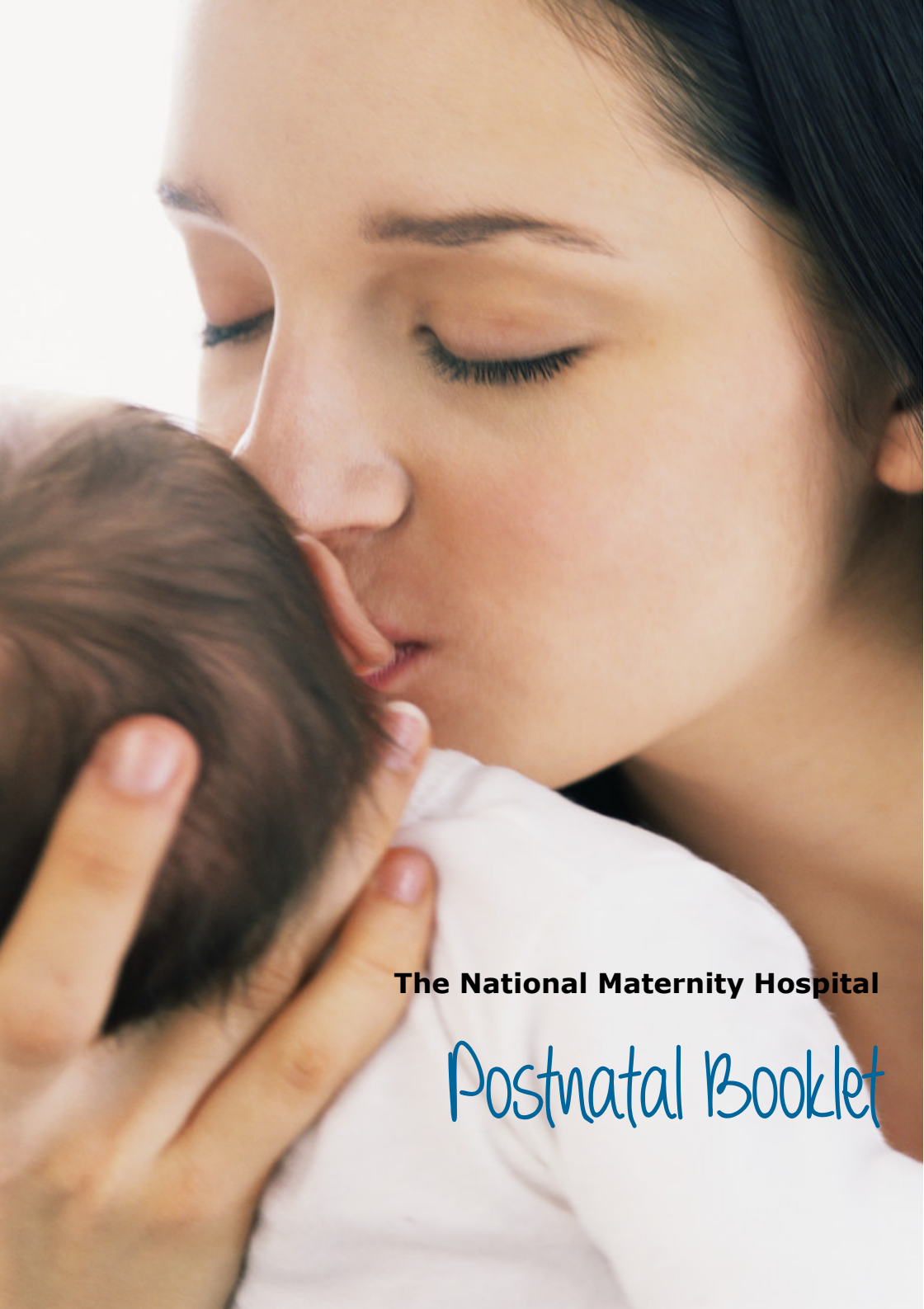

The National Maternity Hospital

Postnatal Booklet

Information sessions for parents

Breastfeeding Support

What:	Antenatal—Preparing to Breastfeed
When:	1st Friday each month 12.45 to 1.45pm
	2nd Thursday each month 12.00 to 1.00pm
	3rd Tuesday each month 6.00 to 7.00pm
Where:	Please go to main reception and you will be directed from there
Contact:	Lactation Support Team (01) 637 32 51

Baby care

What:	Includes advice on how to bathe your baby, prepare for home
When:	Tuesday & Thursday 10.30 to 11.30am
Where:	Please go to main reception and you will be directed from there
Contact:	Antenatal Education (01) 637 35 34

Postnatal exercise

What:	Includes advice on physiotherapy for mothers post delivery & positioning for babies
When:	Monday, Wednesday & Friday 10.30 to 11am
Where:	Waiting room in the Merrion Wing on 3rd Floor
What:	'Healthy Bodies After Babies' - for mothers and babies up to 6 months
When:	Last Tuesday of every month 11.30am to 12.30pm
Where:	Please go to main reception and you will be directed from there
Contact:	Antenatal Education (01) 637 35 34

Baby Clinic Information

The baby clinic is open Monday to Friday 9.30am—12 noon by appointment only. It is primarily for the follow up of infants who have been in the neonatal unit.

Parental concerns regarding their infant in the first 6 weeks of life will also be seen in the clinic on receipt of a referral letter or phone call from the infant's General Practitioner (GP) or Public Health Nurse (PHN). The baby clinic **does not** offer a drop in service. If you are concerned about your infant and are unsure where to attend, please call the clinic for advice on 01 637 35 40 or 01 637 34 40 .

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Introduction

The purpose of this information booklet is to give postnatal women and their partners information about the care of themselves and their baby's immediately after birth.

We realise that each pregnancy is unique and that women need some information on all the various aspects of care they may experience during this time. We hope that this booklet gives you the information you need and we would be happy to get any feedback or comments from you. Please contact your midwife, GP or PHN for further details.

Note

We use the term partner throughout this information booklet. This usually means your baby's father, but it may also mean someone in the woman's family or a friend, whom she would like to be with her throughout her care in The National Maternity Hospital.

Acknowledgement

The National Maternity Hospital would like to thank all those involved in writing and reviewing the information included in this information booklet; we drew on many sources of information including national publications and websites. We would like to acknowledge the help and support offered by our midwifery, medical and other healthcare professional colleagues who helped compile, write and review the information included. Photographs are from the NMH collection, permission has been given to use them in education matters such as this booklet.

Disclaimer

We have tried to make sure that this information has the most up to date medical advice available when we published it. If you have a concern about your own or your baby's wellbeing, please contact the hospital. The information on specific services, rights and benefits was correct when we wrote this booklet, but this could change in the future. Please talk to one of the staff, or look at The National Maternity Hospital's website www.nmh.ie or the relevant website for the most recent information available.

Congratulations on the birth of your baby

When we admit you to the postnatal ward, the midwife will check the sex of your baby with you by opening the nappy. They will also check your baby's identification bands and security tag. It is important to remember that if you try to move your baby outside the ward area your baby's security tag will set off an alarm. To make sure your baby is safe and secure, they must wear the security tag and identification bands at all times while they are in the hospital. If you notice that a band or the tag has come off please tell a member of the ward staff immediately and they will re-secure it for you.

You will spend time in the ward getting to know your baby and preparing for when you leave hospital to go home. The midwives, student midwives and care assistants on the ward will guide, teach and help you to care for yourself and your baby. After nine months of anticipation, excitement and probably nerves, you and your partner can now start the next stage of a wonderful journey as you discover how to be parents.

During your stay in the postnatal ward you may experience a wide range of emotions. You will feel wonder as you look at this new little person in the cot beside you. You may also feel overwhelmed that your baby is completely dependant on you for all their care. Indeed, it is a time of huge learning, especially if this is your first baby.

Caring for you

After an epidural

If you had an epidural during your labour and birth, you will need to stay in bed for at least four to six hours after the birth. This allows the effects of the drugs used in the epidural to wear off completely.

Do not try to get out of bed by yourself. Even if you think your legs feel normal you may become weak when you stand up. You will be given a call bell so please call us for assistance the first time you want to get out of bed.

Lochia

After the birth of your baby you will lose blood from your vagina. This bleeding is normal and is called 'lochia'. The lochia can be heavy for a few days but will gradually settle down, changing colour from red to brown and usually stops within four to six weeks after the birth. The blood loss is caused by your womb contracting as it returns to the way it was before you were pregnant.

Many women experience period like pain, often called 'after pains', in the first two-three days following birth. You may notice these pains more when your baby cries or you are breastfeeding. The midwife can give you pain relief when you need it. The more children you have the more after birth pains you may have.

If the bleeding gets very heavy (for example, it soaks a sanitary pad in an hour or less) or if you notice any clots or a bad smell from your lochia please tell the midwife looking after you. This could be the start of an infection or a sign of 'retained tissues' which could need treatment.

Deep Vein Thrombosis (DVT)

A DVT. can occur during the postnatal period. The most common time appears to be 3-4 weeks after the birth of a baby. This is more common if you have had a caesarean section or were immobile during the pregnancy with any medical condition. This is another reason why we encourage early mobility after delivery.

If you feel generally unwell, and have pains in your legs, please contact your GP for Assessment. Chest pain may also be a symptom. Adequate analgesia is important. You may be asked to wear TED (anti-embolitic) stockings, or have to get small injections to prevent clots developing if you are at risk of developing a DVT. Your midwife will help and advise you if required.

Breast changes

You will experience breast changes in the days after the birth of your baby whether you are breastfeeding or not. This happens as nature prepares to fill your breasts with milk. You will notice your breasts will become swollen, hard and sometimes sore. However, this period is short because once you have established breastfeeding your body will regulate the milk supply.

If you have decided not to breastfeed, you can help reduce the engorgement by wearing a well-fitting bra with the straps pulled up tightly. It will also help if you avoid stimulating your breasts so don't put hot water directly on them while in the shower. Breast engorgement will go if your baby does not stimulate the breasts by sucking to produce milk. Ask for pain relief if you find full breasts painful.

Care of the perineum

Your perineum is the area between your vagina and back passage. If your baby was born vaginally, you may have stitches that become tighter as the

wound begins to heal. This can make sitting down, walking and passing urine uncomfortable. Take regular pain relief. Most over-the-counter painkillers are safe to take after birth at home, but always check with your pharmacist, midwife or doctor. You could also try sitting on a cushion to relieve the discomfort.

Wash the perineal area frequently as this will keep the wound clean. Remember to dry yourself well after washing. There is no need to add any disinfectant or salt to the bath water as research has found bathing in plain water is much better for the healing process. It is also important to change your sanitary towel frequently. Do not use tampons as they can cause infection in the early days and weeks after you give birth. Do not use plastic backed pads as they appear to increase the risk of infection.

Even if you did not need any stitches after the birth, you may still experience discomfort and heaviness in your vaginal area. This is normal as you are likely to be bruised and swollen around the vagina. Plenty of rest, warm baths, good hygiene and pelvic floor exercises will all help to heal the area. If you have any concerns about pain or discomfort, please tell your midwife.

Bowel movements

Many women worry about opening their bowels for the first time after the birth as they are scared that their stitches might burst. Rest assured that this will not happen and in fact the sooner you start going to the toilet the better. Use a clean pad to support the perineum while the bowels open. If you put this off you may become constipated. To prevent this happening, drink plenty of water and eat high fibre food such as fruit and vegetables. Gentle exercise will also benefit you.

Blood tests

If your blood group is rhesus negative you may need an injection called Anti-D. We will give you this injection within 72 hours of your baby being born.

During your pregnancy we will have tested you to see if you are immune to rubella (German Measles). If you were not immune to rubella, we can give you the vaccine on the day you are going home. Otherwise, you can get it from your own GP .

If you are rhesus negative and need Anti-D, you should not get the rubella vaccine for a number of weeks. This is because you cannot get these two injections at the same time.

Care following caesarean section

If you have had a caesarean section, the staff on the ward will help you move in the bed and go to the bathroom for the first time. The midwife will care for your wound and offer you pain control medicine.

The sooner you are up and about the better you will recover. We will ask you to wear white surgical stockings while in hospital and encourage you to move about as often as possible to prevent a blood clot developing in your leg. You may also need a daily injection of a blood thinning medication while you are in hospital.

Initially, the incision wound may be painful especially when you cough. This is due to internal pressure on the wound. Placing a hand firmly on the wound when you cough will help reduce the pain. Keep the wound clean and dry; the midwife will remove stitches or clips usually four to seven days after the operation, if required. Do not lift anything heavy for at least six to eight weeks after the birth.

As a caesarean section is major abdominal surgery you will not be able to drive for six or so weeks following the birth. You should also check with your car insurance company about when you can start driving again.

Abdominal wound care

Do:

- Do keep your wound clean and dry
- Do have a daily shower or bath using unperfumed soap. However, do not use soap directly on the wound. Wash your wound with water only and gently pat the area dry with a clean towel.
- Do try to find time each day to lie down and loosen all clothing from the skin around the wound. Fresh air will dry your wound and help it heal. This is especially important during warmer weather and if you are overweight.
- If you need to touch your wound, wash your hands with soap and water before and after.

Do not:

- Do not touch your wound unnecessarily
- Do not place a dressing on your wound, unless advised by your midwife, PHN or GP
- Do not use antiseptic creams, washes or sprays on the wound
- Do not use other products on the wound unless advised by your doctor. This includes moisturiser, tea tree oil, honey, arnica and essential oils. When your wound is fully healed which may take 2-6 weeks, these products are safe to use then.
- Do not use swimming pools, saunas or hot tubs until your wound is completely healed.

How will I know if my wound is infected?

- Fever greater than 38°C or 101°F for 2 readings taken 4 hours apart or
- Increased pain or swelling of the wound or
- Your wound oozes blood stained fluid, yellow fluid or becomes smelly or
- Redness spreads to the skin around the wound or
- Your wound appears to be opening
- If you have questions, concerns or urgent needs, call the hospital at (01) 637 31 00 or your GP.

The midwife's check

The midwife caring for you will carry out a daily postnatal check. They will want to know:

- How you are feeling
- If you are in pain
- If you are experiencing any difficulties with your baby
- How much you are bleeding vaginally (lochia)
- That you are passing urine without too much discomfort

The midwife will also check your breasts, your tummy and, if you have stitches your perineum. She will ask you if you have pain especially in your legs and she may need to check your haemoglobin (iron) level by taking a blood sample.

If you were taking any medication, for example, blood pressure tablets before the birth, then you should continue to take these while in hospital, check with the midwife. During this daily check the midwife will give you information and advice about taking care of yourself. She will happily answer any questions you may have.

Before you leave hospital, the midwife will also discuss various methods of

contraception with you. You need to be aware that it is possible to get pregnant fairly soon after giving birth. If you are breastfeeding, your periods may be irregular but please remember that breastfeeding in itself is not a reliable form of contraception.

The doctor's check

If your baby was born by caesarean section or if you had an instrumental (vacuum or forceps) delivery then a doctor will visit you on the postnatal ward.

They will be happy to answer any questions you may have about the birth or your baby. Sometimes, the doctor may advise you to return to the hospital for your six-week check if they think they will need to talk to you or examine you again. Otherwise you should visit your GP around 6 weeks after the birth of your baby.

Preparations that may be useful:

Tender Nipples—Lanolin Based Cream, Nipple Shells / Shields

Breast Fullness—Cold Compresses, Paracetamol

Haemorrhoids—Haemorrhoid cream e.g. anusol

Bowel Care—Milpar, Linseeds, Fruit, Prunes and Water

Analgesia— Paracetamol / Ponstan / Voltarol

Iron Supplements—Galfer Tablets

For stronger medications requiring a prescription women need to be assessed on an individual basis. Should symptoms persist you should ask the midwife for advice. You may be required to attend your GP or Hospital Doctor for consultation.

Postnatal exercises

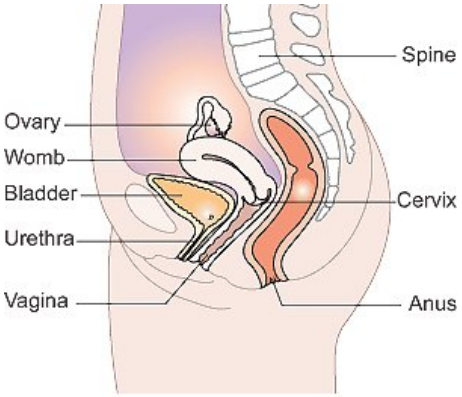
The National Maternity Hospital provides a monthly session for mums and babies 'Better Bodies after Birth'. This is led by a physiotherapist and is available to you up to six months postnatally, free of charge. Ph (01) 637 35 34.

Most of your body's pregnancy changes return to normal automatically over time (your uterus will have reduced in size by 6-8 weeks and your ligaments will have tightened up by 5 months after your baby's birth). But, some after effects of pregnancy and labour will need your time and effort before there is a return to full strength and function. Your abdominal and pelvic floor muscles have been stretched and it is particularly important for your future health and comfort that they recover properly.

The right sort of exercise, starting gently, and gradually becoming stronger is essential. Women often find Pilates or yoga classes useful to assist them to regain strength and muscle from 6 weeks after delivery, as well as low impact aerobic exercise such as walking or swimming.

Toning your pelvic floor

Your pelvic floor muscles form a sling underneath your pelvis and give support to your bowel, womb and bladder. They also help control your bladder and bowels, preventing accidents, and are important for sensation and sexual pleasure. Start exercising gently as soon as you feel able (within the first couple of days post delivery). It is important for all women to practice pelvic floor muscle exercises even after caesarean delivery.



Pelvic floor exercise (Kegel Exercise)

What weakens the pelvic floor muscles?

Pelvic floor muscles weaken like other muscles in our bodies.

- Natural aging and inactivity
- Pregnancy and childbirth
- Lack of exercise
- Factors such as being overweight and ongoing constipation
- Weak muscles give you less control and you may leak urine especially when you cough sneeze or laugh

How can Pelvic floor muscle exercises help?

Pelvic floor exercises can strengthen these muscles so that they give support. This will improve bladder control and improve or stop leakage of urine. Like any other muscle, the more your use and exercise the stronger the pelvic floor muscles will be.

How to do the pelvic floor exercise?

Squeeze shut your back passage (as if holding back wind), your vagina (as if gripping a tampon) and your urethra (as if stopping your urine flow) and draw your pelvic floor inwards and upwards. Then relax and let your pelvic floor lower again. If your pelvic floor area is very sore or swollen immediately after your baby is born, quick gentle squeezes will help relieve pain if done frequently. As your soreness settles progress to the following programme :

Count how many strong squeezes you can do in a row until your muscles become tired. Each squeeze should be held as long as possible and be as strong as the one you held before. Take a few seconds rest between each squeeze. You can exercise your pelvic floor muscles whatever you are doing! Lying (on your back, side or tummy), sitting while you feed your baby and standing doing everyday activities.

Your goal is to be able to do:

- 10 contractions in a row
- 10 second hold for each contraction
- 5 times a day.

Your goal may take many months to achieve, do not give up! Remember to support your pelvic floor when you cough, sneeze or lift your baby.

- Start with an empty bladder.
- Make sure that you are squeezing and lifting without pulling in your tummy, squeezing your legs together, tightening your buttocks or holding your breath. In other words only your pelvic floor muscles should be working.
- Though you may have trouble isolating these muscles at first, it gets easier with practice.

How long should I continue doing Kegel's pelvic floor exercise?

- Do the exercise to maintain your strength and ward off incontinence as you age.
- Make doing Kegel's a lifelong habit and try to practise a few times every day.
- Keeping your pelvic floor muscles strong may also help guard against pelvic organ prolapse where the uterus, bladder or rectal tissue may begin to protrude into the vagina which can a sense of pelvic heaviness, discomfort during intercourse and sometimes incontinence.

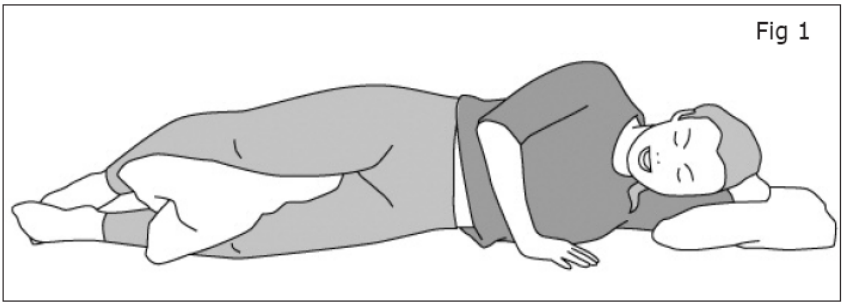
Do this at least three times a day; you will see improvements from 8 to 20 weeks. Make sure you are engaging the correct muscles.

"Squeeze before you sneeze"

Toning your stomach

Lower abdominal muscles (fig 1)

This exercise strengthens the deepest muscles in your abdomen. It helps flatten your stomach, draw in your waistline and support your back. It is particularly important to practice this exercise after a caesarean section to



heal and strengthen the muscles around your wound. It can be done in the early days after delivery choosing a comfortable position either sitting, standing or lying on your side or tummy.

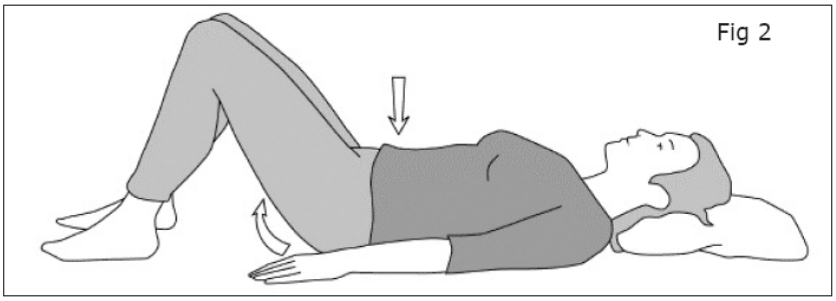
1. Let your tummy sag! Breathe in gently.
2. As you breathe out gently draw in the lower part of your stomach.
3. Aim to hold for 10 seconds and repeat 10 times.

Don't move your back at any time. You should be able to breathe and talk while you exercise.

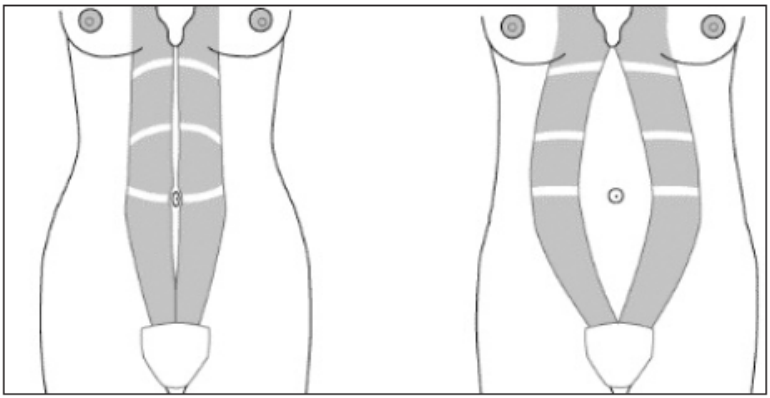
Progressing your stomach toning:

Pelvic Tilting (fig 2)

1. Draw in your stomach as above.
2. Squeeze your buttocks.
3. Feel the small of your back against the bed.
4. Aim to hold for 10 seconds and repeat 10 times.



As your abdomen enlarges in pregnancy, the muscles stretch and lengthen and usually separate down the centre leaving quite a wide gap.



To check the width of this gap, lie on the floor with your knees bent up high; with the middle fingers of one hand, press down and across your abdomen at the level of your belly button. Lift your head and shoulders, reaching for your toes with your other hand. You should feel a space that narrows as you lift your head and shoulders higher. If this gap is more than 3 fingers wide we would advise you contact your physiotherapist. It is not advisable to practice 'sit up' exercises in the first 6 six weeks. This is to allow adequate recovery of the abdominal muscles which are naturally stretched by pregnancy.

Caring for your back

Some of the things you do with and for your baby can lead or add to back pain if done awkwardly or incorrectly. It is vital that you take care of your back at this stage. This area is vulnerable for 5-6 months after the birth.

Bed Mobility When moving in and out of bed roll on to your side first, then push up into sitting. This protects your back and prevents strain to your abdominal muscles.

Feeding You may find it helpful to place a cushion behind your back and a pillow on your lap. Sit well back in your chair and have a low stool for your feet.

Changing & Bathing Don't bend and stoop over your baby! Change and bathe your baby on a surface that is the right height for you.

Lifting Avoid low cots! Always bend your knees, keep your back straight and hold your baby or child close to you when you pick them up.

Posture Standing well protects your back and flattens your stomach. Hold your head up, ribs lifted, bottom tucked under and tummy drawn in. Tall, slim and firm.

Relaxation

You should aim to have time everyday when you switch off, even 5-10 minutes. Looking after your baby can be very tiring, you should accept offers of help.

Return to sport and other exercise

Many women choose to go back to sport or to the gym 2-3 months after childbirth, but everyone is different. Good exercise to take:

Swimming This can be started once all vaginal loss ceases.

Walking This is the cheapest and easiest, and you can do it with or without your baby. You must walk fast for 30 minutes to 1 hour regularly for best effect.

Cycling This is a good form of aerobic exercise for your whole body, although it wont specifically strengthen you're abdominal or pelvic floor muscles.

It is not normal to experience any leaking of urine or faeces after giving birth. You should contact the Physiotherapy Department for an appointment at (01) 637 35 34, for information on progressing exercise, please come to our class.

Caring for your baby

The final colour of your baby's eyes will not be clear until they are about six weeks old or more. You may notice that your baby's head appears pointed. This is because while your baby is being born their skull bones overlap. If you had a vacuum delivery, you may also notice a soft round cup mark on top of your baby's head. Overlapping or a cup-mark are both normal. Don't worry; by the end of a week your baby's head will regain the normal round shape.

Your baby needs a really clean environment as they have not yet developed immunity to the many germs in our environment. Always wash your hands after changing your baby's nappy. Discourage visitors from holding your baby unless their hands are clean. Babies do not like to be handled by lots of people so ask visitors to look but not to lift your baby.

During your stay in hospital, your baby will stay in the cot by your bed. It is best if you use the cot as your baby's 'house'. Keep your baby in the cot when changing nappies or dressing them. Do not put your baby on your bed at any time, as there is a risk of your baby falling off.

The midwife's check

While you are in hospital, the midwives and doctors will check your baby's health and well being. Like you, your baby will have a daily check with the midwife. He/she will ask you about your baby's feeding pattern and whether they are having wet and dirty nappies. The midwife will also check the colour of your baby's skin for a yellow discolouration called jaundice. She will discuss your baby's sleeping pattern with you.

The midwife will examine the umbilical cord to make sure it is clean and dry. The midwife or care assistant will show you how to bath your baby, change

the nappy, care for baby's delicate skin and how to look after the umbilical cord.

If your are breastfeeding, we will give you advice and support about aspects of feeding while in hospital. If you choose to formula feed, the midwife will show you how to sterilise bottles and how to safely make up feeds.

The doctor's check

A doctor from the paediatric team will carry out a thorough physical examination of your baby before you both go home. Putting a probe on your baby's hand will check their oxygen levels. This will not hurt or disturb your baby in any way.

A specially trained doctor will check your baby's hips by gently bending the legs upward and then rotating the hips outwards; this test will detect a dislocated or 'clicky hip'. Clicky hips are a common problem that can be corrected easily while your baby is young and therefore prevent long-term damage.

Jaundice

Jaundice is very common, occurring in as many as 60% of all newborns called 'physiological jaundice'. Your baby's skin and whites of their eyes take on a yellow tinge due to excess levels of bilirubin. This type of jaundice is visible within the first few

days of life and usually disappears within 10 days without any treatment. A baby with jaundice may be sleepier and we will encourage you to make sure that your baby is waking up regularly for their feeds.

If the jaundice levels are rising and the midwife is concerned, he/she may use a skin probe (bilimeter) on your baby's forehead to test the skin level of jaundice. If the level is high, a paediatric doctor will review your baby.

The doctor may take a small blood sample from your baby to be tested in the laboratory. If your baby needs treatment for jaundice, we will use phototherapy. Phototherapy (light treatment) is the process of using light to eliminate bilirubin from the blood, which can then be excreted through the urine. We will also encourage you to feed your baby regularly as increasing the amount of fluid will help to resolve the problem.

Breast milk jaundice is another common form, usually occurring four to seven days after birth and can last for three to six weeks.

Sometimes jaundice can be a sign of a serious problem, for example, if jaundice appears within 24 hours of birth. It can also occur in a baby that is premature or it could be a sign of infection or when your baby's body is unable to process and remove bilirubin. Signs of significant jaundice include when:

- Baby's skin takes on a yellow colour beginning on the face and then moving down to the chest and body
- Baby is tired and sleeps most of the time
- Baby is slow to feed and does not feed well
- Baby nappies are dry
- Baby appears to have a fever and appears sick or off-form

If these signs are present it is important that you get medical advice and treatment immediately.

Small problems, simple solutions

Many small problems cause parents some anxious moments when they first have their baby. Most of these are nothing to worry about and have a simple solution.

Bowel Motions

Breastfeeding mothers are often amazed at the number of dirty nappies! It's quite normal when you are breastfeeding to feel as if you are pouring food in one end only to have it immediately returned from the other. Your baby's motions can vary tremendously. They may be bright yellow (pumpkin), seeded dark yellow (mustard). This is also normal. Babies who are formula fed tend to have darker, stickier bowel motions. They don't tend to have their bowels open as often. Talk to your midwife, PHN or GP for advice if you feel your baby is constipated.

Constipation

Stool patterns are variable with some babies dirtying their nappies several times a day and others only dirtying their nappies once every few days. Constipated babies will pass hard stools which may appear like pellets. They are difficult for your baby to pass. Ensure that they are drinking enough milk. If the problem persists or you are concerned about your baby contact your PHN or GP.

Breathing

Babies have noisy, rapid breathing which often sounds as if they have a blocked nose. As they cannot blow their noses to clear their throats the accumulation of

normal mucous plus milk makes their breathing sound quite strange. This doesn't mean they have a cold or allergy.

Sneezing

Along with noisy breathing comes lots of sneezes. Your baby is just getting used to dust and fluff. Sneezing is one way of clearing their nose.

Hiccoughs

Hiccoughs in adults are uncomfortable and tedious, but babies don't seem to mind them at all. A top-up breastfeed sometimes helps. Hiccoughs aren't caused by poor feeding techniques or failure to get a burp up. They are normal so ignore them.

Fingernails

The first two – three weeks you should not cut baby's fingernails as there is a risk you could cut your baby's skin with the nail. Their nails are very soft. After two – three weeks you may buy a pair of blunt ended nail scissors from the chemist. Wait until your baby is relaxed or asleep and someone else can hold baby for you. Gently pull the skin back from the nail and cut the nail. You will be all fingers and thumbs the first time, everybody is. Some babies have red, puffy nail beds. This doesn't worry them. The nail beds usually settle down by themselves.

Scratching

Most babies scratch their faces sometimes. It is impossible to cut their fingernails so short that this won't happen. Scratches heal very quickly and in time scratching stops. The Sudden Infant Death Syndrome (SIDS) Association does not recommend mittens as they can come off and cover their noses. Also babies like to have their hands free so they can explore with them.

Umbilical cord

Your baby's cord will shrivel up and fall off. The time it takes to do this varies but is usually about seven – ten days, occasionally longer. Expect some discharge and a small amount of blood when the cord comes off and sometimes for a few weeks after. Infections are not common, but we encourage regular cleaning with clean water and cotton wool at each nappy change. The umbilicus may sometimes begin to smell as it shrivels up. Keep the umbilicus clean and dry. If there is any redness on the skin on your baby's stomach around the belly button this may be a sign of infection and you should seek medical advice.

Colic or trapped wind

Babies tend to be windy when they have swallowed too much air. Excess wind in the stomachs is painful and may cause them to cry excessively. If bottle fed, ensure that you are using a teat with an adequate flow. When the bottle is turned upside down, milk should flow at a speed of one to two drops per second. This helps to prevent your baby swallowing too much air. Stop and wind your baby every 30-60mls (1-2oz) during feeds. This problem is less common after three months of age.

Sticky eyes

Babies often have sticky eyes after they are born. This is usually due to immaturity of the naso-lacrimal duct which resolves with time. Simple treatment of sticky eyes is to wipe each eye separately with cotton wool soaked in cooled boiled water from inside of nose outwards. If the problem is ongoing contact your PHN or GP. Signs of a more serious problem include redness in the white part of the eye or any bloody discharge from the eyes.

Rashes

Rashes are common in newborn babies and are generally benign causing no problems for your baby and disappearing with time. If your baby appears well you can contact your GP or PHN for advice. If your baby appears unwell (see "red flags") and has a rash, or the rash is causing skin to break down, you should bring your baby to see a doctor. Nappy rash can be initially treated with application of a barrier cream such as Vaseline and keeping the nappy on loosely. If it doesn't get better quickly contact your GP as thrush infections are common and readily treated.

Signs that your baby is unwell 'Red flags'

Trust your instincts. If you think you're baby is unwell you need to either bring your child to see your GP or nearest paediatric A&E. Holles Street does not have accident or emergency services for babies who have gone home. In an emergency dial 999 or 112. The first sign that your baby is unwell is a change in normal patterns or behaviour.

These include the following:

Irritable	May be difficult to console and does not like to be touched
Drowsy	May have difficulty rousing and be more lethargic or quiet than normal
Poor Feeding	Reduced by more than one third over a few feeds
Vomiting	Persistent vomits or green (bile-stained) vomits
Dry Nappies	Because they are feeding poorly or urinating less than normal
Poor Colour	Unwell babies may appear pale, marbled (mottled) skin or blue colour

Screening and immunisation for your baby

Newborn Bloodspot Screening Test (formerly PKU)

In the first week after your baby is born, you will be offered a Newborn Bloodspot Screening Test for your baby. It is often referred to as the 'heel prick' test. This test helps identify babies who may have a rare but serious condition.

In Ireland, all babies are now screened for:

- phenylketonuria
- homocystinuria
- cystic fibrosis
- maple syrup urine disease
- galactosaemia
- congenital hypothyroidism

You can read more about these conditions on www.newbornscreening.ie, or ask your midwife or PHN.

Why should I have my baby screened?

Most babies who are screened will not have any of these conditions. For the small numbers of babies who do, the benefits of screening are enormous. Screening means that babies who have a condition are treated early. Early treatment can improve their health and prevent severe disability or even premature death. Screening your baby for all these conditions is strongly recommended. If your baby has any of the conditions, the long-term benefit of screening is much greater than the small discomfort they feel when the blood sample is taken. However, you can choose not to have your baby screened.

Why would my baby have one of these conditions?

Most of these conditions are inherited. An inherited condition means your baby received the genes that cause the condition from their parents. This also means there is a risk that other babies born to these parents may have the same condition.

How do I agree to screening for my baby?

Before your baby has the heel prick test you should read this carefully. You will be asked to sign the newborn bloodspot screening card to confirm that you agree to the test and that the information about your baby is correct. If you do not want your baby screened you should speak with your doctor and midwife. You will be asked to sign a form that says that you understand the risks of not having your baby tested.

How is the test done?

The Newborn Bloodspot Screening Test is usually done between 72 hours (three days) and 120 hours (five days) after your baby is born, depending on feeding method. The midwife or PHN will prick your baby's heel to collect some drops of blood onto a special card. You can help by:

- Making sure your baby is warm and comfortable, and
- Being ready to feed or cuddle your baby when the sample is collected.
- The card is sent to the National Newborn Bloodspot Screening Laboratory at the Children's University Hospital, Temple Street, Dublin. Some babies have a risk of having a condition called glactosaemia, which means they cannot break down a sugar found in human and cows milk. The risk is higher if someone in your family already has the condition, or for babies of Traveller parents. Babies with a higher risk will be tested at birth, and parents will be asked to use soya-based formula milk until the results are known.

Are repeat blood samples ever needed?

Occasionally the midwife or PHN will contact you and ask to take a second blood sample from your baby's heel. This may be because the test result was

not clear or not enough blood was collected. The repeat results are usually normal.

How will I hear about the results?

Most babies will be found not to have any of the conditions. If the test results show that your baby does not have any of the conditions, you will not be contacted. You can ask your PHN for the results of the test at your next visit. If the test results show your baby may have one of the conditions, a nurse or doctor will contact you within one to two weeks of the test. Your baby will need to have more tests to confirm the result and may need to stay in hospital for a short time. Not all babies with these conditions will be detected by newborn screening.

What happens if my baby has one of these conditions ?

If your baby has one of these rare conditions, a team of specialist health professionals will work with you to manage your baby's condition. Most babies with these conditions will grow healthy and well, once they start getting treatment.

What happens to my baby's screening card after screening ?

After screening a bloodspot card may be used for:

- Checking your baby's results or for other tests recommended by your doctor, for which your permission will be sought.
- Quality assurance to develop and improve the screening programme and the health of babies and their families in Ireland. The bloodspot card is stored as part of your baby's health record for 10 years by the National Newborn Bloodspot Screening Laboratory on behalf of the HSE. After this time the Bloodspot Cards are shredded and securely disposed of. The test results are recorded and retained in compliance with the HSE Code of Practice for Healthcare Records Management: Retention and Disposal Schedule.

Where can I get more information?

You can get more information on Newborn Bloodspot Screening from your midwife or PHN, or on www.newbornscreening.ie

Hearing Screening

One to two babies in every 1,000 born in Ireland are born with a hearing loss in one or both ears. Most babies born with a hearing loss are born into families with no history of hearing loss so it is important to screen all babies as early as possible. The hearing screen will usually be carried out while your baby is settled or sleeping at the mother's bedside. See HSE website for full implementation www.hse.ie or www.nmh.ie

Immunisation

Immunisation is safe and very effective way to protect your baby against certain diseases. These diseases can cause serious illness or even death. Immunisation works by causing your baby's immune system to produce antibodies to fight these diseases. Routine vaccinations commence at 8 weeks and are given by your GP. Please ask your PHN for more information.

BCG

BCG is a vaccine that protects against tuberculosis (TB). The vaccine contains a weakened form of the bacteria that causes TB. This stimulates your baby's immune system to protect against the infection. Your baby will be given the BCG vaccine in the upper part of the left arm. The BCG is available 1 or 2 days a week in The National Maternity Hospital, check with ward staff, or check with your PHN for local arrangements.

What is TB?

TB is a bacterial infection that can affect any part of the body, but usually the lungs. TB is spread by close contact with an infectious person. The main symptoms of TB include coughing up phlegm, coughing up blood, loss of weight, fever and heavy night sweats. About 400 people are diagnosed with TB in Ireland every year.

What to expect after the vaccine?

3-6 weeks after the BCG vaccine, a small red pimple usually appears at the site of the injection. The pimple will remain for a number of weeks and there may be a slight discharge. A scab may form over the injection site. This is normal. The scab will heal and leave a small scar.

Are the any side effects?

Allergic reactions to BCG vaccination are rare.

- A small number of people will get swollen glands under their arm
- A small number of people will have a more severe reaction, such as deep ulcers or abscesses forming. If this happens contact your doctor or PHN.

Some tips

- There is no need to protect the area with a plaster
- If the pimple begins to ooze, cover it with a dry dressing and change is regularly
- Do not use cream, oils or ointments on the pimple even if there is discharge

When should BCG not be given?

The BCG should not be given if your baby:

- Is not well, especially if they have a temperature over 38oC
- Lives with someone who has or may have TB
- Is HIV positive or born to a HIV positive mother
- Is having any treatment such as chemotherapy
- Is taking immunosuppressive drugs
- Has been given a live vaccine such as MMR in the past four weeks
- Has had a confirmed anaphylactic (allergic) reaction to a component of the vaccine

Your baby should have the next immunisations when they are eight weeks old. It is very important that your baby receives the different vaccinations when they are due. Your GP or PHN will give you information on the schedule of vaccinations. For further information on the childhood immunisation programme, visit www.immunisation.ie

Vitamin D

Vitamin D is important because it helps our bodies use calcium to build and maintain strong bones and teeth. Children (and adults) in Ireland have low levels of vitamin D which can lead to weak bones.

In severe cases low levels of vitamin D can cause rickets in children. There has been an increase in the number of cases of rickets in Ireland in recent years.

Why does my baby need Vitamin D?

Your baby needs vitamin D because:

- Their skin is very sensitive to the sun and should not be exposed to direct sunlight
- Their food may not have enough Vitamin D in it
- Between 0-12 months babies grow very quickly and have a greater need for vitamin D to form strong bones.

Babies with African, Afro-Caribbean, Middle-Eastern or Indian ethnic backgrounds are at even higher risk of having low levels of vitamins D.

Sources of vitamin D

Vitamin D can be made in the body from the effect of sun on skin during summer. You can also get it from a small number of foods such as oily fish (for example salmon, mackerel and sardines); liver, egg yolks; and foods that have vitamin D added to them, such as breakfast cereals, fortified milk (including formula milk) and margarines. Babies also receive vitamin D from their mothers during pregnancy.

Why babies are at risk of vitamin D deficiency?

Because babies should not have their skin exposed to the sun, and often do not eat the foods listed here, they are at risk of vitamin D deficiency. Babies may also be at risk of deficiency if their mother has a low level of vitamin D in their blood during pregnancy. Dark skin reduces the amount of vitamin D produced from sunlight, therefore babies of mothers with dark skin are at higher risk of deficiency.

How to make sure your body gets enough vitamin D

To help your body get enough vitamin D the Food Safety Authority of Ireland recommends that you give your baby a vitamin D supplement that provides 5 micrograms (5ug), equivalent to 200 international units (i.u.) of Vitamin D3 every day until they are at least 1 year old. This advice is especially important if you or your baby is dark-skinned. This advice is based on the 'Recommendations of for a National Policy on Vitamin D supplementation for infants in Ireland' published by the Food Safety Authority of Ireland in 2007.

Recommendation for Vitamin D supplementation

Give your body a Vitamin D supplement that provides 5 micrograms (5us), equivalent to 200 international units (i.u.) of vitamin D3 every day until they are least 1 year old. Vitamin D3 (cholecalciferol) is the recommended type of vitamin D supplement for babies. Choose a product that contains vitamin D3 only. If you have any questions about vitamin D supplementation ask your baby's doctor, dietician, pharmacist or www.healthpromotion.ie

Vitamin K

The National Maternity Hospital recommends that all newborn babies receive an injection of vitamin K following birth. Vitamin K is important for blood clotting and newborn babies don't have any stores of the vitamin in their bodies. Babies make vitamin K as they start feeding and their gut matures over the first 3-6 months. The injection offers protection until your baby produces sufficient amounts of vitamin K.

Going home with your baby

How long you stay in hospital will depend on the type of delivery you had or if you or your baby had any complications following the birth. We recommend that you stay in hospital for about 24 hours unless you are going home under the care of the community midwifery team (DOMINO and ETH).

If you are breastfeeding for the first time and are not living within the community midwives' area, we recommend that you stay in hospital for 24-48 hours. While in hospital, try to get as much rest as possible. Limit the amount of visitors you have as it takes time to recover from this major event.

Guide to your length of stay in hospital after birth	
If you have access to community midwifery services	6-24 hours approx
If you don't have access to community midwifery services, your baby was born by vaginal delivery and you are:	
Breastfeeding	48-72 hours approx
Formula feeding	24-72 hours approx
If you had a caesarean section	3-5 days approx

Early Transfer Home and Community Midwife service (ETH)

The ETH team is made up of a group of midwives who, if all is well, offer women and babies the opportunity to be discharged from hospital within the first 24-48 hours following birth. A midwife from the team will then visit you every day at home for 3-5 days to provide care, advice and support. The ETH team operates in the catchment area of community care areas Dublin and North Wicklow. Check with your midwife for availability.

Our ETH team visits the postnatal wards every morning to arrange for suitable women and babies to go home. If you would like to consider ETH, please phone (01) 637 31 77. If you are not within the catchment area for

the ETH service then your PHN will visit you within two days of leaving hospital.

Travelling home with your baby

Leaving hospital with your new baby is one of the most exciting and scary parts of the whole pregnancy, birth and baby journey. If you are taking your baby home by car or taxi you must have an appropriate car seat. It is very dangerous and also illegal to travel without a properly fitted car seat.

You should buy your car seat well before your baby is due to be born. You and your partner should become very familiar with the seat and know how to fit it correctly and safely into a car. Babies up to 13kg (29lbs) must be strapped into a rear-facing seat, as these provide greater protection for your baby's head, neck and spine. Never put a rear facing baby seat into the front passenger seat of the car where an airbag is fitted. For further information on car safety, please check the website www.rsa.ie

Birth notification and registration

Birth Notification staff will not visit you on the post natal ward. A leaflet and form explaining all of the information required by the General Register Office (GRO) was included in the literature issued to you when booking into the NMH.

You would have presented this information at your first visit and it was incorporated into your hospital chart. We will notify the GRO within 2 days of the birth of your baby; however, we recommend you wait approximately 3 weeks to allow the GRO to process the birth notification. For more information please visit www.hse.ie/go/birth.

Looking after yourself at home

As a new mother, it is very important that you take good care of yourself. You should make sure to have someone stay with you for the first few nights. If your partner cannot be there perhaps your mother or a good friend could stay with you. If you have other young children it is often a good idea to let them have sleepovers with your mother or a sister or friend.

Rest and sleep are so important for you and your baby. Try to keep visitors to a minimum until you feel ready to entertain. People who visit should be encouraged to stay for just a short time. Very often your partner will take charge of organising visitors so he should be aware of your need to sleep. If you are breastfeeding you may need privacy when feeding. You need to concentrate on you and your baby during a feed and not be trying to hold conversations with visitors.

Stock up your freezer with cooked meals or have family members lined up to provide you with meals for the first week or so. Not having to think about cooking will allow you to spend more time with your new baby. It is important to drink plenty of fluids so have plenty of drinking water easily available.

If you are breastfeeding you will feel very thirsty. Breastfeeding mothers should avoid very fizzy drinks or drinks with a high caffeine content.

Recovering from the birth

Your body will take time to recover physically from the birth. Your recovery will depend on how your pregnancy and birth went. Recovery will be quicker for some women while others may take a little longer to feel back to themselves. In general, it will take at least six weeks for a full recovery. You should plan to have at least two weeks dedicated at home to you and your baby. After this you may feel ready to face the world and introduce your new baby to it!

Your bleeding should settle down to a period like bleed over the first three to five days. You may pass the odd small blood clot if you have been lying down

for a long time or after you breastfeed. If your bleeding gets heavier and you are soaking pads or passing lots of clots, please ring the hospital for advice on (01) 637 31 00

At first, you may experience some stinging when passing urine, but this should ease over the first few days. If you suddenly notice increasing pain when passing urine or severe backache, you should look for medical advice to make sure you don't have a urinary tract infection.

You may not have a bowel motion for a few days after the birth. This is normal and nothing to worry about. However, it is important not to become constipated so drink plenty of water and eat a varied diet with fruit and vegetables. If you become constipated it will increase the pain and discomfort around your stitches.

You may have pain or discomfort in your vaginal area, particularly if you had stitches. You should try to find the most comfortable position for you when sitting down. Very often it is bruising and swelling that causes the most discomfort. Regular showering will help. Gentle pelvic floor exercises in the early days encourage the reduction of swelling and are great for easing pain.

Your breasts will become full as your body makes breast milk. If you are breastfeeding you will notice your baby becoming more settled once your milk 'comes in'. If your breasts become engorged and feel hot and heavy, do not be alarmed. This should settle down after a day or so. Wear a good, well-fitting nursing bra at all times. For the first week or so do not express milk between feeds, as this will only encourage your breasts to make more milk and make the engorgement worse. Talk to your midwife for advice.

The cervical smear test is a screening test, which checks to see if the cells that make up the surface of the cervix are normal. It aims to identify any abnormality which can be simply and effectively treated and therefore prevent long-term problems. You should wait until 12 weeks after giving birth before having a smear test. Cervical screening is free in Ireland with 'CervicalCheck'. You should register with your GP or Well Woman centre to avail of this service. For further information, check the website www.cervicalcheck.ie

Sexual relationships

All women experience their sexuality differently, depending on their situation and if they have a partner, single or in a same sex relationship. You might also need to react to different cultural expectations relating to sexuality. It is important for you to regain a sense of yourself. Exhaustion and lack of time may make this hard. But there are things you can do to make friends with your new body and reclaim your sexuality.

It can be hard to get in touch with your feelings about your body and your sensuality after the birth of a baby. Every woman is different and there is a wide variation in how soon after childbirth women want to have sex again. No one response is 'normal'. Some women feel a flood of vitality which they long to express sexually. Most women will start to have sex again about six or eight weeks after delivery. But some women will not want to have sex until three months or more after giving birth. For some women, not feeling like having sex again until they have finished breastfeeding is normal. However if sexual intercourse is painful or difficult after 3-4 months you should seek medical advice. Your partner may assume that you will have the desire to resume your previous sexual relationship. But in fact it is common for women to enjoy less sex, less often, and for up to one year after delivery. Many women worry that sex might hurt, especially after tearing or an episiotomy (being cut during delivery). If you're worried, start off slowly and stop if it hurts. Use lubricants like KY jelly and try different positions to ease any discomfort. Try relaxation and massage to stop you feeling tense. Making sure you are fully aroused before sex will also help.

When you are feeding, you release hormones which make your uterus contract. You may release milk when aroused, which some women may find embarrassing. Breast feeding may lead to a dry vagina, again because of the changes in the hormones. Using a lubricant and making sure you are aroused before penetration will usually help with dryness. Partners may say that they feel your breasts are "not mine anymore" and "they are just for your baby". If your partner feels jealous of your attention to your baby, you should discuss this together.

Methods of contraception

Combined pill

This contains two hormones - oestrogen and progestogen - that stop a woman from releasing an egg each month (ovulation). With careful use, fewer than 1 woman in every 100 will get pregnant in a year. With less careful use, 3 or more women in every 100 will get pregnant in a year.

Progestogen-only pill

The hormone progestogen causes changes in a woman's body that make it difficult for sperm to enter the womb or for the womb to accept a fertilised egg. In some women it prevents ovulation. It must be taken at the same time every day. With careful use, 1 woman in every 100 will get pregnant in a year. With less careful use, 4 women in every 100 will get pregnant in a year.

Injectable contraceptive

An injection releases the hormone progestogen very slowly into the body. The hormone stops a woman releasing an egg every month (ovulation) The injection lasts 3 months. Fewer than 1 woman in every 100 will get pregnant in a year.

Contraceptive implant

This is a small plastic rod. It is inserted into the inner part of the upper arm. It slowly releases the hormone progestogen into the body, which stops ovulation. It also thickens the mucus at the neck of the womb, making it difficult for sperm to enter. It lasts for 3 years. During initial trials, no pregnancies were reported.

Intrauterine contraceptive device (IUCD)

This is a small plastic and copper device. It is put into the womb and prevents the sperm from meeting the egg and may prevent an egg from settling in the womb. It lasts for 5 years. Fewer than 2 women in every 100 will get pregnant in a year.

Intrauterine system (IUS)

This is a small plastic device. It has a sleeve, which releases the hormone progestogen and is put into the womb. The IUS lasts for 5 years and works in three ways.

- It thickens the mucus at the neck of the womb, making it difficult for the sperm to reach the egg.
- It stops the sperm from fertilising an egg within womb.
- It makes the lining of the womb thin, making periods lighter and shorter.

Fewer than 2 women in every 1000 will get pregnant in a year. There is only one IUS, it is called Mirena.

Male condom

The condom is made of very thin rubber. It is put over the erect penis and stops the sperm from entering the woman's vagina. With careful use, 2 women in every 100 will get pregnant in a year. With less careful use, 2 to 25 women in every 1200 will get pregnant in a year

Female condom

A soft polyurethane sheath lines the vagina and the area just outside. It prevents sperm from entering the vagina. There have been no large studies, but research suggests that it should be as effective as the male condom.

Contraceptive patch

A thin light brown patch is applied to the skin, once a week for three weeks each month. It contains two hormones - oestrogen and progestogen - that stop a woman from releasing an egg each month (ovulation). With careful use, it is as reliable as the combined pill.

Vaginal ring

A flexible, see through, plastic ring is put into the vagina by the woman herself for 3 weeks of every month. It contains two hormones - oestrogen and progestogen - that stop a woman from releasing an egg each month (ovulation). With careful use, fewer than 1 woman in every 100 will get

pregnant in a year. With less careful use, 3 more women in every 100 will get pregnant in a year. There is only one vaginal ring currently available. It is called Nuzzling.

Diaphragm or cap with spermicide

A flexible rubber device used with spermicide (a gel or cream that kills sperm) is put into the vagina to cover the cervix (the neck of the womb). It must stay in for at least 6 hours after sex. With careful use, 2 in every 100 women will get pregnant in a year. With less careful use, 2 to 15 women in every 100 will get pregnant in a year.

Natural methods

The woman keeps a daily record of her body temperature, changes in cervical mucus and other signs of ovulation. These tell her when she is fertile and so she should avoid sex or use a barrier method such as a condom or diaphragm. Natural methods should be learnt from a specially trained teacher. For information and training: Irish Family Planning Association, National Association of Ovulation Methods, Natural Family Planning Teachers Association of Ireland, Catholic Marriage Care Association. Accord. With careful use, 2 in every 100 women will get pregnant in a year. With less careful use, 2 to 20 women in every 100 will get pregnant in a year.

Female sterilisation (tubal ligation)

The fallopian tubes, which carry the egg from the ovaries into the womb, are cut or blocked so that the eggs cannot travel down them to meet with the sperm. This is permanent. 1 to 3 women in every 1000 may become pregnant depending on the type of operation used.

Male sterilisation (vasectomy)

The tubes carrying the sperm are cut, so sperm are not present in the semen that is ejaculated when the man 'comes'. This is permanent. About 1 in every 1000 men will become fertile again. These are permanent forms of contraception and should only be decided on after careful consultation with your doctor.

The Baby Blues

Over half of new mothers will experience the 'baby blues'. This usually starts 3 to 4 days after birth. You may have mood swings. You may burst into tears easily. You can feel irritable, low and anxious at times. You may also over-react to things. It usually stops by the time your baby is about 10 days old. Women with baby blues do not need treatment. If it continues for more than 2 weeks, speak to your PHN or GP. They can check whether you have PND. Having a baby is a period of huge adjustment and can be very emotional but it is important to remember that not every symptom means you are becoming depressed. While mental illness exists it is treatable.

Post Natal Depression (Perinatal Mental Health)

Pregnancy can be a wonderful, special, unique time. However for some women pregnancy can be a time when they may develop mental illness or psychological distress. Most women have good mental health during pregnancy but for some they may already have a mental illness when they get pregnant. Others worry about mental health problems they have had in the past. They fear getting ill again during pregnancy or after childbirth. Some women have mental health problems for the first time in pregnancy.

Unfortunately, pregnancy does not stop people from having mental health problems. Women who stop medication just because they get pregnant may have a risk of symptoms returning. Depression and anxiety are the most common mental health problems in pregnancy. These affect about 10 to 15 out of every 100 pregnant women. Women also experience many other mental health problems during pregnancy, just like at other times.

How your mental health is affected during pregnancy depends on many things.

These may range from:

- the type of mental illness you have experienced
- whether you are on medication or engaged in counselling / therapy

- recent stressful events in your life (such as a death in the family or a relationship ending)
- How you feel about your pregnancy. You may or may not be happy about being pregnant.
- You may have upsetting memories about difficulties in your own childhood.

Post Natal Depression (PND)

- PND or post natal depression should not be used as an umbrella term for the range of different mental illness that exists and can occur during pregnancy and following childbirth.
- Postnatal Depression is a depressive illness which may affect 10 to 15 in every 100 women having a baby. The symptoms are similar to those of depression at other times. These include low mood and other symptoms lasting at least two weeks. Depending on the severity, you may struggle to look after yourself and your baby. You may find simple tasks difficult to manage.
- Sometimes there is an obvious reason for PND, but not always. You may feel distressed, or guilty for feeling like this, as you are expected to be happy about having a baby. However, PND can happen to anyone and it is not your fault.
- It's never too late to seek help. Even if you have been depressed for a while, you can get better.
- Mild PND can be helped by increased support from family and friends.
- If the symptoms are more severe, you will need help from your GP and PHN. If your PND is severe, you may need care and treatment from a mental health service.

Some symptoms of postnatal depression

You may experience some or all of the following symptoms and also they may fluctuate between mild, moderate and severe.

- **Depressed**

  You feel low, unhappy and tearful for much or all of the time. You may feel worse at certain times of the day, like mornings or evenings.

- **Irritable**

  You may get irritable or resentful with your partner, baby or other children.

- **Tired**

  All new mothers can be exhausted. Depression leaves you lacking enjoyment.

- **Sleepless**

  Even though you are tired, you can't fall asleep. You may lie awake worrying about things. You wake during the night even when your baby is asleep. You may wake very early, before your baby wakes up.

- **Appetite changes**

  You may lose your appetite and forget to eat. Some women eat for comfort and then feel bad about gaining weight.

- **Unable to enjoy anything**

  You find that you can't enjoy or be interested in anything. You may not enjoy being with your baby.

- **Loss of interest in sex**

  There are several reasons why you lose interest in sex after having a baby. It may be painful or you may be too tired. PND can take away any desire. Your partner may not understand this and feel rejected.

- **Negative and guilty thoughts**

  Depression changes your thinking: Depression can make your thoughts become very negative to the point that you doubt your

mothering ability, lack confidence with your baby and feel you cannot cope.

- **Anxiety**

  It is important to be aware that sometimes anxiety may be the only symptom experienced. Most new mothers worry about their babies' health. If you have PND, the anxiety can be overwhelming and your thoughts may become extreme. Sometimes you may get flashing images in your head. You may worry that your baby is ill, too quiet or suffering from physical illness. You may fear that harm may come to your baby or indeed that you may harm your baby. You may be so worried that you are afraid to be left alone with your baby. You may need re-assurance from your partner, PHN or GP. When you feel anxious, you may have some of the following:

  - racing pulse
  - thumping heart
  - breathless
  - sweating
  - fear that you may have a heart attack or collapse
  - distressing pictures flashing through your mind

- **Hopeless**

  You may feel that things will never get better. You may think that life is not worth living. You may even wonder whether your family would be better off without you.

- **Thoughts of suicide**

  If you have thoughts about harming yourself, you should ask your doctor for help. If you have a strong urge to harm yourself, seek urgent help.

- **Psychotic symptoms**

  A small number of women may develop psychotic symptoms; this sometimes is linked to your mood. They may hear voices and have

unusual beliefs. If this happens, you should seek help urgently. First point of contact should be your GP who can refer you to your local mental health service or A&E department which have psychiatric liaison teams.

Birth Trauma After Childbirth

It is important to recognise that for some women childbirth (or pregnancy) can be traumatic. Birth trauma can arise from what people or health professionals may perceive as a 'normal' birth. While for some it may be clearly due to direct events in or surrounding labour (dramatic) for others the reason may be less clear i.e. feeling not being listened to. It is important to recognise that not all women who experience the above will be traumatised. Some symptoms you may experience are:

- revisiting images of labour and birth
- fear of giving birth in the future
- poor self-image and feeling inadequate
- relationship difficulties

Sometimes these feeling are so intense and debilitating that you may develop symptoms of Post Traumatic Stress Disorder (PTSD). It is also important to know that there is a difference between the medical condition Post Traumatic Stress Disorder (PTSD) and feeling traumatised. PTSD has specific diagnostic criteria and treatment plan with specialist trained counsellors/therapists/psychiatrists.

How to recover from birth trauma

If the feelings are lingering, don't assume they will just 'go away'. There are things you can do and it starts with sharing how you feel.

- talk to your partner, family or friends
- talk you your GP or PHN
- contact your obstetrician to discuss events
- read and discuss your labour notes

Domestic violence

'Women's Aid', offer support and information to women who are being abused by an intimate partner or previous partner.

Domestic violence can involve:

- Physical abuse
- Emotional abuse
- Sexual abuse
- Financial abuse

Physical abuse includes being:

- Spat at, punched, hit, shoved or kicked
- Beaten, assaulted with or without weapons
- Choked or strangled, stabbed
- Abusive phone calls/texts or through social media

Emotional abuse includes:

- Threats (including threats to kill)
- Damage to property or pets
- Being shouted at, insulted, being put down, intimidation
- Control, lack of access to family/friends or services

Sexual abuse includes being:

- Raped
- Forced to take part in any unwanted sexual act
- Forced to look at or listen to sexually explicit material
- Denied access to contraception

Financial abuse can include:

- Having your freedom and money controlled
- Being denied money for basic needs like food and heat for yourself and your children
- Having all income and payments in abusers name and/or all bills and debt in your own name

If you are experiencing any of these forms of abuse, Women's Aid can offer you support and information. Women's Aid National Freephone Helpline: 1800341900, this help line is open 7 days a week, from 10am to 10pm (except Christmas day). More information available online www.womensaid.ie

Baby crying guide for new parents

Crying has been described as an important 'Signalling' behaviour because it usually brings the parent to the baby. Sometimes it is hard to discover what is making your baby cry. The early days can be quite confusing for many new parents. This guide may help you in the first few weeks.

You may find that your baby sleeps for a longish stretch (especially in the first few days), and then wakes up and wants to feed every two hours. This is perfectly normal. Often parents find that when their baby is about three days old, they becomes much more demanding. This difficult day three behaviours improve over the next day or so, however it can be normal for babies to continue having unsettled periods. Don't expect your newborn to be in a routine – they are changing so fast and so are their needs. The following ideas may help you if you find your baby is unsettled.

Hunger

Newborns often need frequent feeds. Even if the last feed was an hour ago, your baby could easily be hungry again. It may help to think about how many feeds your baby has had over a period of time. Most newborns need at least 6-8 feeds a day. If your baby has had a longish sleep, they will need to feed often to 'catch up', however if you are breastfeeding they may feed up to 8-12 times. Forget about four hourly feeding at this stage. Your baby's behaviour is a much better guide to their real needs. Talk to your midwife, PHN or GP for advice.

Discomfort

Is the nappy dry and clean? When a baby cries, it is worthwhile to check the nappy first to see if this solves the problem. Is anything sticking into your baby? Check the cord clamp to make sure it is not digging into the skin. Check to see that the nappy fastener hasn't slipped off. It might be

scratching your baby. Is your baby at a comfortable temperature? A good guide is to put the same number of layers of clothing on your baby as you would be comfortable in if you were lying quietly. You may like to add another light layer. If your baby has been crying for a while they are likely to be hot, taking off some layers might help them also.

Tiredness or over stimulation

This can often be overlooked as a reason for crying. When babies are starting to get tired, they sometimes start crying and behaving as if they are in pain or hungry. As they become more tired, they can get quite agitated and are difficult to settle. They need to first relax before they can go to sleep. The following ideas may help your baby to relax. Firstly, check the nappy. Then decide whether your baby could be hungry. Feed and change if necessary. Wrap your baby firmly, leaving the hands free.

You can then choose to do one of the following: Hold your baby in a secure fashion. Your baby may like you to speak quietly or sing softly, but don't be too interesting – this will only stimulate them. Babies often like to be rocked in your arms. You could rock your baby to sleep, or just rock them until they relaxe then put your baby down in their cot, feet to foot of bed. Some babies like being put over your knees on their tummy and patted on their bottoms or rubbed on their back. Remember when you put them in their cot for sleeping, they must be placed on their back.

You could try putting your baby straight down in the cot, and then rocking the cot backwards and

forwards. As your baby cries less, slow down the rocking. Your baby may also relax if you put them straight down, but stay with them and rub their back or pat them until they stops crying.

Feeling insecure

Babies love being cuddled and held close. Sometimes just picking up your baby and holding them will stop the crying. Your baby needs this closeness; by holding them you provide a sense of security. You can't spoil your baby at this early stage by giving them lots of cuddles. Sometimes wrapping your baby up firmly will also give them a sense of security. Don't worry about trying to wrap up their hands – babies nearly always get their hands free. Some babies quieten down when they can suck on their hands. Sometimes a warm deep bath can help a baby to relax. It doesn't matter if it's night or day, as long as the bathing area is warm. Babies often sleep for longer after a bath. When you try to settle an overtired baby, it is important to be very consistent and boring. Whichever of the techniques you try, you need to stick at it for a while – it may take 5-10 minutes for the crying to stop, or even longer. Try not to do different things every couple of minutes, you will make your baby even more overtired.

We hope these suggestions help you and your baby. Some babies are more unsettled than others, but all babies need lots of love and attention. If this is your first baby, you may be surprised at how much of your time your baby demands. Enjoy getting to know your baby. Try to rest when your baby sleeps, and don't expect too much of yourself in the early days. Once you and your baby have been home for a few weeks and your feeding is established, you may notice a pattern of sleeping is starting to develop. You can help to develop this pattern by doing the same things with your baby before each sleep.

Baby clinic information

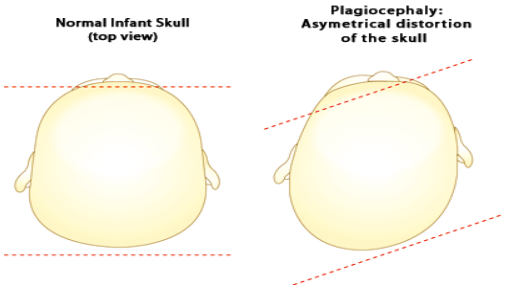
The baby clinic is open Monday to Friday 9.30am—12 noon by appointment only. It is primarily for the follow up of babies who have been in the neonatal unit. Parental concerns regarding their baby in the first 6 weeks of life will also be seen in the clinic on receipt of a referral letter or phone call from your baby's GP or PHN. The baby clinic does not offer a drop in service. If you are concerned about your baby and are unsure where to attend, please call the clinic for advice on 01 637 35 40 or 01 637 34 40.

Public health nurse (PHN) support

Your local PHN will visit you in your home within the first few days after you are discharged from hospital. Make sure the midwife who discharges you has the correct address details and contact number, as the PHN will make contact with you to confirm appointment. She will give you information on local support services, well baby clinics, and breastfeeding or mother to mother support groups in your area. Help is also available on www.breastfeeding.ie or the HSE infoline 1850 24 1850 or your local health centre. Bring your baby to your local PHN / Health Centre for a baby assessment and weight check within the first week or two. The PHN is trained to deal with maternal or baby issues, in the early weeks after birth. Contact her for advice and support.

Positional Plagiocephaly

Positional plagiocephaly refers to flattening of part of the baby's head. It is most commonly seen as flattening across the back of the baby's head or to one side causing the head to turn towards that side preferentially.



- Young babies have weak neck muscles and poor head control. The bones of the skull are not yet fused and the head is soft and pliable.
- As your baby grows the bones will harden and fuse together. While the bones are growing the shape can be altered by pressure leading to a plagiocephaly. This can happen in the womb as your baby grows or can happen after your baby is born.
- Babies may not be strong enough to turn their head side to side or hold it in the middle until their head control improves.
- Sleeping and lying with the head turned in one constant position can cause flattening or misshaping of the head (plagiocephaly). This does not affect brain development but can cause changes in the physical appearance of the shape of the head and tightness of the neck muscles.

Here are some helpful tips to help prevent positional plagiocephaly:

- Babies must sleep on their backs (see 'Back to sleep').
- Alternate the side to which your baby turns their head each time you place them down on their back.
- Do not place any pillows, rolls or props into the cot or under the head whilst baby is sleeping these are generally not advised and increase risk of cot death and overheating.
- As your baby grows and becomes more alert they will turn their head towards a stimulus—e.g. brightly coloured toy/light/your voice. Use this to help encourage them to look to either side.
- A mirror, toy or small mobile placed to one side can help encourage baby to turn their head to that side.
- If you are feeding your baby a bottle alternate the side to which you hold your baby to feed if you are breastfeeding ensure that they lie on alternate sides to feed.
- It is important to support baby's head when you pick them up or carry them. As baby grows and their head control improves and neck muscles get stronger they will need less support from you to hold their head up. Carrying them over your shoulder or facing away from you—e.g. in the 'crook' of your arm or against your chest allows plenty of visual stimulation to encourage them to look around and hold their head upright themselves.
- Until your baby develops the strength to hold his head in the middle (about 6-8 weeks) do not leave them in car seats or any other seats for more than 20-30 minutes at a time no more than an hour a day in total. Prolonged periods in sitting position where their head falls to one side can cause or worsen a plagiocephaly.

- When your baby's awake and supervised it is very important they spend time on their tummy everyday to strengthen their neck and should muscles. Do not put your baby to sleep on their tummy. In order to spend effective time on their tummy they must be attempting to lift their heads whilst supported through their arms—in other words lie a 'baby push up', your physiotherapist will show you how to position your baby using rolls if necessary for support.
- Lying on their side with a pillow behind them to prevent them from rolling is a nice position for babies to learn to play in. Alternate lying on the right and left sides also as a play time position (only when awake).
- Be aware that your handedness may influence to which side your baby will want to turn e.g. if you always carry them in your right arm—alternate your carrying positions.

- If your baby develops a positional plagiocephaly your physiotherapist can advise on a repositioning programme to help your baby's head shape normalise.

  Most cases of positional plagiocephaly round out by the time baby is 2 years old and even thereafter there is still plenty of scope for the head to reshape, however, the younger the baby the easier it is to correct and prevent the condition developing.

Preventing cot death or sudden infant death syndrome (SIDS)

Cot death is another name for Sudden infant Death Syndrome (SIDS). It is the sudden and unexpected death of a seemingly healthy baby. No cause of death can be found, even after a post-mortem examination. However cot death does not only happen in cots. It may happen in a pram, bed, car seat or anywhere a baby is resting. A seemingly healthy baby is put down to sleep and when next checked they are found dead. There has been no sound or sign of a struggle.

Key Points

- Always place your baby on their back to sleep.
- Don't smoke during pregnancy.
- Don't smoke or allow anyone to smoke in the home or in the car.
- The safest place for your baby to sleep at night is in a cot in your room.
- Place baby with their feet to the foot of the cot.
- Make sure your baby's head stays uncovered when sleep.
- Don't let your baby get too hot.
- Keep the cot free of soft objects and anything loose or fluffy.
- Don't fall asleep in bed with your baby if you or your partner smoke or have taken alcohol, drugs or medication that makes you sleep more heavily. Don't fall asleep in bed with your baby if they are less than three months old, were born prematurely or had a low birth weight (less than 2.5kg or 5.5lbs when born).
- Breastfeed your baby, if possible.
- Never fall asleep with your baby on a sofa or an armchair.
- If your baby seems unwell, get medical advice early and quickly.

Back to sleep

Always place your baby on their back to sleep. Babies who sleep on their tummies have a higher risk of cot death. This does not increase the risk of choking or vomiting. When your baby is older and able to roll from back to front and back again, let them find their own position to sleep. You should still place them on their back at the start of sleep time. It is not safe to place your baby on their side to sleep because they may roll onto their tummy. If your baby always lies with their head in the same position they might develop a 'flat-head'.

This is known as plagiocephaly and you can stop this happening by changing the position of your baby's head each time you put them down to sleep. When you put your baby down to sleep, position their head first (either to the right or the left) so that your baby's cheek and ear rests on the mattress, then gently allow your baby's body to roll completely onto their back.

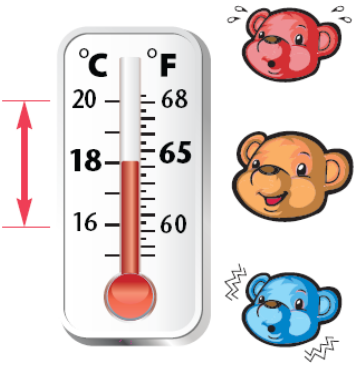
The next time you put them down to sleep place baby's head facing the other way. If you prefer your baby to face towards you when they are sleeping, you can alternate which end of the cot you place your baby. Ideal room temperature your baby is in the range 16–20^{0}C. When your baby is awake, let them spend some time on their tummy and sitting up, while you supervise.

Tummy time helps your baby to exercise and strengthen muscle in their neck, arms and shoulders. It also helps their brain develop and it stops the back of their head getting flat. If your baby falls asleep when on their

tummy, be sure to place them onto their back. Make sure your baby is awake and is never left alone on their tummy.

- Place your baby with their feet to the foot of the cot and keep their face uncovered.
- Being exposed to cigarette smoke after birth also increases a baby's risk of cot death. It is important that no one smokes around your baby. When you go out, don't bring your baby into smoky places.
- Always place your baby on a firm, flat surface. Avoid beanbags or very padded furniture.
- It is important to begin tummy time from birth.
- It is recommended that your baby has tummy time 3 times each day for 3 to 5 minutes at a time. This should slowly build up to longer sessions.
- To stop your baby wriggling down under the covers, place them to sleep with their feet to the front of the cot, basket or pram and have the covers below their shoulders.
- Tuck covers in loosely but securely and make sure they cannot slip over your baby's head.
- Check regularly to make sure baby's head stays uncovered. If the bedding slips over their head while they are asleep, they are at increased risk of cot death.
- Keep the cot free of soft objects and

anything loose or fluffy (bedding, toys, bumpers, pillows, duvets, sleep positioners, wedges or bedding rolls.)



- Use a clean, firm mattress that fits the cot correctly so your baby can't get trapped in a gap between the mattress and the edge of the cot. The mattress should be new, or used and in good condition (no tears). It should have a removable and washable cover.
- Overheating can increase your baby's risk of cot death.
- A baby can overheat when asleep because of too much bedding clothes or because the room is too hot.
- To check how warm your baby is, feel their tummy – it should feel warm but not hot. If their tummy feels hot or if they are sweating anywhere your baby is too warm, so remove some of the bedding. Other signs include flushed, red cheeks and fast breathing. Don't worry if your baby's hands and feet feel cool – this is normal.
- Do not overdress your baby – a nappy, vest and babygro are enough. They can wear less in warm weather.
- Take off baby's hat and extra clothes as soon as you are indoors.
- Make sure the room your baby sleeps in is not too warm. The room temperature should range from 16 - 20^{0}C (62 - 68^{0}F). If the room feels too warm or stuffy for you it is too warm for your baby. Consider getting a room thermometer so that you can easily check the temperature of your baby's bedroom.
- Never place the cot, pram or bed next to a radiator, heater or fire or in direct sunshine.
- Don't wrap your baby in too many blankets. Sheets and cellular

blankets are best, as you can adjust the temperature by adding one or taking one away. Cellular blankets have small holes in them and keep your baby warm without overheating.

- Do not use duvets, quilts, fleece blankets or pillows.
- Make sure the bedding can't cover your baby's head. Babies lose heat through their head so covering their head may cause your baby to become overheated.
- You can use a sleeveless baby grobag instead of blankets, as it will not cover the head if you use it properly. It should fit correctly around the neck so that your baby's head cannot skip down inside the bag. It must be light, with no hood.
- Do not use any bedding with it. The grobag should be the right size for your baby with enough room for them to move their legs and feet. The grobag should also meet the relevant safety standard. Don't let your baby get too hot (or too cold).

The safest place for your baby to sleep at night is in a cot in your room. Babies who sleep in a cot in their parent's room are less at risk of cot death than if they are on their own in a separate room. Keep your baby's cot in your room for the first six months, if possible. Never fall asleep with your baby on a sofa, couch, armchair or beanbag this is dangerous. A separate cot is safest. Bed-sharing can be dangerous.

Do not share a bed with your baby if you or your partner:

- smoke (no matter where you smoke - even if you never smoke in bed)
- have taken alcohol, drugs or medication that may make your sleep more heavily, or
- extremely tired, or if your baby:
- is less than three months old,
- was born prematurely (born before 376 weeks), or
- had a low birth weight (less than 2.5kg or 5.5lbs when born).

Babies who share their parent's bed can slip under the bed covers. They can roll under an adult, get caught between the bed and the wall or fall out of the bed. Your baby should not share a bed with your other children. Cellular blanket (allows air to circulate) are recommended for use.

Smoke-free Zone for Your Baby

Your baby's risk goes up with every cigarette you smoke a day and with every smoker in your home. So if you and your partner both smoke, your baby's risk is higher than if only one of you smoke. Do not smoke or allow anyone to smoke in the home or in the car.

For information and support on quitting smoking, phone the National Smokers' Quitline and Callsave 1850 201 203 or visit the website www.quit.ie

Breastfeeding

- Breastfeeding your baby reduces the risk of cot death. Aim to breastfeed your baby for as long as you can.
- Some mothers like to bring their babies into bed to breastfeed. But pay careful attention to the guidelines on safe sleep in this booklet.
- It's safe to feed your baby in bed as long as you as you put them back in their own cot to sleep.

Soothers

- Some research suggests that giving a baby a soother (dummy) every time they are being put down to sleep may reduce the risk of cot death.
- If you are breastfeeding and you choose to give your baby a soother wait until after one month of age to make sure breastfeeding is well established.

- Don't worry if the soother falls out while your baby is asleep.
- Do not force your baby to take a soother if they refuse it.
- Do not attach strings and cords to soothers, as there could strangle your baby or cause them to choke.
- Keep soothers clean and never dip them in sugar, honey or other foods and drinks.

If your baby seems unwell, get medical advice early and quickly

Dial 999 or 112 for an ambulance if your baby:

- is not responding to you,
- stops breathing or turns blue, or
- cannot be woken or has a fit.

Call the doctor if your baby is drinking less than half their normal amount of milk. Babies and young children often have minor illnesses which you should not be too worried about. If you find it hard to tell whether an illness is more serious, call your doctor for advice. Apnoea or breathing monitors cannot prevent cot death. These monitors alert parents/carers to apnoea (stopped breathing) or an apparent life-threatening event.

In an emergency dial 999 or 112

Infant Feeding

Breastfeeding

Research confirms breastfeeding confers special benefits on you and your baby and it is recommended that you breastfeed exclusively for 6 months or as long as is practicable for you and your baby. Getting off to a good start will help establish your breastfeeding practices. With that in mind here are a few pointers to get you going.

Immediately after birth or as soon as possible, place baby onto your chest 'skin to skin'. This keeps baby warm and secure and in a nice position to feed when he/she is ready to do so. Most babies are alert during the first 2 hours of life and will take a feed during this time. Following their first feed babies often have a long sleep which helps them recover from their journey and generally feed only 4-5 times in the first day. From then on newborn breastfed babies need 8-12 feeds in 24 hour period and often on night 2 your little baby may waken up and require more feeds.

Correct attachment helps you and your baby get feeding off to a good start. A big wide open mouth which comes over the areola will generally give good attachment.

How you know attachment is correct:

- After 20-30 seconds, it does not hurt (take some deep breaths initially to assist)
- Your baby has full cheeks and is sucking with deep regular sucks
- There should be no sounds e.g. clicking, smacking of lips
- You hear baby swallowing
- Allow your baby to feed on the first side, as long as they are sucking deeply. Your baby may / may not take second breast but if they do, they usually feed for a shorter time.

Newborn breastfed babies should not go longer than four hours between feeds. In the first weeks, babies feed frequently. This will set up the supply-demand system of breastfeeding and ensure you have plentiful milk as the weeks go on.

In the evenings it is not unusual for your little baby to cluster feed, that is to feed on and off for a 4 hour period. If this happens once a day it is normal, if this is your pattern after every feed, it is not normal. Contact your midwife, PHN or GP for advice. Watching your baby's output is the most reliable measure of their intake.

A simple guide is:

	Output	Colour	Consistency
Day 4 — 4 weeks	4—6 wet nappies		
	4 dirty nappies (may have more)	Yellow/mustard brown (may contain seeds)	Like cottage cheese or wholegrain mustard

Feeding time is your time with your baby, your time to give your baby a special hug and cuddle, enjoy!

Formula Feeding

If you have any concerns about how much milk your baby is having or how often they are feeding, speak to your PHN or GP.

Your baby will develop their own pattern of feeding, which can vary a little from day to day. Babies generally feed according to their appetite. It is good to allow your baby to recognise their own hunger cues and feeling of fullness. Do not force your baby to take more than they want or to finish the amount prepared.

Babies may not always want to feed at regular intervals (for example, every three or four hours). Young babies tend to need feeds more regularly, including during the night. However, this varies from baby to baby.

Babies tend to gradually increase the amount they drink at each feed. Once you start introducing food, the amount of milk they drink will reduce gradually.

The following chart shows how much a baby usually drinks:

Age	Average number of feeds in 24 hours	Average daily fluid intake according to baby's weight
Birth to 3 months	6 to 8 (every 3 to 4 hours)	150ml per kg (2.5 fluid oz per lb)
4 to 6 months	4 to 6 (every 4 to 6 hours)	150ml per kg (2.5 fluid oz per lb)
7 to 9 months	4 (baby also having food)	120ml per kg (2 fluid oz per lb)
10 to 12 months	3 (baby also having food)	120ml per kg (2 fluid oz per lb)

Feeding your baby

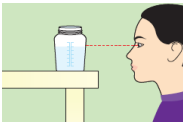
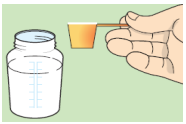
- Make sure you and your baby are well supported and comfortable during feeds.
- Make sure the milk is at the correct temperature.
- Help your baby to avoid swallowing air while feeding.
- If necessary, wind your baby to help get rid of swallowed air.
- Do not leave your baby alone with the bottle.
- Throw away any milk not used within two hours from when you start to feed your baby.

Other drinks

- Give your baby breast milk or formula milk as their main drink until they are at least one year old.
- Young babies generally do not need extra drinks.
- Cooled boiled water is the most suitable drink if your baby does need extra drinks between feeds.
- From about six months, gradually introduce a cup or beaker for drinks.
- Aim to replace all bottles with a cup or beaker by the time your baby is about one year old.

Remember—Young babies tend to need feeds more regularly, including during the night. Babies tend to gradually increase the amount they drink at each feed. Once you start introducing food, the amount of milk they drink will reduce gradually.

How To Prepare your Baby's Bottle Feed

1. Boil fresh water	
2. Leave to cool for 30 minutes	
3. Clean surfaces, wash hands	
4. Read the instructions carefully	
5. Pour the boiled water into sterile bottle	
6. Add formula using scoop provided	
7. Shake well	
8. Cool quickly	
9. Check temperature	
10. Throw away unused feed after 2 hours	

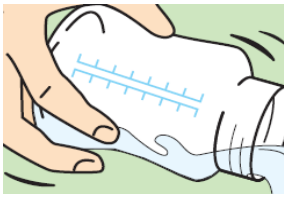
Cleaning and Sterilizing

It is very important that you clean and sterilize all the equipment you use to feed your baby, such as bottles, teats and lids. When cleaning, make sure you remove any leftover milk from hard-to-reach places. Leftover milk can be a good source of food for bacteria to grow. Cleaning and sterilizing removes harmful bacteria that could grow in the feed and make your baby sick.

Cleaning

Step 1—Wash your hands well with soap and warm water. Dry your hands with a clean towel.

Step 2—Wash all feeding equipment well in hot soapy water. Use a clean bottle brush and teat brush to scrub the inside and outside of bottles and teats to make sure you remove any leftover milk from the hard-to-reach places.



Step 3—Rinse the bottles and teats well in clean running water.

Did you know? You can use your dishwasher to clean bottles and feeding equipment that are dishwasher proof. Check with the manufacturer if you're not sure if the bottles or equipment can be used in a dishwasher.

Sterilize the clean bottles, teats and feeding equipment before you use them, using one of the following methods.

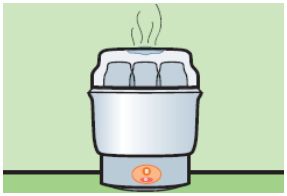
Remember—Dishwashers do not sterilize bottles or feeding equipment.

Storing sterilized bottles

If you are not making up feeds, you will need to put the sterilized bottles together immediately to keep the teat and inside of the bottle sterile. Because even washed hands can have bacteria on them, do not touch the bottle neck, the inside of the collar, the inside or outside of the teat or the inside of the cap with your hands.

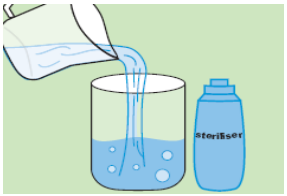
If you need to make bottles of sterile water for traveling, you can pour the correct amount of freshly boiled water into the bottle before putting the sterile collar, teat and lid on. For more information please visit www.safefood.eu

Sterilizing Methods



Steam—Steam is the best way to sterilize items. You can buy plug-in sterilizers or microwave sterilizers. Always follow the instructions.

Boiling water—Fill a large saucepan with tap water and make sure all equipment is completely covered by the liquid. Make sure there are no trapped air bubbles. Cover the saucepan and bring it to the boil. Boil for at least three minutes. Make sure the feeding equipment is fully covered with boiling water at all times. Keep the saucepan covered until you need to use the equipment.



Chemical sterilizer—Make up a batch of sterilizing liquid (such as Milton) following the instructions. Make sure all equipment is completely covered by the sterilizing liquid and that there are no trapped air bubbles. Leave the equipment covered for the length of time stated on the instructions.

Important Dates and Weights

Baby's Date of Birth / /

Baby's Birth Weight kg

Vitamin K given / /

Baby's Weight on Discharge kg

Baby's Weight Day 4-7 kg

Date of BCG / /

Date of NBST / /

Type of Feeding: Breast [ ] Formula [ ]

Patient / Service user panel

As part of our commitment to improving our services, feedback from patients and service users is very important to us. The National Maternity Hospital is seeking to expand its Patient/Service User Panel. The panel of mothers and gynaecology patients meet on a monthly basis with senior members of the hospital management.

The purpose of the panel is to hear about patient experiences at The National Maternity Hospital and encourage input into ongoing developments, quality initiatives and standard setting. Communication is a two way process and this is an opportunity for ongoing discussion between members of hospital staff and service users. Our patients come from very diverse backgrounds and we would like this to be reflected in our Patient/Service User panel.

If you are interested in joining us please feel free to complete the form below or send your comments to:

Mr Alan McNamara

Patient Services Manager,

The National Maternity Hospital,

Holles Street,

Dublin 2.

amcnamara@nmh.ie

Best regards

Mary Brosnan

Director of Midwifery and Nursing

Patient/Service User Panel

Name .....

Address .....

Contact No.....

email .....

Useful numbers and websites

The National Maternity Hospital (NMH)	www.nmh.ie	01 637 3100
Children's University Hospital (Temple St)	www.templestreet.ie	01 878 4200
Our Lady's Hospital (Crumlin)	www.olchc.ie	01 409 6100
National Children's Hospital (Tallaght)	www.amnch.ie	01 414 2925
Postnatal Distress Association	www.pnd.ie	01 872 7172
Women's Aid	www.womensaid.ie	1800341900
Breast Pump Hire Medicare	www.medicare.ie	01 280 5050
Cuidiu Irish Children Trust	www.cuidiu.ict.ie	01 872 4501
La Leche League of Ireland	www.lalechleagueireland.com	
Parentline	www.parentline.ie	
Baby Massage	www.babymassageireland.com	
Postnatal Depression	www.pnd.ie	
Postnatal Post Traumatic Stress Disorder	www.birthtraumaassociation.org.uk	
Maternity Benefit Contact	www.welfare.ie	
Birth Registration	www.hse.ie/go/birth	
	www.breastfeeding.ie	
	www.healthpromotion.ie	

Your General Practitioner .....

Your Public Health Nurse .....

The National Maternity Hospital

Holles Street
Dublin 2

Phone: ++353 1 637 31 00
www.nmh.ie