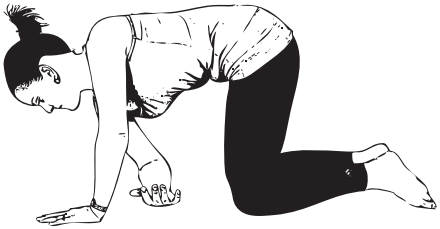


Abdominal bracing, pelvic tilting and pelvic circles can also be performed sitting on an exercise ball.

Thread the needle

Get into the all fours position on the floor on hands and knees.

Thread your hand under your waist. Now unthread your hand as you look and reach up in front of you. Repeat 5-10 times each side.



Looking after yourself Physiotherapy Checklist

Rest whenever possible - Try to lie down rather than sit. It is normal to need an afternoon rest to catch up on sleep.

Protect your back and your pelvic floor. Use your pelvic floor and lower abdominal muscles together – each time you pick up your baby.

Uncurl your upper back. Do some "hands above your head" or "bow and arrows" stretches.

Sit with good posture to feed your baby. Put a rolled towel in the small of your back. Try a footstool under your feet.

Look after your bladder and bowels.

Avoid constipation:

- include fibre in your diet (25-30 g per day) ('Healthy diet and bowel' from www.continence.org.au)
- 6-8 glasses of fluid per day is recommended for good health. When breastfeeding or in hot weather additional fluid intake may be required.
- Don't strain on the toilet

Perform regular gentle pelvic floor exercises. A good time to do this may be while you are feeding your baby.

When returning to sport:

Wait 4 – 6 months before resuming high intensity or high impact exercise - allow time to retrain your pelvic floor muscles and for ligaments to firm up again to protect you.

Your Pelvic Floor's ability is your guide to the intensity of the exercise you are ready to do. You should never feel as though you are straining the vaginal region during exercise.

Useful Resources

If you have any Physiotherapy questions you can attend the postnatal ward class on 4C or contact your Women's Health Physiotherapist at FMC on 8204 5498

www.cyh.com.au

(Pregnancy/After the birth of your baby)

Video: 'Physiotherapy Advice to help you recover from Pregnancy and Birth' Please note that the contact phone number shown in the video is for Women's and Children's Hospital Physiotherapy department. Women delivering at Flinders Medical Centre (FMC) should contact FMC Physiotherapy Department if required on 08 8204 5498.

www.physiotherapy.asn.au 'Physiotherapy Pregnancy and Postnatal Exercise Classes' Australian Physiotherapy Association, SA Branch Ph. 1300 306 622

www.continence.org.au

National Continence Helpline
1800 330 066

See under 'Resource list' - many topics available.

See 'The Pregnancy Guide-Looking after your pelvic floor, bladder and bowel during pregnancy and after childbirth' booklet.

Language options available for website information and information brochures.

www.pelvicfloorfirst.org.au

Free pelvic floor first app
(general exercise app)

www.eatforhealth.gov.au
(Australian Dietary Guidelines)

'Healthy eating during your pregnancy'(and during breastfeeding): brochure

'Postnatal back and pelvic Pain' brochure (FMC Intranet: ask your Midwife or Physiotherapist)

Breastfeeding

Breastfeeding

Breastfeeding is the most natural way of feeding your baby. Breast milk contains everything your baby needs to grow and develop well in the first six months of life.

Advantages of breast feeding

Breast milk offers some protection against:

- ear infections
- chest infections
- asthma
- gastrointestinal infections
- bladder infections
- childhood diabetes
- some childhood cancers
- obesity in later life

And is good for:

- brain development
- reduces the risk of sudden infant death syndrome (SIDS)

Breastfeeding is good for you too, because it:

- helps your uterus return to its normal size
- comes at the right temperature and in the right amount
- dœsn't cost any money
- reduces the risk of breast cancer and ovarian cancer
- reduces the risk of osteoporosis (brittle bones) in later life
- delays return of your periods
- may act as a natural contraceptive
- gives you a feeling of wellbeing and helps with bonding.

How dœs breastfeeding work?

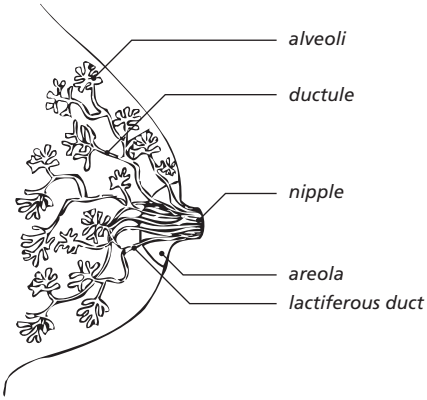
Understanding how your breasts make milk can help avoid or overcome some of the challenges you may experience in the early days of breastfeeding.

Your breast consists of about 15-20 milk producing lobes and ducts with supporting and protective fatty tissue. The size of your breast is not an indication of how much milk you will produce.

Baby withdraws the milk through tiny openings in the nipple. The areola has tiny raised glands that provide natural lubrication.

A baby with a good appetite is the best way to establish a good milk supply.

Baby feeding on the breast stimulates the production of the hormones involved in the 'let down' reflex.



This reflex causes muscles in the breast to contract and push the milk along the ducts towards the nipple. It also stimulates the muscles in the uterus to contract.

You may experience some mild contraction- like pains (afterbirth pains) as you feed.

There is a special protein in breast milk that slows down milk production. The more milk in your breast, the more of this protein is present and the less milk you will produce. Emptying your breasts regularly will ensure that your breasts keep producing milk, which means that the more often your baby feeds the better your supply.

Getting started

The first days

Breastfeeding is a learned art and takes practice for both you and your baby.

The first breastfeed should be offered as soon as you and your baby are able, preferably within the first hour after you have given birth.

It is important for you and your baby to have skin to skin contact at this time to help with your first breast feed. Your midwife will guide you through this first important feed.

While you are establishing breastfeeding, baby will usually wake and feed 6-12 times in 24 hours. Frequent feeds will help you to make enough milk for your baby.

Feeding cues

Your baby will show the following signs when he is hungry and ready to start a feed. It is best to start a feed when your baby is showing early to mid cues.

Early cues – stirring, mouth opening, turning head, seeking/rooting

Mid cues – stretching, wriggling, hand to mouth

Late cues – crying – a crying baby will have trouble attaching to the breast. You should calm your baby first before feeding

Cue to ending feed – baby will pull away from the breast or stop sucking when he is full.

Positioning and attachment

Finding a comfortable position to feed is important. There are many different ways of putting a baby on the breast.

(see pictures below)

If needed, your midwife will guide you to find a method that suits you.

Remember that learning may take time, patience and practice for you both.

There are many different positions you can try to attach your baby to your breast. The same principles apply whichever way you choose.

- Make sure you are sitting or lying comfortably
- Unwrap baby so that she can be positioned close to you
- Turn baby onto their side so that their chest is next to yours and their nose is directly opposite your nipple
- Hold baby with one hand across the back of their neck and shoulders allowing their head to gently tip back
- Support your breast with your other hand
- Bring baby to the breast making sure their chin sinks into your breast / areola well below your nipple. This should trigger your baby to open his mouth wide
- As baby opens her mouth wide, you can attach baby onto the breast ensuring they take a big mouthful of breast as well as your nipple

How to know if baby is well attached

- baby's mouth is wide open
- her top lip is curled upwards and the bottom lip curled downwards
- a large amount of the areola is in her mouth
- she has deep jaw movements and you may hear her swallowing - particularly after your milk 'comes in'

- her nose is away from your breast and her chin is touching it
- you may feel a drawing sensation but you should not feel pain

Maintaining adequate milk supply

Allow baby to breastfeed until she seems satisfied. Allowing baby to feed as often as she wants is the best way for your body to adjust to your baby's needs. Frequent feeds both day and night will help to establish your milk supply. Baby may feed between 6-12 times in 24 hours.

Allow baby to empty the first breast before offering the second breast. Do not be concerned if the second breast is refused. Offer it first next feed. In time most babies will want to feed from both breasts at each feed.

Some concerns you may experience

Full breasts

Some women may find that their breasts feel full, firm or uncomfortable when their milk 'comes in'. Your milk usually 'comes in' approximately 30 – 72 hours after your baby is born. Things you can try to make them more comfortable are:

- Make sure that your baby is attaching well to your breast. Your baby can empty your breast more effectively if he is attached well
- Feed your baby frequently. Baby may demand up to 8-12 times a day
- If you are finding it challenging attaching baby to a very full or firm breast, you may find that expressing some milk before you feed will soften your areola making it easier for your baby to attach
- You can apply cool compresses or cabbage leaves to your breasts if they are very sore. The coolness helps to relieve discomfort
- Wear a supportive bra that isn't too tight.
- Simple pain relief medication can help to relieve discomfort. See page 15
- If you still feel uncomfortable after your baby has fed, you may wish to express just enough milk until your breasts feel softer.
- Full breasts usually settle within a few days. If you feel unwell or notice that your breasts are reddened please speak to your GP or midwife (see page 40)

Not enough milk

This is uncommon if a baby has been allowed unlimited access to the breast.

However, it is the most common reason mothers give for not continuing breastfeeding. Things you can try to increase you milk supply:

- Make sure your baby is attaching well to the breast. When a baby is attached well he can empty the breast more effectively

- When establishing your milk supply, Breast feed your baby frequently. It is normal for him to demand at least 8-12 feeds a day.
- Expressing after feeds can increase supply.
- There is medication that can be prescribed by your GP to increase supply. Please talk to your GP if you would like to explore this option.
- Although drinking plenty of water provides health benefits, it will not increase your supply.

Remember, it is not uncommon for a baby to cluster feed (have a few feeds close together) especially in the evening or late afternoon. For information on how to know if your baby is getting enough milk see page 53.

Please seek help early from a midwife, lactation consultant, GP or your CaFHS nurse if you are worried about your milk supply.

Too much milk

It is common to make more milk than your baby needs in the first few weeks. With time, your breasts will gradually settle and make the amount of milk that your baby needs.

For some women, however, it may take longer for their supply to settle and the flow of their milk may be fast. You may notice that your baby:

- Has frequent heavy nappies – more than average
- Has a bowel motion with every feed
- Your baby may have shorter feeds than other babies of the same age
- Baby may only take one breast
- Baby may gain weight very quickly
- Baby may come off the breast crying if the milk flow is too fast for him, or he may cough if the milk has 'gone down the wrong way'

Things you can try:

- Express a little bit of milk to soften your areola if you are finding it difficult to attach your baby to your breast because your breasts are too full. This should make it easier to attach baby
- Make sure baby attaches well as this will help him drain the breast well
- Ensure baby's head is gently tipped back while he is feeding so that he is better able to cope with a fast flow of milk
- Empty the first breast before offering the second side. It is ok if your baby does not wish to take the second side. Offer it first the next time you feed your baby
- If your breasts are very full after you have fed your baby, you may need to express some milk until your breasts feel more comfortable
- Don't hesitate to talk to your midwife, Cafhs nurse or a lactation consultant for further advice and support if needed

Cracked and sore nipples

The most common cause of sore or cracked nipples is that baby is not attaching to the breast in the best possible way. If this occurs:

- ensure baby is attached well (see attachment guidelines on page 38)
- try different feeding positions
- purified lanolin can be used to ease soreness and promote healing if necessary
- nipple shields are not generally recommended for sore or cracked nipples. They should be used as a last resort for this reason
- seek help from a midwife, CaFHS nurse or a lactation consultant if sore nipples persist

Nipple shields

A nipple shield is a device made of thin silicone that can be worn over the nipple when a baby is having difficulty latching on to the breast. This device can be useful as it can encourage a baby to breastfeed who has not been otherwise.

It is important that a nipple shield is used as a last resort because they have the potential to:

- Reduce the volume of milk taken by your baby because it is not as easy for baby to empty the breast when a nipple shield is used
- Become habit forming
- Increase the risk of engorgement or mastitis
- Lead to a reduction in supply
- Be a cause of frequent feeding

To apply the shield, use your thumb and fingers to gently turn a third of the shield inside out. Place your middle finger over the holes to make a vacuum. Place the shield over your nipple. Your nipple should be drawn into the shield.

Wash thoroughly with soap and water after each use and place in a clean container.

It is important that a nipple shield is not used until your milk has come in as it will be very difficult for your baby to get small amounts of colostrum from your breast using a nipple shield.

Mastitis

Mastitis is an inflammation of the breast where your milk ducts may be inflamed and narrowed.

You may have a reddened area on your breast which may be warm and tender to touch.

Quick action is the best way to manage early mastitis to prevent infection (Please see below for recommended treatment).

Sometimes, mastitis can develop into an infection. If you experience any of the following symptoms, you may need antibiotics, so it is important that you see your doctor.

- Feel unwell
- Headache
- Aches and pains
- Nausea/vomiting
- Feel hot and cold with a fever

Causes may include:

- Nipple damage
- Missed feeds
- Baby not attaching well to the breast
- Tight fitting bra
- If you stop breastfeeding suddenly
- If baby is not breastfeeding well
- Oversupply

Treatment

- Breast feed regularly. Young babies generally breast feed 8-12 times a day.
- If you have damaged nipples, seek help from a midwife or a lactation consultant to support you with breastfeeding.
- Ensure baby has a good, deep latch when breastfeeding as this helps with good milk drainage.
- If baby is not breastfeeding well, you may need to express.
- Start each feed on alternate breasts.
- Try not to miss or delay breastfeeds.
- Apply cool compresses between feeds to reduce pain and inflammation.
- Avoid massaging the breast as this can make inflammation worse or damage your breast tissue. Gentle stroking of the breast to help with milk flow is ok.
- Wear a comfortable Bra and clothing.
- Rest is important to help you recover.
- Have food and drinks close at hand.
- Analgesics such as paracetamol and ibuprofen can be safely taken when breastfeeding.
- It is not recommended that you stop breastfeeding at this time, as this may increase the chance of a breast abscess forming.
- Seek help from your doctor, midwife or a lactation consultant if you have any questions or if you are concerned.

Thrush

Thrush is a fungal infection commonly caused by the organism Candida Albicans. Thrush can occur on the nipples and can be very painful. It is important to exclude all other causes of nipple pain before a diagnosis of thrush is made.

Sometimes a cause for thrush is not known, but thrush can be more common if:

- you or your baby have recently had antibiotics
- you have a history of vaginal thrush
- you have nipple damage
- your baby has oral thrush

Signs of nipple thrush include:

- Continued pain during and after feeds despite good attachment
- Your nipples may appear pink and shiny in appearance
- The areola may be reddened, dry or flaky
- Painful/burning/itching nipples

- A cracked nipple that doesn't heal despite good attachment
- Baby may have signs of oral thrush in his mouth. Signs of thrush in the baby's mouth include white spots on the cheeks, a coated white tongue or both

Treatment

- Keep nipples dry. Thrush survives in a warm moist environment. Change breast pads as soon as they become wet
- Wash towels and bras regularly in hot soapy water and air dry outside if possible
- Both you and your baby will need treatment with an Antifungal gel/cream if either of you have thrush. Seek help and advice from your GP
- If your baby has a dummy it needs to be boiled for 5 minutes every day
- It is important for all family members to wash hands after changing baby's nappy and before applying gels/creams

Expressing and storing breast milk

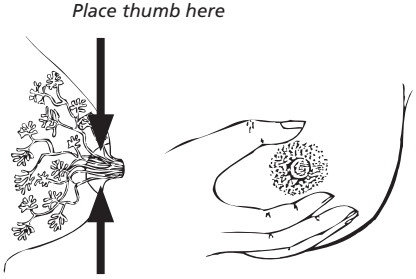
There are many reasons why you may need to express your breastmilk. You may be returning to work - or just going out for the day. Your baby may be sick or premature. Milk can be expressed by hand, with a hand operated breast pump or with an electric or battery operated breast pump. Your midwife will discuss expressing with you before you leave hospital.

Hand expression

The only equipment you need if you choose to hand express is a plastic dish which has been washed thoroughly in detergent and rinsed just before use.

Technique:

- Wash your hands in soap and water and dry on a clean towel.
- Find a comfortable and quiet position to sit.
- To encourage your milk to begin flowing, massage your breasts using a circular motion starting at the top of your breast and working down towards the nipple. Thinking about or visualising your baby can help.
- Place your thumb and forefinger approximately 3 – 5 cm away from the base of the nipple; in most women this will be on the outer edge of the areola.
- Hold the plastic dish under the breast so that all the milk is collected.
- Gently press your fingers back into your chest and then compress your thumb and forefinger together. Then release the pressure. Be gentle, squeezing, sliding or pulling actions may damage or bruise sensitive breast tissue.



- This press-release movement should be repeated rhythmically
- Rotate your fingers around the areola to drain all areas of the breast
- Repeat on the other breast

  It is not uncommon to express only one or two drops of colostrum in the early days after the birth of your baby. Even this is valuable - especially if your baby is sick or premature. It can be collected for your baby in a syringe.

  When your milk 'comes in' you will find that you will be able to express more milk.
- Switching from one breast to the other several times can increase the amount of milk obtained.

Breast pumps

There are many different types of breast pumps available on the market. These include:

- Hand pumps
- Battery operated pumps
- Electric breast pumps

As with any other item you may purchase, breast pumps can differ in quality, suction, comfort and ease of use.

Pump reviews are generally accessible on the internet. These may guide you in choosing a breast pump that is right for you. Please speak to your midwife or a lactation consultant if you would like advice on pump purchase.

Hospital grade electric pumps can be hired from the Australian Breastfeeding Association and selected pharmacies. In addition to the hire of the pump, you will also be required to purchase your own pump attachments.

Please refer to the ABA website for further information on pump hire.

Storage of Breast milk

You may need to store your breast milk if you are expressing for a pre term or sick baby, returning to work, or because you are going out. Always wash your hands with soap and water and dry thoroughly on a clean towel before expressing or handling breastmilk.

Storage containers

- wash all storage equipment thoroughly in warm soapy water and detergent before use
- breast milk can be stored in a sealed, clean plastic container, milk storage bag, or in a plastic/glass baby bottle
- cover with a lid and clearly label the container with the time and date of collection
- when there is a need to transport expressed breast milk, an insulated bag, container or eski with a freezer brick should be used to keep your milk cool
- If the milk thaws during transportation it should not be refrozen

Breast milk	Room temperature	Refrigerator	Freezer
Freshly expressed into a closed container	6-8 hours (up to 25°C) Store in refrigerator if available	3 days (at 4°C or lower) Store in back of the refrigerator where it is coldest	2 weeks in the freezer compartment inside a refrigerator (-15°C) 3 months in freezer section of a refrigerator with a separate door (-18°C) 6-12 months in a deep freeze (-20°C)
Previously frozen – then thawed in the refrigerator but not warmed	4 hours or less (e.g. next feeding)	Store in the Refrigerator 24 hours	Do not refreeze
Thawed outside of refrigerator in warm water	For completion of feeding	Hold for 4 hours or until next feeding	Do not refreeze
Infant has begun feeding	Only for completion of feeding then discard	discard	discard

Key Practice notes

1. Expressed breast milk will separate into several layers – this is normal; just give the container a shake. Milk freezes into layers but is readily mixed once thawed.
2. Frozen milk may be thawed in the refrigerator over 24 hours OR warmed by placing the container of milk in a jug of WARM WATER.
3. Place the container of milk under running cold water; gradually allow the water to get warmer until the milk becomes liquid.
4. Warm chilled or thawed breast milk in a jug or saucepan of warm water until the milk reaches body temperature. Test the temperature by dropping a little milk onto the inside of your wrist.

*For further information refer to the Australian Breastfeeding Association booklet 'Expressing and storing breastmilk' and 'A caregivers guide to the breastfed baby'.

Suppression (stopping breast milk supply)

If you have decided to formula feed your baby, your milk is likely to still come in on the third or fourth day after your baby is born.

Your breasts may feel full and uncomfortable initially. This discomfort will settle with time as your supply gradually reduces on its own.

Some things to help you feel more comfortable are:

- Wear a firm, supportive bra
- Apply cold packs or cabbage leaves on your breasts
- Warm shower
- Simple pain relief – see postnatal medications
- Express small amounts of milk for comfort if you need to.
- Emptying your breasts regularly by expressing is not recommended as this will encourage milk production.

If you have been breastfeeding for a while but do not wish to continue, we recommend that you stop breastfeeding gradually to avoid engorgement and mastitis.

We suggest dropping one breast feed at a time; every 1-2 days.

When your breasts are comfortable after dropping one feed, you can try to drop the next feed and continue to reduce feeds in this way.

Formula feeding

FMC promotes breastfeeding, but if you decide to feed your baby on formula, your decision will be supported. Before you go home you should feel confident about:

- choosing a suitable whey based infant formula
- how to clean and sterilise your equipment
- how to prepare feeds for your baby.

If you plan to feed your baby on formula we recommend that you bring a can of your infant formula into hospital. Before discharge you should:

- be shown how to make up the milk
- make up some milk to take home
- be shown how to clean and sterilise bottles and teats
- be aware to always check directions on the can as they may vary between brands.

For more information on infant formula please refer to the child and youth health website www.cyh.com. You can also speak to your Child Health Nurse, Midwife or GP.

Sterilising

Breast expression equipment, bottles and teats

Equipment needs to be sterilised until baby is at least 6 months of age. However, it is important to always thoroughly clean bottles teats and equipment for any baby or toddler.

With all methods of sterilising, equipment must be washed thoroughly in hot soapy water first. Use a bottle brush to clean inside and around the outside neck of the bottle.

Clean the teat inside and out. Squirt some soapy water through the hole to ensure it is not blocked. Rinse all equipment well.

Chemical method

Bottle sterilising solutions and tablets made specifically for sterilising baby feeding equipment are available from your chemist or supermarket.

- Read instructions on bottle or packet
- Make up solutions as recommended by the manufacturers. Special sterilising units are available from chemists, or you can use a suitable plastic container.
- Immerse all items in solution making sure there are no air bubbles.
- Squirt a little solution through the teat. Do not soak metal objects
- If using a suitable container, place a Chux towel on top of solution to keep teats submerged and store out of direct sunlight
- Leave articles to soak for at least one hour
- Wash your hands before removing articles from solution. Shake articles well to remove as much solution as possible. Do not rinse or dry
- Discard and renew the solution after 24 hours.

Boiling method

- Place all washed equipment into saucepan of water, making sure that everything is completely submerged
- Bring water to the boil and boil for five minutes
- allow the water to cool, and then take the equipment out.
- shake off excess water, put the lids on bottles and store in a clean dry place.

Steam sterilising

Special microwave and electrical steam sterilisers are available on the market. Follow the manufacturer's instructions.

It is not satisfactory to sterilise in the microwave without this special equipment.

After sterilising

Assemble and store capped bottles and teats in a clean dry place until needed.

If you need help with breastfeeding

Postnatal day support service

> FMC Postnatal Day Support Service alternate Mondays and each Tuesday, Thursday and Friday.

Unexpected breastfeeding difficulties can arise in the early days after having a baby.

Skilled and caring health professionals are on hand at Flinders Medical Centre to provide the support and assistance you may need as a new mother. This service is free and available to you if you had your baby at Flinders Medical Centre and if your baby is less than 6 weeks of age. If you have any concerns about feeding or settling your baby, please phone ward 4C (8204 4216) to make an appointment.

Support with feeding can also be obtained from the following services:

> Parent help line (CAFHS) (telephone 1300 364 100)

> Australian Breastfeeding Association. Breastfeeding Information & Support

  Breastfeeding Helpline
  1800 mum 2 mum

  Available 24 hours a day and 7 days a week. This service is supported by the Australian government.

  Breastfeeding information can also be sourced from their website;
  www.breastfeeding.asn.au
  1800 686 268

> Child and Family Health services.

> Private Lactation consultants are also available in the community. A fee is charged for their services. Please refer to the following Lactation Colleges of Australia and New Zealand website for further details. http://www.lcanz.org/find-a-consultant-sa.htm

Your new baby

General appearance

Head

The bones of baby's head overlap during birth and ridges may be noticeable for two or three days. His head may appear to be an odd shape, but this should become normal in a few days. There are two places where the bones do not meet but there is a strong membrane across this gap. These 'soft spots', or fontanelles, disappear in the first year as your baby's head grows.

A 'flat spot' at the back or side of your baby's head can develop in the first 6-8 weeks from continual pressure on one part of the head caused by:

- Lying in one position for long periods of time
- Always turning their head to one side when lying on their back

To prevent your baby developing a mis-shapen head you can alternate the position his head rests during sleep as well as during awake periods.

If you have concerns about your baby's head shape or if you notice that your baby will only turn his/her head to one side contact either your GP or Child Health Nurse.

Eyes

The colour of the iris is blue/black and is not an indication of permanent eye colour. The eyes start to change colour between 3 and 6 months of age. Permanent colour develops gradually, and may not be obvious for up to twelve months of age.

In the first few months the eye movement is not well co-ordinated. The eyes may appear to 'cross over' or wander, this is normal. If the eyes appear to be constantly turned in or turned out, you should get your baby reviewed by the GP. Your baby should start smiling at 6 to 8 weeks of age and focus on faces at approximately 8 weeks of age.

If baby's eyes have any sticky yellow/clear discharge you can clean them with a cotton wool ball and cool boiled water. Clean from the inside of the eye to the outside of the eye and use a new cotton wool ball for each eye.

Sometimes after a vaginal birth your baby may have some blood in the 'white' of one or both eyes. This is not a concern and should go away by around 2 weeks of age.

Feet

At birth many babies seem to have feet that turn in. This occurs because of your baby's curled up position in the uterus during pregnancy. A paediatric doctor will check this, and providing the feet can easily be turned to the normal position no action is required.

Skin

Baby's circulation undergoes many changes in the first few hours after birth.

Hands and feet can be tinged with blue.

Many babies are born with pink or red marks (called 'stork beak' marks) on the back of the neck, eyelids and forehead. These gradually fade during the first 12 months.

Skin may be dry and flaky, or covered with a white waxy substance called "vernix", which helps protect it. White 'milk spots' commonly appear on the nose and cheeks and are not a concern.

Nappy rash may be caused by baby's bowel motions or prolonged exposure to wetness. Clean his bottom with water and apply a little barrier cream or zinc and castor oil cream. Allow him to be nappy free to air the rash. If the rash persists see your midwife, doctor or child health nurse.

We do not recommend the use of baby talcum powder.

Jaundice

Jaundice is a yellow/orange pigment that colours the skin of most babies in the first week of life.

This pigment is called bilirubin. After birth, the baby's liver takes several days to clear this skin pigment. In most cases the pigment will clear from the baby's skin by two weeks of age. However for some breastfed babies this clearance can be delayed by a few weeks (breast milk jaundice)

The bilirubin level in the body can be monitored by looking at the baby's skin colour, by using a special skin monitor or it can be measured by a blood test. It is rare for bilirubin to rise to a level that will put a baby at risk. However, before those levels are reached bilirubin can be treated with special lights. This is called "phototherapy" and these lights safely clear the pigment.

The FMC Maternity Outreach Midwife will monitor you baby's jaundice after discharge. If you are concerned that your baby has increasing jaundice (looks more yellow), is sleepy or not interested in feeding please contact Ward 4C.

If your baby is still yellow/orange (jaundiced) after two weeks of age, a special blood test for (conjugated) bilirubin and a urine screen for the same pigment should be taken to rule out the very rare chance the liver is not functioning normally. If your baby remains jaundiced after two weeks of age we advise that you see your GP and ask for these tests to be done and/or request an appointment with a paediatrician to assess your baby.

Umbilical cord

A plastic clamp is applied to the umbilical cord at birth. It is not necessary to remove the clamp as it will fall off with the cord stump. Clean and dry the base of the cord and clamp every day with warm water using a soft cloth. If the clamp becomes soiled from urine or faeces wash and dry. Do not apply any creams or powders to the umbilical cord. Before separation a few spots of dark blood may appear or the cord may become moist. Infection is rare, but if the skin around the base of the cord becomes red see your doctor or child health nurse as soon as possible. For your child's safety do not attempt to remove clamp.

Is your baby a boy?

Children's health specialists at FMC consider that there is no medical reason for routine circumcision in boys. Incorrect care of the foreskin is a common reason for many problems in the first years of childhood.

- For most male babies and young boys the foreskin is attached to the glans (tip of the penis). Do not try to push the foreskin of a young boy back until it can move freely by itself. Pushing it away from the glans may cause damage to the tip of the penis or the foreskin.
- With time the foreskin moves back easily. This generally occurs about 4 years of age but varies. When it occurs boys should be encouraged to wash under the foreskin every time they bath or shower. Make sure they learn to push the foreskin down over the tip of the penis after they have washed it. If it stays up it can swell and become tight and painful.
- Don't use soap under the foreskin because it can irritate the skin.
- The white substance (smegma) under the foreskin is natural and dœs not cause a health problem. It simply needs to be washed away regularly.

If you are considering circumcision for your baby, please ask your midwife for an information brochure on the procedure. We encourage you to read the information and to then talk to your GP before making a final decision. If appropriate, you can request a referral from your GP if one is required.

Is your baby a girl?

When changing a female baby nappy you can use a cotton wool ball to gently wipe between the labia from front to back. Wiping from front to back helps to reduce the risk of a urinary tract infection. You may notice some white mucous like discharge, this is normal and you do not need to clean it away.

Occasionally baby girls can have a blood stained vaginal mucous discharge in the first few days after birth. This is normal in the first week of life and is called pseudomenstration. If you continue to notice any blood stained discharge after one week of age you should speak to your GP.

Normal Nappies

Urine

In the first week of life an approximate guide for baby wet nappies is one wet nappy for each day of age eg. Day 1 = 1 wet nappy, day 2 = 2 wet nappies, etc. By one week of age baby should have at least 6-8 wet nappies per day.

Sometimes babies can have a light pink/ red stain in the urine. This is called urates and is normal in the first week of life. If at one week of age your baby is still having urates in his wet nappies this may indicate dehydration and you should speak to your GP, midwife or CaFHS nurse.

Bowels

Your baby's first poo is black and tar like, called meconium. From day 2-3 this changes to 'transitional' army green colour poo as the baby begins to digest milk. When the milk 'comes in' around day 5 your baby will pass loose yellow poo which may be mustard seed like in appearance.

The frequency of poos for each baby varies. Breastfed babies may have multiple poos per day or may go up to one week between poos without being constipated, both of which are normal.

Formula fed babies tend to have firmer, tan brown coloured poos and pass them less often in the first few weeks. This is because the formula is not digested as fully as breastmilk. Constipation is rare in breastfed babies but can occur in formula fed babies. If you are concerned your baby is constipated speak to your GP or CaFHS nurse.

Weight loss/gain

All babies lose weight after birth. Your baby will be weighed by the midwife on day 3. Most babies lose approximately 7% from their birthweight.

As your milk starts to come in and baby is feeding more he will start to gain weight. His weight will be closely monitored in the first week of life. He should gain approximately 20-30g/day or 150-200g/week.

How to know if baby is getting enough to drink

Whether breast or formula feeding, baby is getting enough to drink if:

by 3 days of age he has:-

- about 3 wet nappies a day
- feeds 6 to 12 times in 24 hours
- has had at least 1 dirty nappy
- is alert and active

by 1 week of age:-

- is starting to regain weight
- has at least 6 to 8 wet nappies in 24 hours
- any jaundice is starting to fade
- is demanding feeds two to five hourly

by 2 weeks of age:-

- is close to, or over birth weight
- continues to have at least 6 to 8 wet nappies in 24 hours
- has some loose bowel actions which range from yellow through to greenish brown in colour.

It is recommended that you have your baby weighed at two weeks.

When to seek help

See your doctor if baby:

> has a temperature of more than 37.5° degrees (normal temperature is between 36.5° and 37°centigrade)

- has diarrhœa which is accompanied by vomiting
- Vomit which contains blood or is green in colour.
- Has fast, noisy breathing or nasal flaring
- Is lethargic and refusing feeds
- Has abnormal discharge from eyes, ears or umbilical cord
- Has only occasional wet nappies and is not gaining weight
- Looks yellow and is not feeding well
- Has a rash which persists, despite good hygiene.
- Irritable or unsettled for more than 24 hours
- Has pale poos or blood in the poo or dark urine

As a parent if you think your baby is just 'not right' it is best to speak to your GP, CaFHS nurse, midwife or go to your nearest hospital emergency department.

Care in the hot weather

Newborn babies are sensitive to the hot weather and can become quickly stressed by the heat.

To help keep your baby cool and prevent him from becoming dehydrated you can:

- Feed baby on demand. Breastfed babies may have more breastfeeds in the hot weather and bottle-fed babies may take more bottles of formula. It is important not to give any other fluids to baby in the first 6 months of life.
- Dress baby in loose, light clothing
- Keep baby in a cool environment but do not place baby directly under a fan or airconditioner
- Avoid taking baby outside or travelling in a hot car.

More information can be found on the CaFHS website www.cyh.com

Bathing Baby

Bathing your baby in the evening can help to settle baby. You do not need to bath your baby everyday. A bath 2-3 times a week is enough to keep a newborn clean. On the days you do not bath baby you can use a facewasher to wash his face, hands and bottom.

Baby can be bathed in a clean kitchen or laundry sink or in a baby bath at home. Make sure the room temperature is comfortable for baby (turn fan off in summer and put heater on in winter).

Fill the bath with warm (not hot) water. You can check the water temperature with your wrist or elbow.

To hold baby in the bath, relax his neck on your wrist and place your thumb and finger around his arm to support him.

Wash his head first, then body and bottom last. Wash around his umbilical cord with a water and a cotton wool ball.

Towel dry baby well after the bath. Make sure you dry in all his skin folds and body creases. Take baby off the wet towel and dress him quickly after the bath so he does not get cold.

Baby Massage

After the bath can be a good time for baby massage. Massage can be a pleasant and soothing experience for both you and your baby. Introduce massage slowly and choose a time when he is calm. Gradually allow him to feel and enjoy the contact of your hands on his body. In time he will learn to enjoy being massaged and associate this with feeling relaxed and it will become an effective means of settling him.

More information on baby massage can be found on the CaFHS website www.cyh.com

Screening tests for your Baby

Universal newborn hearing Screening

Every baby born in South Australia is offered a free hearing screening. For every 1,000 births in Australia per year, one to two babies are born with a hearing impairment, and for most of them there is no family history of hearing impairment. Early identification of a hearing impairment is vital, especially for speech and language development. The first screen is conducted in the hospital and if a second screen is required this will be offered by Child and Family Health Service in the community.

The method of screening involves an Automated Auditory Brainstem Response (AABR) assessment. The AABR machine records the baby's brain activity in response to the sound of a rapid series of faint chirping noises to the baby's ear via an ear cuff that is placed over the baby's ear. If the hearing system is functioning, responses to chirps, in the form of brainwaves, will be detected by small sensors in the ear cuff placed on the baby.

If a second screen is required your Midwife will arrange a referral for you.

Neonatal screening test

A routine blood test is taken 36-72 hours after birth for all newborn babies. It is taken to screen for some rare metabolic and congenital disorders which if detected can be treated early in life with good results. To collect the blood sample a midwife will prick your baby's heel and take four small drops of blood on a sample card. The blood test can be done in hospital or at your home after discharge.

For more information on screening tests for your baby please refer to the handouts located in the back of your baby's blue book or you can ask your doctor or midwife.

Immunisation

Immunisation is a simple, safe and effective way of protecting most children from serious illness.

Hepatitis B immunisation at birth is recommended as part of the National Immunisation Program. You will be offered a Hepatitis B immunisation for your baby at birth.

Your baby's next immunisations are due at 6 weeks of age as per the immunisation schedule. These immunisations can be administered by your GP. Further information on immunisation is located in your Baby's blue book or you can ask your Doctor or midwife.

Keeping Baby Healthy

During pregnancy, your immunity is passed on to baby providing some protection against infection in the first few months of life. Breastfeeding enhances and prolongs this protection. It is still advisable to keep your new baby away from people with infectious illnesses and people who are smoking.

Avoid passing him around to many different people. Supervise small children around your baby, including your own toddler. Remember that pets need some time to get used to a new baby and should never be left alone with babies and small children.

Safe Sleeping in the first 12 months

To reduce the risk of Sudden Infant Death, the Red Nose council has made the following recommendations:

1 Sleep baby on back from birth.

- It is important not to sleep baby on his side or tummy

2 When infants are placed in their cot to sleep:

- Ensure baby's head and face are not covered during sleep.
- Do not use soft quilts, doonas, duvets, pillows, lambskins, sheepskins or cot bumpers or any other item that could pose an asphyxiation risk
- Remove toys from the cot whilst baby is sleeping
- Place baby's feet at the bottom of the cot where they are less likely to slip down under the blankets
- provide baby with appropriate bed clothes which are the correct weight for the season to provide adequate warmth whilst avoiding overheating
- Tuck sheets/blankets in firmly or place baby in a sleeping bag which is the correct size for the infant with fitted neck and arm holes and no hood

3 A smoke free environment in pregnancy and following birth is important

- try not to let anyone smoke near your baby (this includes in the house and car)

4 Sleep baby in their own safe sleeping environment next to the parents bed for the first 6-12 months of life

5 Provide a safe sleeping place night and day in a cot that is compliant with the Australian Standards for Household Cots (AS/NZS2172) and positioned away from blind cords and other hazards

6 Breastfeed if possible.

Sleeping with Baby

Research has shown that Co-sleeping increases the risk of sudden infant death. It is therefore not recommended.

Safe Wrapping

Wrapping baby in a thin sheet or muslin wrap can be helpful when trying to settle your baby. It is not recommended to wrap baby in blankets as baby may overheat. Blankets should be tucked securely around the infant after wrapping.

When baby's arms are free, his random movements can startle him. Wrapping him may help him feel more secure.

It is important that you:

> Allow for hip and chest wall movement ensuring the wrap is not too tight

> Avoid wrapping baby tightly with legs straightened as this can interfere with development of normal hips.

> Wrapping should be stopped when baby is able to roll.

Coping with a Crying Baby

Crying is the baby's means of communicating and it ensures that someone attends to his needs. It is not always easy to work out why a baby is crying and sometimes no reason can be found.

Some reasons why babies cry are:

> Hunger

> Uncomfortable (hot, cold, nappy needs changing, wind, tummy pain)

> Tiredness

> Baby is unwell

Babies tend to be unsettled at particular times of the day - commonly in the evenings. There is no magic cure for crying. No method is effective instantly and persistence is the key to success. What may work on one occasion may not on another.

It is important to remember to never shake your baby. Shaking a baby can cause serious injury to the brain. If you feel frustrated to the point of wanting to shake your baby, put him in the cot on his back, leave the room and give yourself time to calm down. You may wish to phone a supportive friend, relative or help-line.

Some ways to help calm a crying baby include:

- Feeding – Breastmilk is digested quickly, so a baby may demand another feed soon after finishing a feed.
- Wrapping – when baby's arms are free, his random movements can startle him. Wrapping may help him feel more secure.
- Rocking – reproduces the swaying of the mother walking in pregnancy. This can be done by rocking baby in your arms or rocking in the pram ie. Over an uneven surface
- Cuddling – skin to skin can be calming for your baby as he knows your smell and the sound of heartbeat
- Rhythmical sounds – music with a regular rhythm or womb sounds can help.
- Bathing/massage – a warm bath can help soothe and relax your baby

You can find more information on settling your baby on the CaFHS website www.cyh.com or discuss with your CaFHS nurse or midwife.

Preparing to return home

Car Safety Restraint

A special infant restraint device is essential when transporting your baby in a car. Restraints can be hired through various organisations including the Red Cross, RAA and hire for baby. They can also be purchased from most major stores. This is a legal requirement and must be organised before you go home. Further information on car safety restraints is available on the kidsafe SA website www.kidsafesa.com.au

Ambulance Cover

We recommend you have ambulance cover through a private health extras fund or SA Ambulance. If you already have cover make sure you phone your provider to add your new baby to your cover.

Resuscitation for baby 0-1 years

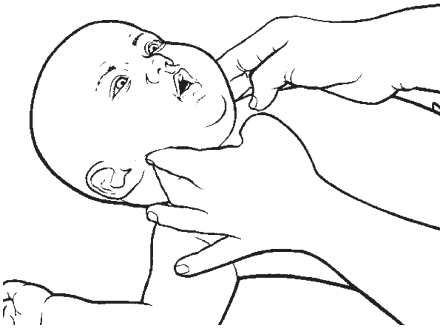
Be Prepared, every parent should know how and when to administer CPR. When performed correctly, CPR can save a child's life. This is a guide only.

Danger – Make sure you and your baby are safe from any immediate danger.

Response – If your baby is unconscious (not responding to voice or touch) or not breathing normally – send for help

Send for help – **Dial 000** or ask someone else to CALL or go and get help.

Airway - Position baby onto their back. Open mouth and ensure airway is clear. If any items are blocking the baby's airway, place the baby on its side and use a finger to clear the blockage from the mouth. Take care not to push it back further. Turn baby on to his back.



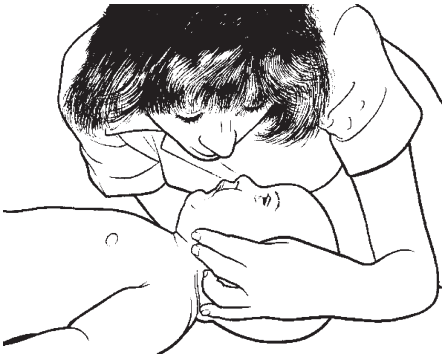
Breathing

If the baby has not started breathing or not breathing normally, go to circulation (see below). If the Baby is breathing normally, but is still not responding, turn the baby on their side and watch them closely until help arrives.

Circulation

Place two fingers over the breast bone and push down at least one third of the chest, up to 2 times per second (100-120 times a minute)

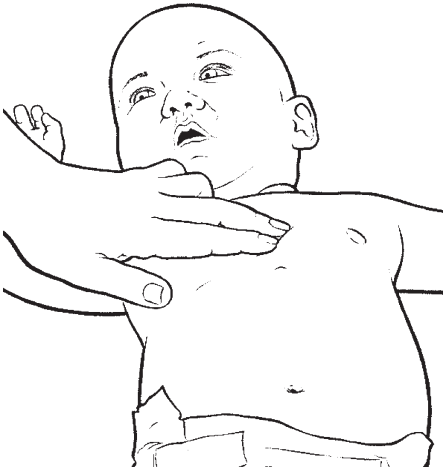
Push down 30 times then give the baby 2 breaths. Form a tight fit by putting your mouth over the baby's mouth and nose. Blow until you see the chest rise.



Allow 1 second blowing air in then remove your mouth from the baby's face allowing air to come out. Repeat this for four more breaths.

Then repeat. 'Push down 30 times then give the baby 2 breaths'. Continue this until baby starts breathing or help arrives.

If the chest does not rise, change the head position slightly and try again. If unwilling or unable to give breaths continue with compressions until help arrives or baby recovers.



Key Points

DO NOT LEAVE THE BABY - carry the baby with you if you need to go to a phone or where help is available for example going inside.

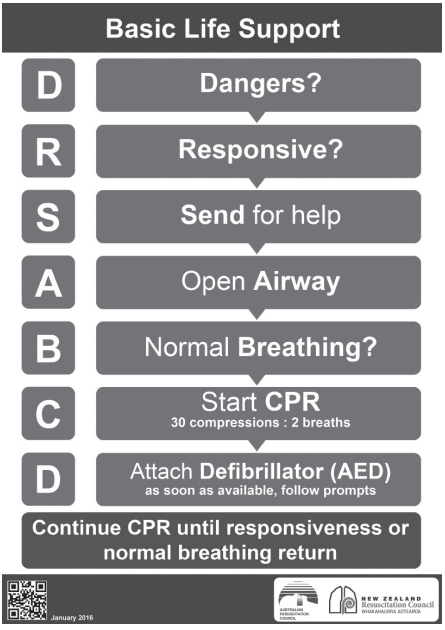
CALL FOR HELP DIAL 000
(mobile phone dial 112)

Ask for an Ambulance.

The operator will need to ask a number of questions to best help you.

Do not hang up the telephone until told to do so. The operator will continue to give advice and support until help arrives.

When the baby recovers, turn the baby on its side and watch closely until help arrives. Do not leave the baby; you may need to recommence the resuscitation again at any time.



This information is published in good faith and for general information purpose only. For further information, St John and Red Cross provide training in Resuscitation

Notes:

Notes:

For more information

Flinders Women and Children
Flinders Medical Centre
Bedford Park
South Australia 5042
Telephone: 08 8204 5511
www.sahealth.sa.gov.au/fmc

This document has been reviewed and endorsed by consumers.

This document is available in an alternative format upon request.

Interpreter

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Government of South Australia

Health
Southern Adelaide
Local Health Network