

Surviving the
First Few Weeks
~ a guide for
parents

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BREASTFEEDING CLINIC

SUPPORT • REASSURANCE • INFORMATION • EDUCATION • PASSION



Disclaimer:

Information provided in this booklet is to assist you in exploring all available options, to empower you to make well-informed decisions, to help you feel in control, be responsible for and have confidence in your choices. Information should not be substituted for the diagnosis and treatment of any medical condition. Never disregard professional medical advice or delay in seeking it because of something you have received in this booklet.

To help you through the first few weeks of parenting, we will take a look at what you can expect from a newborn and what you can do in hospital and at home to help you cope and navigate the first weeks. Trust that you and your baby will eventually settle in.

Stages of parental role attainment

Anticipatory stage (preparation ~ pregnancy) This is where we learn about our new roles, read books, take classes, ask questions to our own parents, friends, etc.

Formal stage (1st two weeks: role-taking stage, gain competence through practice). After taking in and considering the info we begin to view our roles as parents more personally. We strive for perfection with a goal of "doing it just right". We want to feed baby JUST RIGHT. Burp baby RIGHT, carry baby RIGHT, change the nappy RIGHT, bath baby at the RIGHT time, the RIGHT way, let baby nap in the RIGHT place, the RIGHT way.....BUT BEWARE: IF we rely on specific programs (like Ezzo/Hogg/Contented Baby) we may NEVER move beyond this stage and may NEVER mature further in our own parenting style. You will be stuck here for eternity – SO READ your BABY, NOT the book!!

Informal stage (2 weeks - 4 months: structure parental role to self, develop own unique style of parenting, "settling in"). The frustration of trying to achieve perfection leads to the informal stage where we modify/blend/individualize everything to fit our own unique family.

Personal stage (4 months+: integrates parenting into self-esteem, internalises role, views self as competent). We have become comfortable in our parenting role. Our parenting styles have evolved to be consistent with our personalities and our roles as parents are gradually defined through experience. I think with the 2nd, 3rd, and subsequent children we move into this stage immediately after birth and this is why almost all parents will say, "the 2nd and subsequent children were so easy" ;-)

Let's start with babies. They have few needs: for air to breath, milk to drink, warmth to keep alive and human parents' arms around them as much as possible, day and night. Add a welcoming atmosphere around them, and (if possible), TWO gentle voices, one deep, one higher, the smell of "mum" and "dad" to reassure as they get used to the strange feelings of life outside the womb. And above all – TIME. Time to absorb the new sensations and surroundings, time to learn the new sounds and sights and scents and feelings, time to be aware of a "self" and "others". Time to learn to cry, and to laugh, to find out which noises are safe and which feel insecure. Such a lot to learn – such a lot to feel at home with.

And then parents. First the ecstatic sense of achievement, in having grown and given birth to this miraculous creature and second this absolute terror as the unbelievable responsibility hits you! Then third the helpless inability to handle this new mobile person, to understand their language – a baby can only say "I am hungry", "I am thirsty", "I have a very strange feeling in my lower tummy and backside", "I am lonely", "I am hot/cold" by crying – and what oh what does it mean?

The Eight Principles of Attachment Parenting (<http://www.attachmentparenting.org/>)

1. Prepare for Pregnancy, Birth, and Parenting
2. Feed with Love and Respect
3. Respond with Sensitivity (babies cannot be expected to self-soothe, they need calm, loving, empathetic parents to help them learn and regulate their emotions)
4. Use Nurturing Touch
5. Engage in Night-time Parenting
6. Provide Consistent and Loving Care
7. Practice Positive Discipline (no hitting, rather avoid, distract, substitute)
8. Strive for Balance in Your Personal and Family Life

The long-range vision of Attachment Parenting is to raise children who will become adults with a highly developed capacity for empathy and connection.

Becoming a parent has similarities to getting your first job

- Training for the task as best as you can, not knowing exactly what is required
- Making your application, preparing for the interview – and being given the job!
- Finding that it differs from the job description...
- Discovering that your training wasn't nearly enough to ensure instant competence
- Trying to learn on-the-job
- Dealing with the stresses of the job
- Trying to match the expectations of the boss (even though your boss can't talk yet...)
- Trying to be as good as everyone else
- Gradually feeling more competent
- Finally feeling comfortable
- Being able to assist others in turn
- Applying for a higher position – taking on more responsibility....nr 2, 3, 4....!

From *Empowering Women. Teaching Active Birth in the 90's* by A. Robertson, (1994).
Australia: ACE Graphics.

Questions for self-reflection: you and your partner have probably already talked about this; not knowing that you were actually already making preparations for parenthood ;-)

- What were the things you liked about your own parents style of raising children?
- What are some of the things you would like to change as a parent yourself?
- What aspects of parenting are important to you?

Abilities that will make caring for baby a lot more joyful and much less stressful: has nothing to do with changing a diaper in 2 minutes flat or being an effective baby-burper

- Ability to solve problems and make decisions
- Knowledge of help available/resources and how to use them/it
- Stress coping mechanisms
- Flexibility in approaches and flexibility in ways of thinking
- Trust in own capability as a parent
- To know your own limits, know when to seek help

Raising a baby should be a community effort!

Reorganizing the family

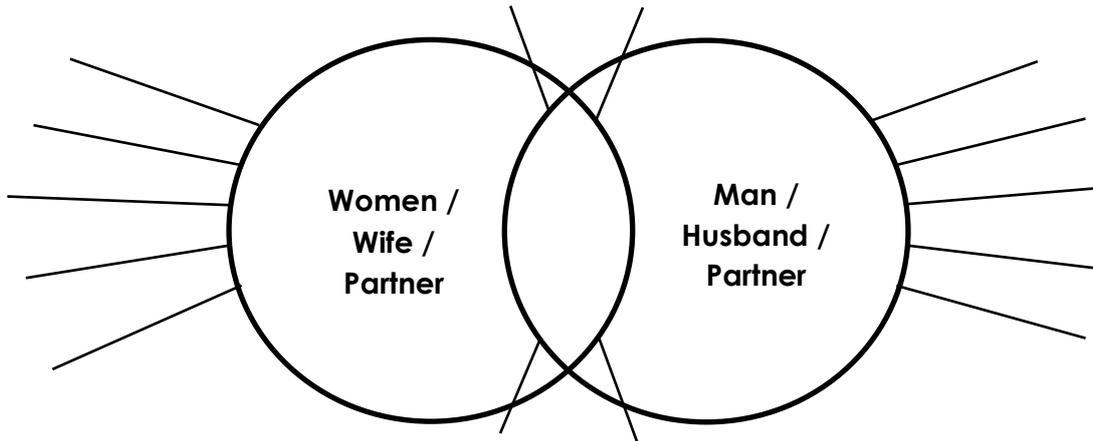
Mom and Dad / Parents get a complete **new set of tasks and responsibilities.**

Your 2-person couple have now grown to a 3-person (or more!) family

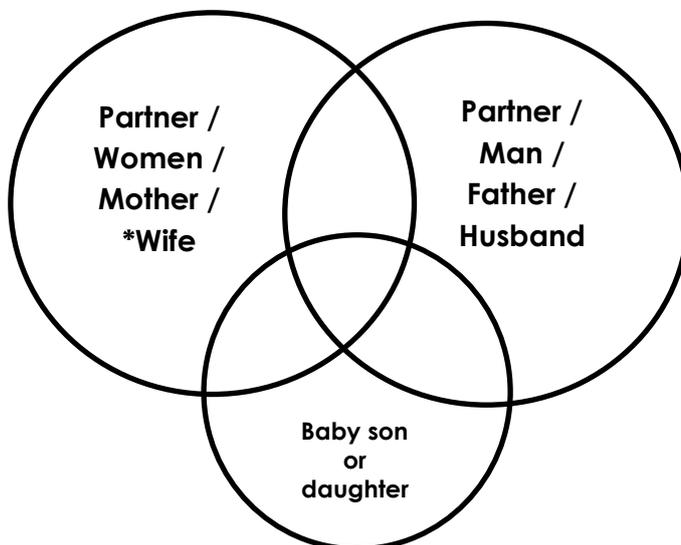
A balance has to be found between the three major needs of the new family:

- the needs of the couple (the dependency of baby demands that his needs are met first and you have to delay meeting your own personal needs)
- the personal need of each individual parent
- the development of a parent-infant relationship (which includes meeting the needs of baby)

In your current relationship there are certain things that you share (where the 2 circles overlap) and there are things you do on your own. Fill it in below



With the birth of your baby, some of the things you used to do on your own might need to fall away (even if it is just for a few years). Decide which responsibilities/tasks you are going to share when baby has joined your family. Do it before baby arrives!



*(WIFE is an acronym for Washing, Ironing, Feeding, Executive ;-).

With all this excitement and change that comes with the role of parenting, it is extremely important that parents continuously reaffirm the importance of their own relationship. It is common for a new baby to take centre stage and to put maintenance of the marriage at the bottom of the priority list. Remember the two of you became a family before children were in the picture and you will remain a family after the children have grown and left home. A rock-solid partnership (continually renewed and refreshed) will be the foundation for the security of any and all children you add to your original family of two.

Some people say if we prepare an environment as close as possible to the womb, and provide baby with soothing sensory input it will help baby be calm and content. Also if we can understand our babies' abilities we can be more tuned into the cues they give us for their needs.

We live in a sensory-rich world. We take info in through our senses, integrate and process this info in the brain and then act on it. We control to a large extent what sensory info we take in. Baby's brain is less developed than ours is. For the first few months baby is unable to control what sensory info she takes in and how she responds to that info.

If you can understand how to nurture, stimulate and calm baby through her senses (bearing in mind her immature nervous system), you will not only enhance her physical and mental development but keep her - and yourself - calm and happy. And a calm and happy baby is important for baby's emotional development. This is linked to higher Emotional Intelligence which is a better predictor of success and happiness later in life than a high IQ.

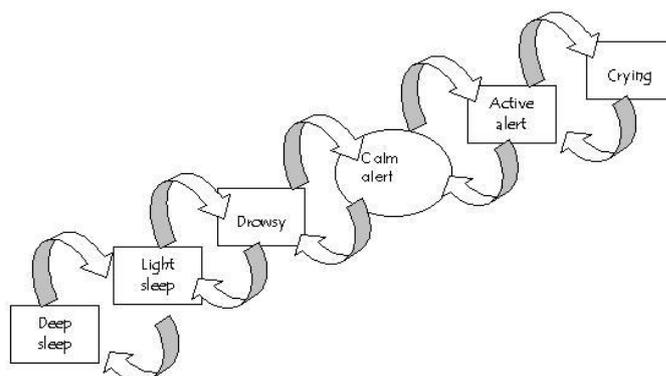
To understand the effect of sensory input on baby, it will help to understand the states through which she moves in a day. There are clearly an "awake" and an "asleep" state. But within these two there are other identifiable.

States through which baby move in a day

From [Baby Sense](#) by Megan Faure & Ann Richardson (2002) (with permission :-)

- Babies experience 6 basic states of consciousness: 2 sleep and 4 wakeful states
- Sleep states: Mom checks on baby, notes that his eyelids are fluttering and if the doorbell rings he will wake up = **light sleep** / REM (Rapid Eye Movement) sleep
- Other times he sleeps so soundly that she leans close to him to hear if he is breathing = **deep sleep** / non-REM sleep
- Wakeful states: **Drowsy** = just after sleep: Eyes appear heavy, not focusing on much, as he wakes up further he might enter the **calm-alert** state where he is wakeful, focused and enjoys interaction. His attentive expressions display minimal movement and are focused on a specific stimulation (now he responds best to his world and learns and benefits from interaction)
- If he becomes too stimulated whilst in this state, he enters **active-alert** state, where he kicks and moves his body vigorously and excitedly
- Not the best state for learning as his brain receives too much input from his busily moving muscles; it is not long before he becomes sensory overloaded and begins to fuss – and then he will enter the **crying** state

Effect of stimulation on state



spends

- Newborn
about 15 minutes

in the calm-alert state in a 3-hour cycle, but as the days pass his time spent in the calm-alert state increases, allowing more time for stimulation and learning

- Your baby will signal you that he is neurologically well-organized, content and ready to interact with the world; he would thus be in the calm-alert state: **Approach signals = "play with me"** include:

~ smiling, (mouthing an "ooh" expression) – under 6 weeks baby will not necessarily smile with his lips, but with bright eyes, relaxed eyebrows and smooth breathing

~ soft, relaxed but alert facial expression, open eyes (baby makes eye contact and stares into your eyes), head turned towards you

~ cooing

~ relaxed limbs, smooth body movements (minimal large movements), fingers and toes relaxed or stretched forward

~ turning towards sounds

- your response to baby's invitation to interact - approach him, make eye-contact, stimulate, talk and play with him
- talk to baby before you touch him
- The best state for learning is the calm-alert state; you should help your baby maintain this state when he is awake

- Understanding which input can be used to calm baby and what should be avoided (especially when baby is over-stimulated) is valuable so you can settle him when he is fussy and help him regulate his states

- When baby starts feeling stressed by all the input, he starts to behave in a manner to help him stay calm

- Signals must be interpreted as warning signals that he may be reaching overload, he can still self-organize or self-regulate, but this is established at some cost and takes a lot of effort: **Warning signals = "help me"** include:

~ hands on face or clasped together

~ finger- or hand-sucking (from about 8 weeks baby may do this to calm down and self-soothe - making it harder to judge if it is hunger or overstimulation)

~ making fists with hands

~ straightening legs or bracing body into parent's neck

~ assuming the foetal position

- baby is giving warning signs, indicating that he is feeling uncomfortable, he is trying hard to self-calm. If exposure to stimuli continues, his nervous system will be pushed into overload and he will start fussing
- Avoid further stimulation, remove from stimulating environment and allow baby to go to sleep if he needs to
- Do not fiddle with him
- Shade his eyes from eye-contact

- if not removed from stimulating environment or helped to calm or sleep, baby will become over-stimulated

- he is so stressed by the stimulation he cannot overcome the effect of sensory-input by self-calming

- this period is characterized by fussing, but he may not be crying yet

- **Fussing signals = "back off"** include:

~ irritability

~ gaze-lock (glassy eyes), looking away

~ finger spraying, saluting (fingers in front of face saying "leave me alone")

~ squirming, appearing to "sit on air"

~ arching back and neck (push away)

~ frantic, disorganized, jerky movements (especially when over-stimulated by mobile or other visual stimuli)

~ tongue thrusting

- ~ frowning, grunting
- ~ yawning, sneezing, hiccups (could be real hiccups, but check for back-off signals first)
- ~ increase in heart rate, panting
- ~ gagging, spitting-up
 - when he fusses, give him time out, remove him from stimulus
 - hold him quietly and firmly
 - swaddle him in a blanket
 - play soothing music
 - allow to suck
- baby gave you his warning signals – you did not respond, baby fussed (said: “back-off”), you did not respond – now he is crying
 - respond as you would to fussing signals

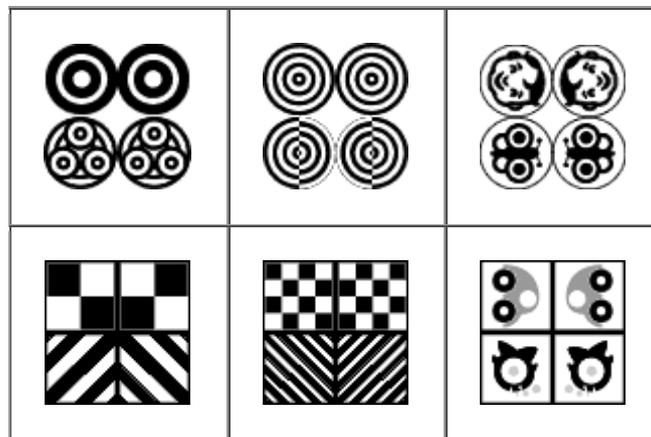
It is very important to remember that baby's awake-time drives his/her sleep-time. Baby from 0 – 6 weeks can only stay awake happily for a maximum of 40 - 60 minutes before he/she needs another nap. Take care that baby does not fall into a vicious cycle, where baby doesn't get enough daytime sleep, naps far too short, and by nightfall he is totally over-stimulated, falls into a very deep night-time sleep for only a few hours (e.g. 7-10pm), but after that he wakes every hour until morning :-)

Now that we have looked at baby's states and learned *he* learns best during the calm alert state, when he is most relaxed and responsive, let us look at baby's **senses** (which are all active at birth) through which he learns.

Baby's senses

Sight:

- At 1st baby is very sensitive to harsh, bright light and apparently sees better in dim light
- At first he can only see a fuzzy picture of the world and can focus best on objects about 20cm from his eyes (perfect distance to make out mum's features when he is breastfeeding)
- All babies are born with blue eyes (don't get excited yet!), as the colour cones in their eyes start developing, the true colour of baby's eyes will "come through". Usually by 3 months, you will be able to see whether your baby will have blue or brown eyes.
- He will most clearly like high contrast or black-and-white images at first. Below are examples of what baby will probably like best. It can be downloaded here www.sleepingbaby.net/jan/Baby/mobile.html, with instructions on how to make a mobile. WhatsApp me for the patterns if you are unable to download it.



- Wear a little makeup to draw baby's attention to your face – it will also raise your morale at a time in your life when you feel much more functional than pretty!!
- Before you download an APP **for** your baby, please have a look at what the Electromagnetic Radiation Research Foundation of South Africa (EMRRFSA) has to say about electronic device close to your child's developing brain: www.emrrfsa.org

Smell:

- Baby's sense of smell is so sensitive at birth that he can soon identify the smell of his mother's milk
- Don't wear too much perfume, deodorant or after-shave lotion until baby is much older, because fragrances can easily overload baby. Smells are chemically perceived by receptors in the nose. Sensations from the nose are the only ones that go directly to the emotions and memories. We can for example return to childhood emotions in a flash when we encounter a smell of the favourite dish our grandmother used to make.....
- Dad should try remove his work clothes as soon as he comes home – it will cut out all the smells from work – to which baby could be extremely sensitive and then dad can't understand why baby starts crying when he picks baby up.....
- The smell of a mother's unique 'lactation' body odour apparently calms a newborn baby and the smell of the crown of a newborn baby's head is a natural opiate for mums. It triggers the release of oxytocin in a new mother to calm nerves and prevent the 'baby blues'

Taste:

- Baby prefers sweet taste (maybe that is why breast milk is so sweet – well.....actually it is the milk sugar – lactose that makes breast milk so sweet. Human milk has the highest % sugar of all species, directly correlated with brain size....)

Hearing:

- After birth, amniotic fluid no longer mutes and slows down sound. Every sound is heard louder and harsher. Mom's voices is his favourite, the one he heard in the womb, and the one he is most likely to recognize
- Up to six weeks babies find intrauterine or womb sound very soothing (white noise like a vacuum cleaner, radio static, running water, etc.)
- Sharon Begley said: "When a baby comes into the world her brain is a jumble of neurons all waiting to be woven into the intricate tapestry of the mind"
- At about 28 weeks gestation, baby has about all the brain cells he or she will ever need – all that needs to happen during the last 3 months of pregnancy and then after birth is for connections to form between those brain cells. It is these connection make it possible for baby to learn and think
- In the 1st three years, there is a critical window period when the brain is SO fertile. A stimulating environment brings about an increase in brain cell connections and enhanced development in the stimulated areas
- You as a parent can do much to help your baby develop his full potential by interacting with him at the right time (quiet alert state) and in the right way
- It's your role to help him experience his world using his senses

Touch:

- At birth, a baby's sense of touch is one of his most advanced abilities. He immediately feels mom's calming touch when she cuddles him
- As he is touched and as he moves, his brain begins to form an internal map of his body. This awareness is vital for development of motor and perceptual skills later
- Newborns are easily over-stimulated by being handled too much and passed around
- Let close family members handle her in a quiet environment when she is content (discourage passing her around at social gatherings, each time she is held by a new person, her sensory system has to take in all the new sensory info about that person – the smell, touch and sounds etc.)

In Hospital

As soon as baby is born, everyone sighs with relief and joy as they hear the newborn's first cry. If born in a hospital, Baby's feelings are hardly relief or joy. She has just been bombarded with a mass of sensations she did not know existed. She sees bright white lights, she smells the sterile world of the labour ward and feels the cool touch of air around her.

When you look at your newborn imagine s/he was on a space ship for 9 months where all her needs were met without her even having to ask. Now that she is born, it is like landing on a new planet. Her lungs fills with air, everything she see, touch, hear, smell and taste is new and different. Lights are bright and colours are strange. If is a big planet and gravity is weighing her down. Here she must make her needs known. HOW? Cry? Wave her arms? Who will see her, who will hear her? SO as you watch your babies grow and discover the world, keep in mind that is a new "planet" for them.

Birth only takes a day....but is one of the most profound life changes a person ever undergoes

- Permanent role change
- Deepest, most intense physical sensations you may ever experience
- Excitement, anticipation, pain, exertion, fatigue, fear, anxiety, vulnerability, dependency, strange surroundings, strange people, nakedness, overwhelming joy, love, relief, satisfaction, empowerment.....

When a baby is born, so are

- A mother, a father or co-parent
- Siblings, cousins, aunts and uncles
- Grandparents
- They all feel the impact
- The community and even the larger society is changed

Newborn's appearance

- Newborn:
 - Baby is covered with a cheesy-white substance called vernix caseosa. Maybe it aids with the passage through the birth canal, maybe it protects baby against amniotic fluids? You might still find some in the folds of baby's arms, legs or neck. Just leave it – it will absorb and moisturize baby's skin
 - Lanugo (fine hair covering baby's body) – most will be gone by 40 weeks gestation, but you might still find some on your newborn's back, shoulders and ears (don't worry he wouldn't look like grand-pa forever)
- Fetal cord – connected baby to the placenta
 - Is about 30-100cm long (average 55cm), two arteries towards mum, one vena to fetus (although it carried oxygen rich blood it is called a vena because it moves away from mums heart). The 3 veins lies in a Warton-jelly, with no nerves (so baby doesn't feel anything when dad cuts the cord – rite of passage dad!). In the womb the cord spiral to the right so it doesn't get tangled up.
 - An element of the Golden Hour is delayed cord clamping. It allows for the flow of blood from the placenta to the newborn, which improved red blood cell volume, increased birth weight, and greater iron stores in infants at 6 months of age.
 - Exact amount of time given before cutting the cord vary between individual providers and institutions, the WHO recommends clamping the cord 1 to 3 minutes after birth, the amount of time that is generally required for the cord to cease pulsating. Guidelines also show that the additional 1 to 3 minutes of placental blood flow due to delayed cord clamping have not been shown to increase the risk of HIV transmission from mother to newborn and thus encourage delayed cord clamping as a best practice for mothers and

newborn's, except for those babies in need of immediate resuscitation. Discuss delayed cord clamping with the Health Care Provider.

- Fontanel
 - Baby's skull bones haven't "fused" yet allowing a baby's head to "mould" (making measurements smaller) and move through the birth canal – the top ones lift up and the front and back bones move in underneath. They also accommodate baby's rapidly growing brain during infancy
 - At birth baby's brain is about 25% of an adults, at 6 months it is about 50% and at a year about 70%. The posterior fontanel closes within 6 weeks and the Anterior fontanel (soft spot on baby's head) closes between 12-18 months
- Caput Succedaneum
 - is a localized, easily identifiable, soft area of baby's scalp, generally resulting from mom pushing baby through birth canal
- Cephalhaematoma
 - is a collection of blood resulting from ruptures blood vessels (maybe due to vacuum delivery) between the surface of a cranial bone and the periosteal membrane. They may be bilateral or unilateral and do not cross the suture lines
- Milia
 - Milia are inclusion cysts, which contain trapped keratinised stratum corneum – looks like a white hard raised spot on baby's face. Occur in 40% of newborn, will resolve in a few weeks. Sometimes baby has flat yellow spots over the nose. This is called Sebaceous hyperplasia, due to maternal hormone from the womb = miniature puberty of the newborn, will disappear on its own – this hormones might cause a "bed" to build up in an unborn female's uterus and result in one drop of "with-drawl" bleeding after birth
- Redmarks
 - Some babies have **stork bites** in the nape of their neck
 - Some have **angle kisses** on the eyelids
 - Some have **a salmon patch** in the middle of the forehead
 - All these are due to flat enlarged blood vessels and usually disappear by 9-12 months
- Haemangioma
 - Is a collection of small blood vessels that have formed a lump in or under the skin. Can be superficial or deep. Usually disappear by 4 years
- Swollen Breast tissue and external genitalia
 - May be swollen due to maternal hormones, just leave it – it will reduce on its own
- Squinting
 - Normal up to 6 weeks – see an eye specialist if it persists after 3 months. Most newborns also have puffy eyelids – protects their eyes against the harsh light
- Hiccups
 - Are a sudden contractions of the diaphragm, due to the stimulation of the 10th cranial nerve – for example when baby's tummy is full. It's a nuisance to parents, but not so much to the baby. Suckling and swallowing will relieve it again – and might stop happened so frequent within a few months
- Sneezing
 - Reflex mechanism used to clear the airborne particles and congestion in respiratory and nasal passages. However, if your baby sneezes all the time or if s/he is experiencing symptoms of illness, such as cough or cold causing difficulty in breathing, you should immediately consult the baby's health care provider
- Boys
 - Leave the uncircumcised foreskin – he will push it back himself when he is about 3-5 years old

- 80-90% of boys have a hydrocele: by the 8th month of pregnancy, the testicles descend via a tube from the abdomen into the scrotum. When this tube fails to close, peritoneal fluid drains down from the abdomen, gets trapped and causes the scrotum to enlarge. Most hydroceles "dissolve" by 18 months. The Dr may shine a beam of light at the scrotum, illuminating it. It should reveal NO internal shadows
- Epstein pearl
 - Small white papule seen on the midline of the palate – maybe epithelial tissue that became trapped during palatal fusion. Will disappear on its own
- Mongolian spots
 - Flat, large areas containing extra pigment, which appears green or blue (like a bruise) on baby's back or buttocks. Very common, especially in dark-skinned babies. Usually disappears by school age.
- Bohn's nodule
 - White bumps on upper gums. Aetiology unknown. Will disappear on its own
- Depending on mum's nutritional status, genetic predisposition, the average weight of a newborn is about 3,3kg. Most babies lose no more than 7% of their birth weight (as they adapt to the outside world), but will have regained it by 10-14 days. Birth weight has doubled by 5-6 months and tripled by 1 year. Weigh baby 1x/week for the 1st 6 weeks, then once every 2nd week until 3 months and then monthly – just to see you are doing a good job
- Newborn colour
 - Due to a temporary lack of oxygen at birth baby may look a bit bluish. Once baby starts to cry and breathe, she will become pinker. Her hands and feet might sometimes stay blue for a little longer
- Erythema toxicum
 - Erythema toxicum is a red rash on newborns that is often described as "flea bites." The rash is common on the chest and back, but may be found all over. About half of all babies develop this condition in the first few days of life. It is less common in premature babies. The cause is unknown, but it is not dangerous. Erythema toxicum does not require any treatment and disappears by itself in a few days. Contact your baby's doctor if you are worried!
- Acne neonatorum (baby acne)
 - About one-fifth of newborns develop pimples in the first month or sometime in the second or third month of life. These usually appear on the cheeks and forehead. It is thought to be a result of the maternal hormones that continue to circulate in the baby's bloodstream after birth, stimulating the sebaceous glands. They usually last 4-6 weeks or so. Do not try to break open or squeeze the pimples, as this can lead to infection. Baby acne may include red bumps, pustules or even blackheads. A typical approach is to simply clean the skin with a very mild cleanser and allow Mother Nature to resolve the situation

Newborn's first exam

A reflex is an action that is a response to a stimulus and that occurs without conscious thought. Examples of adult reflexes include pulling your hand away from a hot stove, and jerking your lower leg when your kneecap is tapped. Babies are born with a unique set of reflexes that help them through the birth canal and to find the breast after birth, it also tells a caregiver about baby's health and development. Your baby's doctors will assess these reflexes soon after birth. Some of these reflexes include:

- **Grasp reflex:** tested by placing a finger in the baby's open palm. The baby will grasp the finger and can even maintain a firm grip on the finger
- **Moro reflex** (startle reflex): tested by gently positioning a baby in a near-seated stance with the head supported. The tester lets the baby's head drop backwards slightly, and then catches the head before it hits a pillow or mat

- behind it. If a baby's Moro reflex is present, the baby should appear startled and lift his palms upward, with his thumbs out. When the baby is "caught", the baby will bring its arms back to its body
- **Rooting reflex:** The rooting reflex is commonly used to achieve a breastfeeding latch. When a baby's cheek is stroked, the baby will turn toward the cheek that was stroked and will make a gentle sucking motion
 - **Step reflex:** healthcare provider tests the step reflex by holding the baby upright and gently touching its feet to a surface. The baby will appear to step or dance
 - **Sucking reflex:** baby will suck on anything that touches the roof of his mouth
 - **Tonic neck reflex:** A baby shows the tonic neck reflex when he or she is lying down and the head is turned gently to the side. This causes the baby to take on a "fencer" position. As the head is turned, the arm and leg on the same side will extend, while the opposite limbs bend
 - **Galant reflex:** It is elicited by holding the newborn in ventral suspension (face down) and stroking along the one side of the spine. The normal reaction is for the newborn to laterally flex toward the stimulated side
 - **The Babinski reflex** is tested by stroking the underside of the baby's foot, from the top of the sole toward the heel. The baby's toes will fan out and the big toe will move upward. In an adult, the foot and toes will curl inward

Stay Skin-to-Skin:

The Golden Hour of neonatal life is defined as the first hour of life requiring rapid adaptation of multiple newborn organ systems and includes respiratory, vascular, metabolic, and hemodynamic changes. Important elements of the Golden Hour (among which are mother–baby skin-to-skin contact (SSC) for at least an hour, delayed cord clamping, the early initiation of breastfeeding) contributes to neonatal thermoregulation, decreased stress levels in a mother and her newborn, improved mother–newborn bonding and neonatal adaptation. Implementation of these elements is also associated with increased rates and duration of breastfeeding.

The first hour of life is a sensitive period in which the newborn infant begins to orient to what life outside the womb is about. Dr Nils Bergman (a specialist in perinatal neuroscience and well know promoter of skin-to-skin contact) says the first hours of life – while we may not remember our own – are absolutely critical for the development of a baby's brain and long-term social behaviour. He goes on to say earliest experiences matter most, because those are the ones that are building the foundation and early bonding in the first day leads to secure attachment in the first 1 000 days, giving a child "a safe base from which to explore the world".

As mentioned one of the elements of the Golden Hour is skin-to-skin contact (SSC). SSC is the placing of the dried, unclothed newborn directly on his/her mother's chest and abdomen just after birth, before cutting the umbilical cord. Benefits of continuous and prolonged SSC between mother and child, observed from numerous researches include: improved maintenance of the infant's temperature, heart rate and other vital signs; lower pain measurements reducing stress levels resulting in further optimization of growth; promotion of exclusive breastfeeding; reduced risk of sepsis, hypothermia, hypoglycaemia and readmission to hospital. The benefits have shown to improve overall outcomes in all infants but it is especially advantageous to preterm infants.

Due to these well documented benefits, all major organizations responsible for the well-being of newborns and mothers, such as the WHO, American Academy of Paediatrics, Academy of Breastfeeding Medicine and the Neonatal Resuscitation Program, advocate SSC immediately after birth and for up to 24 hours thereafter.

Apart from the abovementioned advantageous, something amazing happens when a baby is in skin-to-skin contact after birth: there are nine observable newborn stages, happening in a specific order, that are innate and instinctive for the baby. Within each of these stages, there are a variety of actions the baby may demonstrate.

Stage 1: The Birth Cry

The first stage is the birth cry. This distinctive cry occurs immediately after birth as the baby's lungs expand for the 1st time. (Though babies do not always cry.) It is the most glorious sound imaginable as it confirms your baby is alive and well! He is making his presence felt and letting his mom and dad know that he has arrived.

Stage 2: Relaxation

The second stage is the relaxation stage. The baby is placed skin to skin with the mother covered with a warm, dry towel or blanket. During the relaxation stage, the newborn exhibits no mouth movements and the hands are relaxed. This stage usually begins when the birth cry has stopped.

Stage 3: Awakening

The third stage is the awakening stage. This stage usually begins about 3 minutes after birth. The newborn in the awakening stage may exhibit head movements, open his eyes, show some mouth activity and might move his shoulders. S/He is feeling the wide spaces around him, no longer tightly confined in the uterus but free to stretch.

Stage 4: Activity

The fourth stage is the activity stage. During this stage, the newborn begins to make increased mouthing and sucking movements - the rooting reflex becomes more obvious. This stage usually begins about 8 minutes after birth.

Stage 5: Rest

At any point, the baby may rest. The baby may have periods of resting between periods of activity (using sliding, pushing, leaping and crawling movements) throughout the first hour or so after birth. Just let him be and he will continue in his own time. Don't rush him. Enjoy this time together.

Stage 6: Crawling

The sixth stage is the crawling stage. The baby approaches the breast during this stage with short periods of action that result in reaching the breast and nipple. This stage usually begins about 35 minutes after birth.

Stage 7: Familiarization

The seventh stage is called familiarization. During this stage, the newborn becomes acquainted with the food source by licking the nipple and touching and massaging the breast. This stage usually begins around 45 minutes after birth and could last for 20 minutes or more.

Stage 8: Suckling

The eighth stage is suckling. During this stage, the newborn takes the nipple, self-attaches and suckles. This early experience of learning to breastfeed usually begins about an hour after birth. If the mother had pain medication during labor, it may take more time for the baby to complete the stages and begin suckling.

Stage 9: Sleep

The final stage is sleep. The baby and sometimes the mother fall into a restful sleep. Babies usually fall asleep about 1½ to 2 hours after birth.

It is known that the most sensitive period for initiation of breastfeeding and bonding occurs strongest in the first hour and day following childbirth. Breastfeeding in newborns is an instinctive response, however this is found to be true only when the newborn is left undisturbed after birth to find their way to the maternal breast. Thus if missed during the first hour baby may need more effort and attention to master the skill.

Positional stability, nipple protection and optimal milk transfer are achieved when we let baby go through the natural stages that occurs during the Golden Hour. Breastfeeding and bonding are closely linked as they both occur on the mother's skin and chest.

Room in if at all possible:

Let your baby sleep in your room 24/7 for the first few days, weeks and even months. As you spend time with your baby, (a lot of holding is encouraged), your baby will be more comfortable in seeking the breast and breastfeeding will flow naturally out of your affectionate relationship. Rooming-in while in hospital will help you learn baby's cues much faster as well as basic skills like nappy changing, baby settling etc. and thus your post-discharge workload is much lower! Skin-to-skin contact helps baby's sleeping and feeding rhythm and increases a mothers' feeling of confidence, decreases her sense of helplessness and depression and it helps her connect with your baby. Keep this in mind!

Feed as soon as possible after birth:

Because birth is tiring for both you and baby, after the first two hours most babies go into a long stretch of sleep. Missing the first feeding decreases the number of total breastfeeds you can fit in during the first 24 hours. The more you feed in the first day, the sooner your milk supply will increase and the less chances are that your baby will develop exaggerated newborn jaundice. If at all possible, arrange to stay skin-to-skin with baby for the first hour or two after birth, as seen above (SSC contact) this is an easy and effective way to help get breastfeeding off to a good start.

How often to breastfeed:

How often should a mother breastfeed? Watch your baby for feeding cues*, not the clock. Newborns should feed 8-12 times in 24 hours. A newborn will feed every 1½ - 3 hours. Some newborns will cluster feed, eating more frequently than usual for a few hours. This can happen during the day or night. Some feeds will be longer than others will. Feeding sessions can last from 10 - 45 minutes. As babies get older and grow bigger, they tend to feed less frequently because they can take in more at each feeding. Normal breastfeeding during the first week is different from normal breastfeeding during the second week and beyond.

Thus feed babies on demand or on cue* instead of following a feeding schedule. Putting the baby on a rigid feeding schedule or limiting time at each breast has not been shown to prevent nipple soreness. Newborns need to eat frequently because they have small stomachs and digest breast milk quickly. Sucking movements, rooting, putting hand to mouth, fussing, are early feeding cue. Crying is a late feeding cue. A crying, frantic baby needs to calm down first before attempting to latch-on.

*** Feeding Cues**

A feeding cue is a sign from the baby that he is getting hungry. When a mother responds to her baby's feeding cues, her milk supply will adapt to her baby's needs. It is best to breastfeed at the first sign of an early feeding cue.

Early feeding cues:

Baby wakes up! Feed him! If you don't he might start to make licking, smacking or sucking movements with his mouth. Brings hands up to his face. Sucks on his hands. Makes soft cooing or sighing sounds. Roots (opens mouth wide, turns head in search of breast). Makes rapid eye movements.

Late feeding cues:

Baby is fussy, cries.

- ~ 1st few weeks after birth is a time of physical, emotional and social readjustments and it is going to be exciting, tiring, tearful and happy
- ~ People ask: "when is my body going to be the way it was before birth?" Answer: "never! So get over it". Firsts few weeks is a process where the body restores to a "new" normal
- ~ 5 developmental tasks that lies ahead in the postpartum period and which will hit you all at once are:
 1. Mom (and dad's) physical restoration
 2. Emotional exploration of your pregnancy and birth
 3. Forming an attachment to baby
 4. Mastering care giving skills
 5. Redefining family relationships
- ~ Adapting postpartum the second and third time is not easier (how are the siblings going to cope, am I going to have enough energy?) – preparing for and receiving support eases the adaptation
- ~ In terms of (1.) physical restoration: we will look at what you can do on Day 1-2-3-4... what you can do to reduce pain and promote healing:
 - your body will do the work, what you can do to help is: rest, eat healthy, use your cold and warm compresses, go on with comfort measures such as touch and massage, be sure to have emotional and physical support, do your exercises
 - pelvic muscle is thin and tires easily, do super-kegel: contract muscle and as soon as feel it relax – quickly pull in again – carry on like this – after 19 of these you do not know whether you want to throw up or have an orgasm... try to do 25 – 3 times a day...
- ~ In terms of (2.) emotional exploration of your pregnancy and birth: the memory of birth is like taking a photograph..."flashbulb memory". A photo is taken and you cannot change it, when you think about it, it is always going to be the same.
- ~ With other experiences your memory about it changes (tell story around table at family gathering and everyone has a different version of it...)
- ~ What happens in the 24 hours during and after birth - what is done and said, parts are taken from it and is set in the brain. This will be the memory you are going to have of the birth.... so dad be careful and do tell the staff as well (really some of them do not know this), maybe their faces may wane but the words will stick.
- ~ Both parents need to integrate the birthing experience and a good, responsive, non-judgmental, affirming, normalizing listener is necessary to help them tell their birth story. (Even if there is a healthy baby it does not compensate for a bad birth experience, and if the birth experience is not integrated it will influence your ability to parent, negatively)
- ~ With regard to (3.) forming an attachment to baby, (4.) mastering care giving skills and (5.) redefining family relationships: task 3 will come with task 4 ;-). Care giving facilitates attachment to baby and for that physical interaction is important, getting to know the baby, having a sense of competence and letting to go of the fantasy baby. And see page 4 for task 5.
- ~ Your pelvic organs will return to their pre-pregnant size and shape in the first 6 weeks after birth
- ~ The time you will spend in hospital will depend on the type of birth you have had. Most people go home on day 2, but you will need AT LEAST 2 weeks to rest and recover from birth

Day 1 postnatal: mother and baby are quite sleepy and they need to rest and recover from the labour and birth.

- ~ Take it slowly, give yourself time to recover from the hard work of labour and birth, rest as much as possible
- ~ In the first few days, you and baby will get to know one another. Your relationship will grow as you feed her, touch her, care for her
- ~ The first ½ hour to 2 hours your baby will be most awake for that first meeting and feed, then the next 2-24 hours baby will be very sleepy – you should also try to rest
- ~ The first weeks of breastfeeding should be considered a learning period for both you and your baby. Do not expect to work as a coordinated team immediately. Give yourselves plenty of time to recuperate from labour and birth, develop a daily routine, and overcome any initial breastfeeding difficulties.
- ~ It may help to keep a simple checklist chart to mark daily feedings and diaper counts until your baby is gaining weight appropriately. To make a chart, take a piece of paper and number down 24 hours from midnight to 11 p.m. Then make several columns for breastfeeding, wet diaper, and stool, and put a check in the appropriate column as it occurs. (Some mothers add extra columns for pumping sessions and alternative feedings if a baby is having difficulty and they have to express milk and offer it or a substitute at times.) Breastfeeding log at the end of booklet.
- ~ As mentioned most full-term, healthy babies are ready and eager to begin breastfeeding within the first half hour to two hours of birth. Then many sleep or act drowsy for the next two to 22 hours. However, a baby should breastfeed several times that first day. Aim for 8-12 feeds in 24 hours!!!!
- ~ Expect to change only one or two wet and dirty diapers during the first 24 hours.
- ~ If baby is not rooming-in and brought to you crying – you will have to calm him/her down first. Remember to watch for those early feeding cues (rooting, hand-to-mouth or smacking of lips). Use your body to calm baby down. Vertically, skin-to-skin between your breasts. Your chest is a very calming place for baby. Here baby can hear your voice and heartbeat and get the smell of you!
- ~ You will bleed from the uterus (where the placenta was attached), keep yourself clean, ask for extra pads from the staff. If you're bleeding heavily, or if you pass blood clots, inform the sister. After the first postpartum hour, the volume of the lochia gradually diminishes. For the first 3 – 4 days the discharge will be red and the colour and volume will gradually get less, turning pinkish-brown by day 4 and colourless by day 10. You might have some colourless, odourless discharge and spotting for some time. If (at all) colour returns to red, or it stays red, stays a lot, starts smelling offensively, inform your doctor. The menstrual cycle might return anything from 6 weeks to 3 months after birth. Rather wear a pad than a tampon for the first 6 weeks, to give your vaginal canal time to recover
- ~ The first time you go to the loo, you might feel a bit drowsy, ask the staff to accompany you – keep your bladder empty. A full bladder will cause more pain and sub-involution of the uterus. Make sure you urinate at least 4 hours after birth.
- ~ When you feel like it, have a nice shower or bath, but do not add oil or perfume to the water
- ~ Make yourself pretty – cold compress on perineum – so you can feel refreshed before your visitors come in their 1000ns
- ~ You will have to take salt-sitz-baths if your perineum has a tear or an episiotomy in it. The stitches will be dissolvable. It might (will :-)) be painful and uncomfortable. Start with your pelvic floor exercises ASAP – it will speed up the healing. Contract the muscles around your anus and vagina for 2-3 seconds and relax, keep on doing this during the course of the day. For the sitz-baths dissolve a hand full of course salt in a bath of lukewarm water. Keep your top on, sit with your stitches in the water – might need to sit on one of your feet – tucked under you bum. Do not bath in this water.

You will have to do this about three times per day for 10 – 15 minutes every time. Hygiene is very important and your vaginal area must be kept as dry and clean as possible. Also keep your stitches as dry as possible. Every time you go to the toilet, lean to the front, so the urine does not run over the stitches – this will burn! When you are done, rinse your stitches with sterile water from front to back. Try to get the stitches as dry as possible, even with a hairdryer. Place a clean pad on perineum. Tear / episiotomy should have healed in 3 weeks

- ~ To have your first bowel movement after birth with a tear / episiotomy, might be painful. Do not hold back – this will cause constipation and make it more painful. If your tummy has not worked by day 3 you can get a glycerine suppository from the staff, or buy your own at your local pharmacy. Support your perineum/stiches with a pad while you're having a bowel movement
- ~ Your uterus will take about 6 weeks to return to its pre-pregnant size. You might experience after pains as the uterus contracts when baby is feeding because of the hormone oxytocin that is secreted in response to baby feeding. Same hormone that squeezed out the baby – same hormone that squeezes out the milk
- ~ You can, when you go to the toilet, rub up your uterus (below your bellybutton), with long fingers until it contracts as hard as a tennis ball. This will help expel any blood clots in the womb
- ~ The womb will shrink with $\pm 1,25\text{cm}$ per day and should by day 7 be back at a 12 week pregnancy height
- ~ Drink enough fluids and eat a healthy balanced diet
- ~ Use your time in the hospital to learn as much about baby care as you can (from the staff who already have children of their own)

If you've had a Caesar birth:

- ~ Women who have had Caesars usually stay in the hospital for about 4 days or 3 nights
- ~ If you had general anaesthesia, you will feel drowsy and confused, your shoulders and your throat will be sore
- ~ If you had a local aesthetic epidural- or spinal, you will experience a pins-and-needle sensation in your legs as the feeling returns – babe will hopefully had his 1st feed already
- ~ You may have an injection for pain relief every 4 hours as prescribed as well as something for the nausea (some people are surprised at just how nauseous they are)
- ~ Be prepared that the wound may be most painful in the 1st 24 hours
- ~ The first day you will be bathed in bed, usually you will be able to get up and have a nice shower the next day
- ~ Your doctor will want you to sit out in a chair ASAP and start moving around, usually within 12 – 24 after the operation
- ~ It is going to be a bit challenging with the drip, wound and catheter
- ~ You will have to get your circulation going again, because of the aesthesia and the lying down, to prevent thrombosis (remember your platelet count is much higher now. Acute blood loss during the operation, chronic blood loss post-operatively and anaemia are known to significantly increase the post-operative platelet count)
- ~ Getting mobile will also stimulate your bodily functions back in action, improve general recovery, breathing and bowel functions
- ~ Someone needs to help you get up the first time after the operation. Do not get up on your own, you will feel dizzy. Make sure someone helps you
- ~ The drip will be removed usually the next day or so after the operation or as soon as you are able to hold in the sips of water
- ~ The catheter will be removed as soon as you can get up to go to the toilet by yourself
- ~ Your bowels will go into "slow-motion" and gas will build up causing more pain. Movement helps die bowel along – stay away from gas producing food and drinks

- ~ 2nd day you will go from sips of water to light diet of "bland" foods like soup and ice cream to help ease to bowels into action
- ~ 3rd day you will receive a more varied diet – but try and keep the portions small. Nowadays the hospital will offer you a full diet on the first day already– research has shown no ill effects in starting with a full / normal diet so soon after abdominal surgery, except that you might feel a bit uncomfortable and throw it all up again!
- ~ Stay away from fizzy drinks – this might cause winds
- ~ From day 3 the staff might ask you if you've had a bowel movement – if your tummy was empty before the operation – do not worry too much if nothing has happened yet
- ~ It is however important for your bowels to regain their normal function as you start eating a normal diet again. To help with this:
 - drink a lot of water and other fluids (not cola's or other fizzy drinks)
 - move around as much as comfortable ("walk tall")
 - ask visitors to bring fresh fruit, veggie sticks, nuts, prunes, etc.
 - have some muesli or another high fibre breakfast like All-Bran, ask your partner to bring some if the hospital doesn't have it on the menu
 - nibble on "bran" biscuits
 - stay away from processed, food like chocolates, sweets, cakes, etc.
 - have a high fibre drink to soften stool
 - pelvic tilts (lying on your back) help you get rid of the winds, as soon as you've had a bowel movement, winds should no longer be a problem
- ~ Your uterus have stretched in pregnancy to accommodate your growing baby, now after birth it will gradually return to its pre-pregnant size over the next 6 weeks. Some women experience "after pains" when baby is feeding. If you find this uncomfortable, taking pain-medication 30 minutes before feeding time may help you cope with the pain (that is if your baby has a predictable feeding pattern!)
- ~ A Caesar birth will not have an influence on your ability to breastfeed – though it might make it a bit more challenging!
- ~ Ask for help! And learn as much as possible while your are still in hospital
- ~ The staff will help you feed baby in the "football hold" the first time, because you will still be lying down. But tomorrow – or as soon as you can sit in a chair, maybe feed baby in the chair – it will give you more control to help baby latch on

Postnatal Day 2:

- ~ If you had a Caesar birth, try and feed baby sitting in a chair today. Although he/she may need practice with latching on and sucking, by the second day your baby should begin to wake and cue (show readiness) for feedings every 1½ to 3 hours for a total of 8 to 12 breastfeeds in 24 hours.
- ~ These frequent feedings provide your baby with antibody-rich first milk called colostrum and tell your breasts to make more milk. Your baby should suckle for at least 10-15 minutes and may continue for about 30 minutes on the first breast before letting go, or "self-detaching," without help from you. When he/she finishes at one breast, you can burp baby (if needed) and change his/her diaper before offering the second breast if baby wants it.
- ~ As with Day 1, you probably will change only a few wet and dirty diapers on baby's second and third days, and do not be surprised if your baby loses weight during the first several days. The number of diaper changes and baby's weight will increase when your milk "comes in."
- ~ You may feel uterine cramping when breastfeeding the first two or three days, especially if this is a second or subsequent baby. This is a positive sign that the baby's sucking has triggered a milk let-down, also called the milk-ejection reflex (MER). It also means your uterus is contracting, which helps minimize bleeding. A nurse can give you something to take before feeding if needed for the discomfort. Some mothers

briefly feel a tingling, "pins and needles," or a flushing of warmth or coolness through the breasts with milk let-down; others notice nothing different, except the rhythm of baby's sucking.

- ~ You may experience nipple tenderness when baby latches on. This tenderness should subside after 10-30 seconds. Other factors also may contribute to this tenderness, but usually it is mild and disappears by the end of the first week or 2. If tenderness persists, develops into pain, or nipple cracking is noted, contact a breastfeeding consultant.
- ~ Rest as much as possible! (Might be difficult because you are so excited about your new baby and exhausted after the birth and broken sleep from the previous night)
- ~ Do your pelvis floor exercises
- ~ Keep your bladder empty. A full bladder will prevent your uterus from contacting effectively, and thus cause more bleeding than is necessary. And you will have to empty your bladder often, because your body is getting rid of the extra fluids it accumulated during pregnancy
- ~ Take your salt-sitz-baths
- ~ Keep your stitches clean and dry
- ~ Today the staff will probably show you how to bath your baby. If they have shown you yesterday – maybe you will get a chance to bath baby yourself today
- ~ Try and feed baby while sitting in a comfortable chair
- ~ If baby appears yellow, s/he will have a heel prick to give a blood sample for a bilirubin test, if levels are too high, baby will be placed under phototherapy lights for 24-48 hours. Just feed baby more regularly and ask the staff to clear up any concerns
- ~ Remember not to go on a diet within the 1st 2 months – during the next few months you will get rid of the "stored energy" accumulated during pregnancy with breastfeeding

Postnatal Day 3: The baby will become wakeful and want to feed more frequently AND round Day 3-4 the baby may become unsettled and not wishing to be separated from his mother. The mother is often emotional with day 3 'blues' and in need of sleep and rest. (To help mom through the blues she needs good food, good rest and good support)

- ~ The breasts become firm as the milk comes-in.
- ~ The baby can be unsettled, requiring frequent feeds, just prior to the milk coming-in. The baby's thirst intensifies a few days after birth and this triggers the need to breastfeed more frequently.
- ~ Get professional help if any breastfeeding difficulties are experienced! See www.breastfeedingsa.co.za
- ~ The mother's breast milk will change from colostrum to full cream milk with the volume of the milk responding to the baby's needs.
- ~ Once the mature milk begins to flow, the baby tends to have bigger feeds and then a longer sleep. This may cause temporary over-fullness in the breasts.
- ~ Baby's stools change from meconium to transitional (brownish-greenish) stools as the mature milk begins to be absorbed.
- ~ So the volume of breast milk produced increases dramatically at about 3 or 4 days after birth, the milk is said to have "come in." Your baby probably will drift off after a 10 to 30-minute feeding and act more satisfied after a meal.
- ~ Within 12 to 24 hours, you should be changing a lot more wet diapers. The number of dirty diapers also increases, and the stools should be changing in colour and consistency: From the dark, tarry meconium stool, they should progress to softer and brown colour and then becoming loose, seedy, mustard-yellow.
- ~ Weight gain should also pick up within 24 hours of this increase in milk production, so your baby begins to gain at least 25g a day.
- ~ You may notice that your breasts feel fuller, heavier, or warmer when your milk supply increases. Some mothers find their breasts become uncomfortably engorged due to increased milk volume and tissue swelling. Then the breasts feel hard and tight; the

areola and nipple may seem stretched and flat, making it difficult for a baby to latch-on. The most important thing to do when your milk first “comes in” is to **move the milk out of your breasts** by feeding your baby frequently.

- ~ If your baby has difficulty latching on because of severe engorgement:
- # Soften the nipple and areola by expressing some milk or doing RPS (reverse pressure softening) and then let baby latch on. If you let baby latch on a too-full breast he will destroy your nipple – which never needs to happen
- # Breastfeed or express milk by hand or breast pump frequently (every one to two hours) - your breasts should feel noticeably softer after breastfeeding or pumping.
- # Apply cold packs / cabbage leaves or sandwich bags filled with ice or frozen vegetables, wrapped in a moist towel, to the breasts for 20 to 30 minutes after a feeding or pumping session. The application of cold packs has been shown to relieve the swelling that may interfere with milk flow. Some women do report improved milk flow if they also apply warm compresses to the breasts for a few minutes immediately before breastfeeding or milk expression, using heat for more than a few minutes could increase the amount of swelling.
- ~ As the baby feeds more frequently her stool and urine output will increase.
- ~ If you are not home already and discharged today, get hubby to bring you your going-home clothes and start taking the bunches and bunches of flowers home....

Postnatal Day 4-5: The baby settles with more controlled and predictable feeding.

- ~ NOW remember the first night at home might be a traumatic and rowdy experience since there is no night nurse on duty to look after baby while you are trying to sleep! (This is one of the reasons rooming-in with baby during the hospital stay is encouraged)
- ~ Feed baby on demand (cue), change nappies when dirty, bath baby at a time that is convenient for you both (morning or evening)
- ~ If not yet, milk supply might increase today – feed baby often to prevent engorgement
- ~ Rest!! Baby will wake at least every 2-3 hours to feed. If baby sleeps longer stretches than this during the day – wake him/her and feed. At night the stretches might be 3-4 hours between feeds (and much LATER 5 hour stretches – but expect this at about 8 weeks of age). Aim for a minimum of 8 (to 12) feeds in 24 hours
- ~ The continuous broken sleep might make you irritable and grumpy – so sleep when baby sleeps!
- ~ Do your pelvic floor exercises
- ~ Keep your bladder empty
- ~ Take your salt-sitz-baths
- ~ Keep your stitches clean and dry
- ~ If you haven't had a bowel movement yet, you can use a glycerine suppository (buy your own from your local pharmacy)
- ~ Walk around, even if the stitches are a bit painful and uncomfortable. “Walk tall”. Walking around will prevent stiff muscles and lift your spirits as you feel more independent and in control
- ~ Your body is going to be soft and flabby, breasts a few cup sizes bigger, skin stretched, perineum painful – give yourself some time to recover and take care of yourself – remember the effect of pregnancy was gradual, but the effect of birth is sudden and it might be a bit of a shock!
- ~ If not yet, breast milk will change from colostrum to mature (full cream) milk round day 3-4. Keep on feeding baby on demand (cue), and wear a supportive bra. See Day 3 above for tips on coping with engorgement
- ~ 50 – 80% of women feel an anticlimax coming over them by day 3-4 after birth. They might feel anxious, panicky, angry, forgetful, weepy, tired, but unable to sleep. It is called the “blues” and happens because of a multitude of reasons: like hormone changes, recovery from the stress of labour, etc. It might last a few hours up to 2

week after birth. The “blues” will pass quicker if mum has good physical support, enough rest and nutritious food to eat. If these feelings do not subside and continue from 2 weeks up to a year after birth AND it affects your ability to cope then it might be post partum depression and you need professional help. A good day is typically followed by two “bad” days and then a good one again. Might have feelings of hopelessness, powerlessness, unable to concentrate, don't care for the things that used to interest you, defensive, nightmares and feelings of guilt. Talk to someone about your feelings, someone you trust. This is NOT your fault, nobody may tell you to “pull yourself together”, see PHQ at end of booklet

- ~ The breasts begin soften as they start to meet the baby's needs.
- ~ The baby's stools change to breast milk stools, which are runny, yellow and soft. The baby has 6-8 wet nappies per day and 2-5 loose, seedy, yellow stool nappies.
- ~ Note that:

ineffective positioning or attachment (latch) of the baby can delay the amount of sucking stimulation at the breast therefore delaying the milk “coming-in”. In addition, it increases the incidence of damaged nipples, and/or engorgement and ultimately physiological jaundice, as it delays the laxative effect of the breast milk

giving supplements, complements or pacifiers when the baby is unsettled on days 2-3 can delay the amount of sucking stimulation at the breast and thus delay the milk “coming in”. This can increase the incidence of venous and/or milk engorgement and physiological jaundice as described above. GET HELP if needed!

- ~ Remember the 6 week check up with your Gyne to see if everything is back in its place and healed....also make an appointment for baby's 6 week check up with the Paediatrician
- ~ At home, sleep when baby sleeps, prioritise activities, ask for help, limit visitors – they mean well, but can be exhausting
- ~ Register baby within a month of her/his birth at the Department of Internal affairs if you missed them during your hospital stay

Going home

Coming home tips for dad/partner:

- ~ is the house a mess? The sink full of dishes? The beds made? Is baby's place ready?
- ~ make the bed with fresh linen
- ~ tidy the house, wash dishes and remove anything "growing in the fridge"
- ~ arrange for someone to help with cooking and cleaning in 1st weeks
- ~ make sure good food is available
- ~ offer to take responsibility for any chores that will take a load off mom
- ~ learn how to change nappies, bath baby and get up in the night when baby cries
- ~ give mom space to develop her own mothering style (and vv. for dad, MOM!)
- ~ trust mom's judgement. There is a lot to be said about maternal instinct
- ~ in the first few weeks don't feel too sorry for yourself if you don't get much attention
- ~ have a stack of diapers ready (disposable or cloth – already folded)
- ~ add a few welcoming touches around the house – fresh flowers, "welcome home" banner...
- ~ be nice and book her a manicure, pedicure, facial, massage while you take care of baby
- ~ the best gift you can give is yourself – your time, attention, emotional support and practical help ("hold the sperm till she has recovered – till about 6 weeks after birth"...)
- ~ ask visitors not to come until at least the next day

Mothers how had C/births:

- ~ Get a domestic worker (can also be family or friends), mothers how had C/births should not pick up anything heavy like washing, car seat, other kids, carrycot, etc.
- ~ Do not drive for at least 3-4 week, get helpful friends to drive you around
- ~ Let dad bath the baby
- ~ Remember the first night at home is going to be a bit traumatic and noisy! And there is no night nurse on duty to look after baby while you are trying to sleep
- ~ Give yourself some time to learn to be good parents
- ~ Feed baby on demand (cue), change nappies when dirty, bath baby at a time that is convenient for you both (morning or evening)
- ~ Treat engorgement if it happens to you!!!!!!
- ~ Wear your pyjamas for the first few days, receive visitors while you are in bed, let them make the tea and bring the cookies
- ~ Rest! Try and sleep at least once a day while baby is sleeping
- ~ Household tasks must be last on your priority list – delegate!!!!
- ~ Walk around, and "walk tall". Walking around will prevent stiff muscles and lift your spirits as you feel more independent and in control ...just don't overdo it!
- ~ Keep on doing little things for yourself, a nice relaxing bath, facial mask, etc...something to help you feel refreshed
- ~ Wear an unperfumed pad over the cut – to protect against bumps
- ~ Inform your doctor if the incision area is red, painful or has any kind of discharge! It might be a sign of infection
- ~ Remember a well-balanced varied diet is important
- ~ Remember the 6 week check up with your Gyne to see if everything is back in its place and healed....also make an appointment for baby's 6 week check up with the Paediatrician.
- ~ It will take a minimum of 6 week to recover from the Caesar, but it will take at least 3 months before you feel your "old self" again – so take it slowly!

Parents care for yourselves: happy / parents = happy baby

- ~ prioritise
- ~ drop your standards, keep only 1 room tidy for visitors
- ~ ban the word "should" from your thoughts

- ~ trust your instincts
- ~ do not allow yourselves to get exhausted, rest, hang “do not disturb” sign on door
- ~ recognize that baby-care and household chores can't be divided 50-50, at any given moment one parent will be doing more in one area, while the other more in another, try not to keep score
- ~ fight constructively
- ~ eat balanced meals
- ~ keep physically fit
- ~ take some time for yourselves. Let others baby-sit while you spend time recharging your own batteries, even an hour a week will help
- ~ be informed about baby's normal development needs
- ~ develop supportive network of friends to share common concerns
- ~ use your community resources
- ~ take care of your relationship – it serves as a basis for your family's mental health
- ~ do not try to be perfect (one learns from mistakes)
- ~ let others know how they can help through uncritical support, encouragement and help around the home
- ~ order “take outs”...
- ~ get dressed only when you feel you have had enough sleep (some might walk around with pyjamas for 3 - 4 years!)
- ~ do not look too good when you answer the door, people might think you “have it all together”. Rather have them see you looking not so good – they won't stay too long and next time they come, they will bring food or offer help
- ~ use the **“We'd love your help!”**, put it on your front door, so visitors will know what kind of help they can provide. Example at end of booklet.

In response to her new surroundings, baby may be more fussy or sleepy after s/he first arrives home. Unfortunately baby do not come with a manual and a cookbook approach to baby care, step-by-step directions for every situation, is unrealistic. If ONE single book could explain your baby, well that book will be available BUT there are literally 1 000 000's of books trying too! Because your baby is an individual, the ONE and ONLY book that can explain your baby IS your baby – thus read your baby!

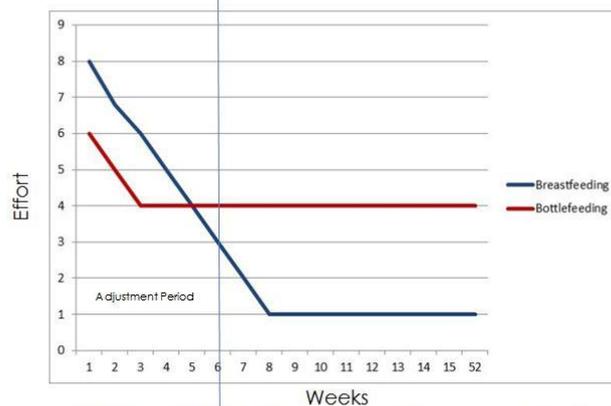
A newborn has a relatively simple agenda: eating, sleeping, crying, being quietly alert and eliminating urine and stool, repeated over and over and over each day....Is doesn't seem all that difficult or complicated to care for her. After all she won't be feverishly exploring every cupboard in house (yet), struggling with overdue homework assignments or argue with you over rights to the car?

The first few days of life at home may seem unsettled for both mom/dad and baby. You have to cope with the profound reality of being responsible for a tiny, helpless human 24/7 and wondering if you will ever “have a life” again. It may take some time to establish a predictable pattern of eating and sleeping – or to become used to the absence of a predictable pattern!

Adjustment period:

For most parents the first 40 days are especially challenging and called the adjustment period. No matter how baby is fed, most parents find that caring for a newborn is intense and sleep is disrupted. When you are breastfeeding, both you and baby are practicing a dance, when baby is at her most uncoordinated (first few weeks). As the weeks go by, she begins to take a more active part in latching on and breastfeeding gets easier and faster. You begin to settle in to a new “normal” in your lives. During the first days of feeding, changing diapers and feeding (again), keep in mind that usually after about 40 days, comes the reward period.

The "work" of Breastfeeding



Can you see that there will be about a 6 week "learning" period where breastfeeding (& adaptation to parenthood) is a major activity but after that ± 40 days things become MUCH easier.

- During the first 2 weeks expect baby to sleep 18 – 20 of the 24 hours
- She will need to feed every 2 – 3 hours (day and night!!!!). Aim for 8-12 feeds in 24 hours
- During the day she is not likely to stay awake happily for more than 40 – 60 min before needing to go back to sleep (nap)
- Limit feeding time to a max of 45 min (see an IBCLC if feeds take longer than this AND baby is not gaining weight)
- Don't let her sleep for more than 4 hours at a stretch – in the first month, wake her for her feed
- Help her separate day en night e.g.:
 - Bath same time every evening, limit stimulation, ensure calm environment (curtains closed, calm music, limited eye-contact)
 - When she is about a month old and weight gain is sufficient and baby is not a prem, and not ill, you can allow her to wake up for her 1st evening feed by herself
 - When she wakes for a feed at night, keep it strictly business; keep lights dim, no eye-contact and limited stimulation. Feed, burp, change the nappy, back to bed
 - Greet her happily in the morning – open curtains and provide stimulation
- Limit outings in the beginning (especially crowded places). Keep her at home - her brain cannot yet shut out excess sensory stimuli and many young babies become overstimulated around 10 days - 2 weeks and start having prolonged periods of crying (known as colic). If you have to go out cover pram or baby carrier with nappy or blanket to keep out bright lights and excessive visual stimulation
- Baby will have a growth spurt at about 10 days - 2 weeks, again at about 3 - 4 weeks, again at 6 weeks and again at 8 weeks, lasting ± 24 - 48 hours – she will want to feed every 2 hours and she might be a bit fussy
- Limit baby's awake time according to age-appropriate levels:
 - ± 40 -60 minutes for 0-6 weeks before stress levels are reached and she needs to nap again!
 - ± 1 hour to 1 hour + 20 min for 6 - 12 weeks
 - $\pm 1\frac{1}{2}$ hours for 3 - 6 months
 - ± 2 hours for 6 - 9 months
 - $\pm 2\frac{1}{2}$ hours for 9 - 12 months
 - $\pm 3 - 3\frac{1}{2}$ hours for 1 - 2 years
- Be realistic about your role as a parent
- Accept you will have some bad days

- Don't worry about unimportant household tasks – delegate chores for 1st few weeks
- Accept that you will have to plan your life around your baby's needs – do not even try to plan her routine around yours – she will win!!

While in the womb, during a healthy & normal pregnancy, the preborn baby fits perfectly into his environment. Perhaps there will never be another home in which he fits so harmoniously – a free-floating environment where the temperature is constant and his nutritional needs are automatically and predictably met. The womb environment is well organized. Birth suddenly disrupts this organization. During the weeks following birth, baby tries to regain his sense of organization and fit into life outside the womb. Birth and adaptation to postnatal life bring out the temperament of the baby, so for the first time he must do something to have his needs met. He is forced to act, to "behave." If hungry, cold, or startled, he cries. He must make an effort to get the things he needs from his caregiving environment. If his needs are simple and he can get what he wants easily, he's labelled an "easy baby"; if he does not adapt readily, he is labelled "difficult." He doesn't fit. Fussy babies are poor fitters, who don't resign themselves easily to the level of care they are being given. They need more, and they fuss to get it.

Baby's Personality. Tracy Hogg (from *The Baby Whisperer. Solves All your problems*) sums up baby's personality as follows:

Angel: Dream child. Adapt easily to any situation, routine, environment. Almost never cries.

Textbook: Reaches milestones like clockwork, growth spurts according to the book. Everything happens according to the book, social development, teething, etc. Will do what is expected from an ordinary person

Touchy: Startles very easily, cry for no obvious reason, needs to be swaddled for sleep – any noise will wake him. Shy when it comes to strangers, adapts with difficulty. Often becomes a good student

Spirited: Aggressive, "loud", busy, dangerous – tests and explores everything. Sometimes s/he will bite other kids – push and shoves them. Properly handled they are born leaders

Grumpy: Difficult to get them to smile, irritated when you undress them, or change a nappy. Hate being swaddled and cry for long spells especially when his/her parents are tired. Prefers playing on their own. As adults, very independent, can take care of themselves. These children teach their parent patience!

- It is proposed to try and establishing a "sense-able" **flexible** routine around baby's sleep and awake cycles (within a structured environment). It will help keep baby (and parents) calm and content. It will also prevent baby from becoming over-stimulated, hungry & tired. It will give baby a sense of security and help you to interpret baby's moods and cries

The suggestion is the EASY routine. Unfortunately EASY doesn't stand for easy. It stands for E = Eat, A = Activity, S = Sleep and Y = You time (while baby sleeps). Though in reality you might find this pattern: ESAESAESY

Let us take a closer look at

Eating.....p28

Sleeping.....p29

You time.....p36

Activity.....p39

E is for Eating**Postnatal Day 5 to 28**

- ~ Your baby will become more proficient at breastfeeding as the first month progresses. Expect to feed your baby about 8 to 12 times in 24 hours and for approximately 10 to 40 minutes at the **first** breast before he/she lets go of the breast without your help. You can then burp the baby, change his/her diaper, and offer the second breast if needed or back to the same breast! Usually, a baby will breastfeed for a shorter period at the second breast, and sometimes he/she may not want to feed on the second breast at all. Simply offer the second breast first at the next feed.
- ~ Babies that guzzle their food non-stop (barracudas) may self-detach in 10 to 15 minutes; babies preferring to savour (gourmet feeders) their meals often take 20 to 35 minutes on the first breast, because they tend to take a few several-minute breaks between "courses." Whichever type your baby is, it is important to let him/her choose when to let go of the breast, as this self-detachment will increase the amount of higher fat/higher calorie milk your baby takes in.
- ~ Your baby should continue to:

Soak six or more wet diapers.

Pass three or more loose, seedy, yellow stools/24 hours

Gain more than 25g a day, \pm 170g-200g a week, regaining birth weight by 10 days - 2 weeks.

- ~ Your baby probably will go through several two to four day "growth spurt" periods when he/she seems to want to eat almost around the clock. Babies commonly experience a growth spurt between 10 days to 2 weeks, 3 to 4 weeks, 6 weeks, and again at about 3 months, 4 months, 6 months etc. It is important to let a baby feed more often during these spurts. Within a few days, your baby will have returned to a more typical pattern.

Let your baby set the pace for breastfeeding. Pay attention to his/her feeding cues. The number of feedings each baby needs and the length of time each feeding lasts will vary from baby to baby. Trying to force a breastfed baby to wait longer between feedings, or fit a particular feeding schedule, can result in poor weight gain.

Keep in mind, a health worker who offers a supplement as the solution to breastfeeding difficulties may be indicating a lack of knowledge and skill in supporting breastfeeding.

(Baby-friendly Hospital Initiative: revised updated and expanded for integrated care. Section 3: breastfeeding promotion and support in a Baby-friendly hospital. A 20-hour course for maternity staff. Geneva: World Health Organization and United Nations Children's Fund; 2009.

http://www.who.int/nutrition/publications/infantfeeding/bfhi_trainingcourse_s3/en/). Seek help from an IBCLC for any breastfeeding difficulties.

S is for Sleeping**Birth to 3 months: Typical sleep patterns at this age**

Newborns sleep a lot — typically 14 to 18 hours a day during the first week and 12 to 16 hours a day by the time they're a month old. But most babies don't stay asleep for more than two to four hours at a time, day or night, during the first few weeks of life. The result? Lots of sleep for your baby and a very irregular — and tiring — schedule for you. Your job is to respond to your newborn's cues, so you'll probably be up several times during the night to change, feed, and comfort him.

Safe sleep recommendations

(<http://pediatrics.aappublications.org/content/early/2011/10/12/peds.2011-2284.full.pdf>)

Level A recommendations:

- Back to sleep for every sleep
- Use a firm sleep surface
- Room-sharing
- Keep soft objects and loose bedding out of the crib
- Pregnant women should receive regular prenatal care
- Avoid smoke exposure during pregnancy and after birth
- Avoid alcohol and illicit drug use during pregnancy and after birth
- Breastfeeding is recommended
- Avoid overheating
- Do not use home cardiorespiratory monitors as a strategy for reducing the risk of SIDS

Level B recommendations:

- Infants should be immunized
- Avoid commercial devices marketed to reduce the risk of SIDS
- Supervised, awake tummy time is recommended to facilitate development and to minimize development of positional plagiocephaly

Level C recommendations:

- Health care professionals, staff in newborn nurseries and NICUs, and child care providers should endorse the SIDS risk-reduction recommendations from birth
- Media and manufacturers should follow safe-sleep guidelines in their messaging and advertising

The Safe Sleep 7

From *Sweet Sleep: Nighttime and Naptime Strategies for the Breastfeeding Family*, Chapter 2: The Safe Sleep Seven, by Diane Wiessinger, Diana West, Linda J. Smith, Teresa Pitman, a La Leche League International book, Ballantine Books, 2014

If you are:

- A nonsmoker
- Sober and unimpaired
- A breastfeeding mother

and your baby is:

- Healthy and full-term
- On his back
- Lightly dressed

and you both are:

- On a safe surface

Then your baby in bed with you is at no greater risk than if he's nearby in a crib. The Safe Surface checklist practically eliminates breathing risks no matter where he sleeps. Rolling over on your baby is virtually impossible because you have the cuddle curl and responsiveness of a breastfeeding mother. By the time the baby is about four months old, research indicates that bedsharing with a healthy baby by any responsible nonsmoking adult on a safe surface is as safe as any other sleep arrangement.

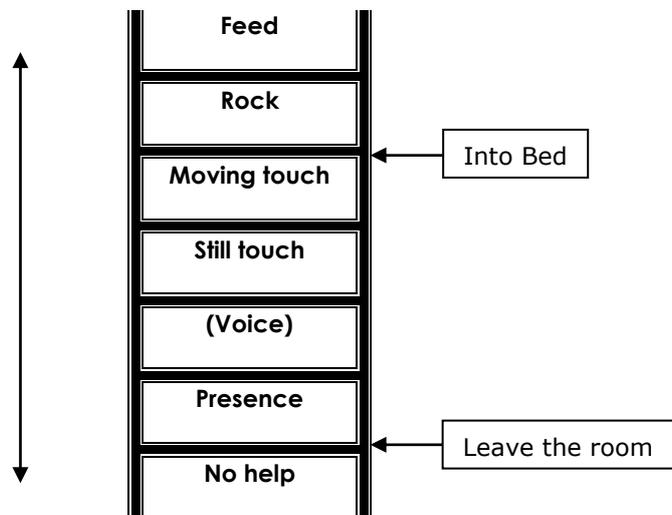
A Rhyme for Sleep Time (sing to "Row, Row, Row Your Boat")

No **smoke sober** mom
 Baby at your **breast**,
Healthy baby on his **back**,
 Keep him **lightly dressed**.

No too **soft** a bed,
 Watch the **cords** and **gaps**,
 Keep the **covers** off his head
 For your nights and naps.

Teaching your **older** baby to fall asleep, with mom or dad's comforting presence: Imagine the process as climbing a ladder, one step at a time. Always start with your normal bedtime routine. As soon as baby is calm and drowsy, take one step **down**. Keep

climbing until he is asleep; do not climb down too quickly at first. If he cries, take one step **up** until he is calm, then step one down again, etc. When baby wakes at night, start at ground level and work your way up until he is calm, then start climbing back down. From [Baby sleep Guide](#) by Erica Nesper



Moving touch= rock with hands, stroke head, pat/stroke back

Still touch = let your hands rest heavily on her body

Voice = whisper "sh-sh-sh-sh", say "it's OK we are just going to sleep", etc.

Time in your arms, at your breast and in your bed is relatively short. Babies will someday sleep through the night!

Fussing

Having a happy baby is an attainable goal if you practice the five S's, paediatrician Harvey Karp says. These are the techniques he describes in [The Happiest Baby on the Block](#) book, video and DVD.

Dr Harvey Karp's Calming Reflex: The calming reflex is a "primitive" reflex (or, group of reflexes) that is almost an automatic off-switch for a baby's crying. It's based solidly on the "5 S's" of infant physiology: swaddling, side position, shushing, swinging, and sucking.

The 5 S's

Unlike the knee reflex, which has only one way of being triggered, there are 5 things a parent can do to activate their baby's calming reflex -- the 5 S's:

1. Swaddling -- tightly
2. Side/stomach position -- while the back is safest for sleeping it is least effective for calming crying
3. Shushing -- loud, continuous white noise
4. Swinging -- rhythmic movement
5. Sucking -- the icing on the cake

In these five ways we imitate the experience a baby has in the uterus and turn on their calming reflexes.

1. **The first S is swaddling.** This is tight wrapping. Swaddling is the corner stone of calming. It is the most important first step. Babies whose arms are out and flailing around have a much more difficult time being calm. However, swaddling often confuses parents because many babies tend to struggle once they are snugly wrapped. Lots of time they seem to get more upset when they are swaddled. This

is a very temporary situation. And you will see that as soon as you start doing the other S's, your baby will absolutely love swaddling. One of the problems is that people use blankets that are too small. You need a good sized receiving blanket to wrap effectively.

2. **The second S is side or stomach position.** The back is the safest position for sleeping. All babies should sleep on their backs, however, it's the worst position for calming a fussy baby. So once the baby is swaddled, the next thing is to either put your baby up on your shoulder so they are on their tummies or to put them on your lap so they're on the sides or tummies. A baby on her back feels like she is falling and it often makes the crying worse.
3. **The third S is sound** or what is called shushing. Shushing is a sound made by mothers all around the world to calm their babies. However, in our culture, parents usually shush too quietly. Loud shushing is often considered rude or a sound of anger. Yet in a baby's language, loud shushing actually means I love you. Everything is going to be all right. Remember the sound inside the uterus is louder than a vacuum cleaner. The best rule of thumb is to shush with your mouth close to (not into) your baby's ear as loudly as the baby is crying. And then to quiet your shushing as the baby calms. (Since this can sometimes make you hyperventilate, it's a help to use tools like vacuum cleaner and hair dryers.)
4. **The fourth S is swinging or rhythmic movement.** The movement inside the uterus is very jiggle. You can imagine what your newborn baby is experiencing when you move up and down stairs or are in an exercise class. That's why lying in a still bassinet can be so disorienting. The fussier the baby is, the more vigorous the movement needs to be. But PLEASE, PLEASE, PLEASE, this is not shaking. It is much more like a little shiver that is very fast but the movements are only a few centimetres back and forth. For some babies, this movement can switch the calming reflex on in a matter of seconds. And then as the baby calms, the movements become slower and broader. Calming your baby therefore feels a lot like dancing with a baby, except the baby is leading. Sometimes parents sit on exercise balls or dance to rock music or go for car rides. They all do the same thing, imitate womb movements. The head has to move a little -- jiggle. Remember, swaddling is the cornerstone of calming, so you'll be much more successful with sounds or movement if your baby's arms are swaddled.
5. **The fifth S is sucking.** Sucking is the icing on the cake. Once a baby has stopped crying, sucking on the breast or your finger helps your baby relax into a profound calmness.

After 4 months, the 5 S's may still work (even adults fall asleep rocking in a hammock and to the sound of rain), but the magic is no longer irresistible (shushing an irate 8-month-old might make her even madder!).

Now that baby is calm, if you want to keep baby swaddled, swaddling MUST be done safely:

- ✓ Thin layer
- ✓ Cotton swaddle
- ✓ Bent legs
- ✓ Kick time while awake
- ✓ Appropriate room temperature
- ✓ Not covering the baby's head
- ✓ Hands to midline not straight by the sides.
- ✓ Early use: birth to 12 weeks max
- ✓ No other covers in cot
- ✓ No pillows

- ✓ Safe co-sleeping strategies

The Period of PURPLE Crying

Starting at about two weeks of age, some babies begin crying more and may be hard to soothe. As a result, parents may feel guilty and angry if they aren't able to console them. Not being able to soothe an infant **does not** make mom and dad bad parents. Some babies are just going to cry. It will end, and life will return to normal. Trust your instincts, non-stop crying is not normal, rather have baby's health care provider check him to rule out illness. The Period of Purple Crying = if the baby **is not ill** and parents have tried everything they can think of to soothe the baby.

Dr. Barr has spent 25 years studying a cruel question for many parents: Why do some babies cry so much more than others? Dr. Barr came up with an acronym he call "PURPLE crying," with each letter corresponding to a characteristic peculiar to the first four months of bawling he believes is part of our evolutionary heritage. The letters in **PURPLE** stand for the common parts of non-stop crying in infants:

P - peak pattern (crying peaks around 2 months, then decreases)

U - unpredictable (crying for long periods, unpredictable, often happening for no apparent reason)

R - resistant to soothing (the baby may keep crying for long periods)

P - pain-like expression on the baby's face, even without any source of pain

L - long bouts of crying (lasting 30 to 40 minutes or more)

E - evening crying is common -- what many parents know as the "witching hour" is now a scientifically proven fact

How to Cope

Even if you know that non-stop infant crying is **not your fault**, crying can still be hard to cope with. The keys to getting through it are trying different things and having a plan.

Basic Soothing Tips for a Fussy Baby

Feed Your Baby - The main reason babies cry is because they are hungry. A full tummy may be just what baby is looking for. Keep in mind that even adults sometimes get hungry before the next mealtime. So even if it hasn't been that long since your baby was fed, hunger may still be the cause of the crying.

Check Your Baby's Temperature - He may be fussing because he is not feeling well. Use a clean digital thermometer under the arm. If he is less than 3 months old and his temperature is above 38°C or if you think he is sick, call the doctor.

Hold Your Baby - This may be on your lap, in a sling, or against your chest—whatever is most comfortable for you and baby. Always remember to support your baby's head.

Cuddle, coo, read, sing - (P.S. Your baby doesn't know if you can't carry a tune - it's all music to his ears!)

Rock baby - Gently, walk around, dance slowly. Even if your baby doesn't stop crying, he will know you care and are there for him. A baby swing may work.

Check Your Baby's Diaper - Check to see if your baby has a dirty diaper. Your baby may be crying to let you know it is time for a change. Also watch for diaper rash, which can make baby fussy. Ask your doctor what to use to treat diaper rash.

Check Your Baby's Clothes - Is something too tight? Is a tag rubbing baby's skin? Is baby too hot or too cool? Try taking off socks or putting on a little hat. Some babies feel better wrapped up securely in a light blanket.

Create "white noise" - Some babies like the sound of the vacuum cleaner or dishwasher. A radio playing in the background may work, too.

Take Baby for a Walk - (weather permitting!) A change of scenery may help. It will probably help you to get out, too.

Have a Plan

Let Others Help You—Take friends and family up on their offers to watch the baby for a while. Use this time to get some work done, run an errand, or even take a nap. Do not feel bad about leaving your baby with someone for a couple of hours. Moms and Dads need some time for themselves as well.

Join a Play or Support Group—By getting together with others who have babies the same age, you can share stories and tips. Just seeing that you are not alone can be a big help. If you can't get to a group, perhaps you can find one or two other parents in your neighbourhood who would like to get together.

Take a Break—If nothing else works and you have no one to call on, put the baby in the cradle or crib and walk away. You need to take care of you before you can take care of the baby. Relax for a few minutes, calm down and regroup. Listen to some music, read, have a snack, do something else for a few minutes. A parent who is angry and upset may take it out on the baby. Remember, this is **not your fault** and it is **not the baby's fault**. It is just the way it is. **This stage will end!** Your baby will learn to smile and laugh and play. If you can be as comforting as possible through this difficult time, your baby will also learn that you are there for him no matter what.

Remember--Never Shake A Baby!

Developmental leaps From "The Wonder Weeks" by Hetty van de Rijt and Frans Plooij, 2008.

All babies go through 8 developmental leaps (give or take a week or 2) during the 1st 60 weeks of their lives. The developmental leaps are not necessarily in synch with physical growth spurts, although they may coincide.

Each leap is invariably preceded by what is called a fussy phase or clingy period in which baby demands extra attention from parents. You will notice fussiness that wasn't there in the previous weeks and bouts of crying that you are at a loss to explain. Baby becomes more difficult and demanding and mothers wonder if baby is ill. Parents might be annoyed, not understanding why baby is suddenly so fussy and tiring.

Initially the fussy phase does not last long, a few days, but as the changes become more complex they take longer for baby to assimilate and thus the fussy phase might last from 1 to 6 weeks! Some babies find changes more distressing than others, but every baby will be upset to some degree while these changes occur in their life. Baby might be more Clingy, Cranky and Crying than usual.

It is a change in the nervous system, chiefly the brain, and may be accompanied by some physical changes as well. Each change brings the baby a new kind of perception and alters the way that baby perceives the world. For instance at approximately 8 weeks, this change in the brain enables baby to perceive simple patterns for the 1st time. Baby will suddenly show interest in visible shapes, patterns and structures.

On average during week 4 and 5 (calculated from baby's DUE date) baby goes through her/his 1st leap. Baby goes through changes that affect his senses – the way s/he experiences the world, the way s/he feels, even the way her/his digests food. You may

notice him crying real tears for the first time, he may stay awake for longer periods and seem more interested in the world around him. And off course that 1st smile.

Between week 7 and 9 baby goes through his/her next leap. Signs that your baby is growing again are: baby cries more often, wants you to keep him busy, loses appetite (latches on but is hardly taking in any milk – protests and cry if taken of the breast, mom might think something is wrong with her milk supply – during this stormy period baby is on the breast more for comfort than nutrition). Baby may also be shy with strangers, cling more, sleep poorly, suck hands more often.

Other leaps are round week 12, 19, 26, 37, 46, 55.

Download the wonderweeks APP from www.thewonderweeks.com

The **Dunstan Baby Language** teaches you to hear exactly what your baby is communicating. As a parent, you are able to interpret your infant's sounds and cries – and respond to their needs. Every newborn communicates from birth to 3 months using five distinct sounds, or “words” to express their physical needs. This is regardless of the language their parents speak and is part of nature's plan – that your baby can tell you what they need from the very beginning. For example, every baby will say the word “neh” when hungry. The sooner ‘hunger’ is identified the sooner a parent can respond by feeding. The system is based on body reflexes from the baby much like a sneeze or a hiccup. It is not a two-way communication system. It is not something that the parent teaches the child, it is something inherent within the baby. These five cries are only present in babies from 0-3 months old and are most pronounced during a baby's pre-cry.

Cry #1: Neh="I'm hungry"

"Neh" is the "I'm hungry" cry of a newborn. It is based on the sucking reflex. A newborn has a strong sucking reflex, and when they combine this reflex with a cry the result is "neh". When you hear this cry, feed your newborn.

Cry #2: Owh="I'm Sleepy"

The cry to express tiredness is "owh". The "owh" sound is based on the yawning reflex. The first "ow" sound can be long and pronounced. When you hear this cry help your baby go to sleep. We always found that the more tired our babies became the harder it was for them to go to sleep. Look for other clues of sleepiness: rubbing the eyes and yawning.

Cry #3: Heh="I'm experiencing discomfort"

The cry "heh" is used when a newborn is feeling discomfort. This sound is different than the "I'm hungry" cry because there is a strong "h" sound at the beginning. If you hear this cry in your newborn, they may need their diaper changed or be put in a new position.

Cry #4: Eair="I have lower gas"

When babies have lower gas pain they often pull their legs towards their chest and make the cry sound "eair". We always found that when our newborns had gas they liked a bit of pressure on their tummies. We would either lay them on our legs perpendicularly and rub their backs or hold them in the elbow of our arm with our elbow supporting their head and their legs straddling our arm. (Be sure that your baby's head is always held securely.) This can also be a good time for a baby massage with slow circular motions on your baby's tummy.

Cry #5: Eh="I need to burp"

The double DVD can be purchased online at www.dunstanbaby.com. The DVD is called *Dunstan Baby Language*.

More Comfort measures for fussy babies (many fit into several different categories)**Basic needs**

- Feed baby
- Burp baby
- Change his/her diaper
- Undress baby completely to make sure no clothing is "sticking" him/her

Comforting Touch

- Hold baby
- Carry baby in a sling/wrap
- Give baby a back rub
- Carry baby in the "colic hold" (lying across your forearm, tummy down, with your hand supporting his chest)
- Lay baby across your lap & gently rub his back while slowly lifting & lowering your heels
- Lay baby tummy-down on the bed or floor and gently pat his back
- Massage your baby. Do the I L U massage on baby's abdomen

Reduce stimulation

- Swaddle baby
- Dim lights and reduce noise
- **Comforting Sounds** Play some music (try different styles and types of voices to see which baby prefers)
- Sing to baby
- Turn on some "white noise" (fan, vacuum cleaner, dishwasher)

Rhythmic motion / change of pace

- Feed baby in motion (while walking around or rocking)
- Give baby a bath
- Rock baby
- Hold baby and gently bounce (birth ball), sway back and forth or dance
- Put baby in a sling or baby carrier and walk around inside or outside
- Put baby in a baby swing (if he's old enough)
- Take baby outside to look at the trees
- Take baby for a walk in the stroller
- Go for a car ride
- Set baby in a baby carrier (or car seat) on the dryer with the dryer turned on (stand by him, as the vibration can bounce the seat right off the dryer onto the floor)

One of the most interesting things I've seen regarding infant fussiness is that almost anything a parent tries to reduce fussiness will work, but only for a short time, and then other strategies need to be used. If you feed and it doesn't seem to help, then try other comfort measures. If you pick him up or feed him, and baby is content, then that was what he needed. If it works, use it!

Y is for you, MUM!

No matter how much time you spent babysitting as a teenager or how many baby care books you've devoured since the pregnancy test came back positive, nothing can ever fully prepare you for the experience of becoming a parent. Many new parents describe the early weeks after the birth as the best of times and the worst of times all wrapped up into one exhilarating and yet exhausting package: a time to celebrate your newfound status as a parent while simultaneously mourning the loss of your pre-baby freedom. Add to this the fact that your body is busy morphing back to its pre-pregnant state and the

fact you haven't had a good night's sleep since the second trimester (if then!) and you can see why the postpartum period tends to be a bit of a rocky ride.

Here are some tips on making the most of this wacky but wonderful time in your life.

- Schedule a babymoon. According to childbirth educator Sheila Kitzinger, there's a case to be made for taking a "babymoon" – time alone as a family during the early hours and days after the birth. Not only do you need a chance to get used to the fact that you are actually someone's mother: you also need time to recover from the birth. (Hey, they don't call it "labor" for nothing!)
- Limit the number of visitors during the early weeks of your baby's life. Once you've had the chance to babymoon for a day or two, you may be eager to start showing off the new arrival. To prevent yourself from becoming totally exhausted, you'll probably want to limit the frequency and duration of visits. If, like many new parents, you find yourself playing hostess to a steady stream of visitors who drop by daily or (horrors!) overstay their welcome, you might fall back on some tried-and-true techniques like staying in your nightie and housecoat all day long or entertaining visitors in your bedroom rather than the livingroom. That way, you'll be sending visitors a message loud and clear: this new mom needs her rest!
- Accept any and all offers of help. Keep a running list of jobs (see sample at end of booklet), that need to be done. That way, if someone calls to ask what they can do to help, you'll be able to assign them a particular task: e.g., picking up some fresh fruit and vegetables at the grocery store, doing a load of laundry. After all, if there's one time in your life when you're entitled to call in your favors, this is it. You've got the Mother of All Excuses!
- Put your support team in place. Make a list of all the people you can turn to for assistance when the going gets rough: friends who have recently had babies and who will be only too happy to answer your questions about everything from feeding to diapering, health care professionals in your community who are available to answer questions or provide other types of support, and local businesses that may be able to make your life easier after the birth (e.g. a grocery store or drugstore that will deliver orders right to your door; a cleaning service that offers a special discount to new mothers(?!); or a postpartum doula who provides household help for a set hourly fee).
- Find ways to stay connected to your partner. The postpartum period can be a wild ride for couples, too. Not only are you both trying to learn the ins and outs of baby care: you're also dealing with chronic sleep deprivation. Add to that the fact that your sex life has likely gone into hibernation for at least the next few weeks and you can see why it's easy to get out of sync with your partner. Still, as exhausted as you are likely to be at this stage of the game, it's important to make an effort to let your partner know that the bond between the two of you is still as strong as ever. He's not being replaced in his role as leading man: he's simply being asked to share his star billing with a highly demanding 3kg co-star!
- Don't play Martha Stewart unless you want to. Rather than trying to catch up on the housework each time your baby takes a nap, hit the couch yourself. Your rest is more important than trying to live up to Martha Stewart-like housekeeping standards. On the other hand, if living in chaos is making you crazy; see if you can get a friend or relative to pitch in. Chances are they'll be only too happy to help.
- Remind yourself that this too shall pass. You aren't doomed to spend the rest of your life stumbling around in a zombie state with a puddle of spit-ups on your shoulder. And after your baby has grown into a free-spirited toddler, chances are you'll find yourself feeling a little wistful as you reflect back on these baby days. They truly are the stuff of which memories are made.

Enjoy these first days with your small miracle! Rest, eat well, make sure you have enough support to help you recover quickly after birth, so that you can enjoy the challenges and rewards of parenting :-).

The following tips can be very helpful for mild postnatal blues or any time that you're feeling down. However, if your symptoms are not relieved by the below measures or you have felt like hurting yourself or your child, please call your health care provider *immediately*. Postpartum depression is something that can affect 10-20% of new mothers in the Western culture. (Again) Some of the symptoms include sadness, hopelessness, an inability to experience pleasure from everyday activities, excessive emotional sensitivity, sleep and appetite disturbances (too much or too little), agitation, irritability and an inability to concentrate. If these symptoms persist for at least 2 weeks, you might be suffering from depression. Causes can be broken down in roughly 5 categories: physiological factors (pain, fatigue), negative birth experience, infant characteristics (temperament, prematurity, disability), psychological factors (self-esteem, previous episodes of depression), social factors (losses, abuse, lack of support, low income).

- Extra rest should be a priority. If you're tired, your depression and anxiety will be worse. Nap when your baby naps. Get someone to help you with child care and housework. Eliminate or cut down on daily chores until you are feeling better.
- Reduce stress. If you want to do some chores, set minimal goals for yourself.
- Practice relaxation exercises (like those taught in childbirth classes).
- Eat well. If you have little appetite, fix small, nutritious snacks for yourself throughout the day. Avoid excessive amounts of caffeine and sugary foods and beverages; these are associated with worsening symptoms. Increase your intake of foods made up of complex carbohydrates, such as whole-grain breads and cereals, potatoes, rice, and pasta. Eat more fruits and vegetables. Try a chicken on whole-wheat sandwich.
- Nutritional supplements can be very helpful -- add extra selenium (1 brazil nut per day) and folic acid to your diet.
- Try to get some exercise every day. Take a walk or get some other form of gentle exercise at least 30 minutes per day, 3 times a week.
- Get at least 30 minutes of sunlight every day. Lack of sunlight can worsen depression.
- Take time with your appearance every day. Get dressed every day, no matter what. Looking good can help you feel better about yourself.
- Nurture yourself as much as possible. Get a massage. Take a bubble bath. Read a book. Work on a hobby on a regular basis.
- Keep to a routine.
- Laugh - regularly and hard.
- Pray. Meditate.
- Sing. Listen to happy music.
- Talk to a supportive spouse or friend.
- Keep a journal. Your depressed feelings need to be expressed and validated.
- Make an effort to spend time with other adults. Find a playgroup, invite friends over, or even chat online.
- Get involved in the outside world. Volunteer. Help someone else out.
- Find a support group.
- Let your doctor know how you're feeling. You may want to get a blood test to check for a postpartum thyroid problem and/or anemia.

If your feelings of depression is severe, or unrelieved by the above measures, get professional help. See PHQ at end.

A is for Activity**Holding, handling and swaddling**

- Your baby will teach you how to parent him/her
- Your newborn won't break, but his head is so large relative to his body size and his neck muscles are not strong enough to control his big head, it must be constantly supported (well for the first month at least!). Allowing the head to flop freely in any direction could injure his head and neck
- NEVER shake baby for any reason, this can cause brain damage
- Demo: Glide one hand under baby's neck to support his head
- Other hand under his back and bum in order to support lower part of baby's body
- And pick baby up.....
- Lay baby down the same way on his back
- In the 1st few weeks baby might like to be swaddled – give them a sense of security. Swaddling is the best way to imitate the tight hug of the womb environment as it provides deep-touch pressure and prevents baby's limbs from shooting out in startle reflex – although recent research indicates swaddled babies sleep too well and don't wake enough for the needed frequent feeds in the early days!
- Fold about 30cm of a light blanket to the front (or fold a square into a triangle)
- Place baby in the middle – shoulders just below the edge of the blanket
- Fold 1 side over baby's body, tuck in under opposite arm
- Fold the bottom part over baby's feet (optional)
- Last piece over baby and tucked in behind back

AGAIN Swaddling MUST be safely done:

Thin layer

Cotton swaddle

Bent legs

Kick time while awake

Appropriate room temperature

Not covering the baby's head

Hands to midline – not straight by the sides

Early use birth to 12 weeks max

No other covers in cot

No pillows

Safe co-sleeping strategies

Dressing

- A newborn is less capable of regulating his body temperature than he will be in just a few months. He is able to sweat from day one, but his ability to use sweating as a thermo regulating process is poor
- This doesn't mean you have to bundle him in arctic gear 24/7
- Dress him in the same number of clothing layers that you would want for yourself, with a light receiving blanket (or 2) added during the 1st few weeks
- Baby can lose a considerable amount of heat from the surface of his head, keep it covered when going outside and its chilly – BABY SHOULD NOT sleep with a hat on
- When dressing baby don't pull a shirt over his head in a way that drags the material forcefully past his skin
- Use your hands to spread the shirts neck open and then manoeuvre it over his head so there's no pressure on his skin
- Don't push his hands through the narrow openings of the sleeves – rather reach through the opening, gently grasp his hand and pull the sleeve over it

- When removing top – reverse procedure, pulling over hands first and then head
- Baby needs to be dressed and undressed a lot which means you will get plenty of practice
- Again – dress and undress on a firm surface, bed or floor, etc.
- In winter keep time naked to a minimum. Some babies do not like the cold air against their naked bodies and might cry
- Do not dress baby to warm – feel neck, back or head to determine if baby is too hot or cold – hands and feet are going to be cold (they are not moving a lot), but could be an indication
- In the first weeks baby's internal temperature control is not very stable. If it is too cold baby will use the kilojoules she needs to grow with, to try and keep warm. If baby gets too hot – she will get a heat rash – looks like miniature case of teenage acne. Calamine lotion (or 1 teaspoon of bicarbonate in bath) will soothe skin – keep the skin dry

Nappy change checklist

- Nappy changing sponge / sheet
- Toilet roll / tissues
- Cotton wool and water or baby wipes (these are just for outings, at home use cotton wool & water)
- Cloth nappy or facecloth to dry bum
- Surgical spirits / rubbing alcohol for cord
- Special cream for nappy rash
- Cloth nappy & nappy liner or disposable nappy
- Clean clothes
- Waste basket
- Toys for distraction

Diaper duty

- Before your child passes her final exam in Toilet Training 101, you can look forward to changing about 6800 nappies (it may seem more like 43 trillion), since your newborn will need to be changed eight to ten times a day, you'll have plenty of opportunities to practice this skill
- You'll need to decide whether your baby will spend most of her time in disposable or cloth nappies
- You will need supplies to clean up dirty bottom, use cotton wool moistened with warm water for the 1st month or 2 and then a small washcloth at home or commercial baby wipes when you are away from home (some babies' skin may be sensitive to the fragrances or irritated by the alcohol contained in some wipes)
- Baby powder isn't necessary and can be left out of the changing procedure
- Check diaper for moisture or stool every 2 or 3 hours when baby is awake
- Urine alone is normally not irritating, stool left in contact with skin can provoke a rash
- The first time you change a nappy take your time. In time you will become an expert!
- Work on a solid surface and have everything close by before you start
- Baby is going to be in nappies for at least the 1st 2 years during the day and probably until age 3 - 4 during the night before s/he is ready to learn how to use the "potty"
- 1st few months is going to feel like an endless process of changing nappies, but as baby grows and develops s/he will gain more control over her/his bladder and

anal sphincters and will be able to “keep it in” longer before “letting go” and so you will start using less nappies per day

- In the beginning baby will use about 8 nappies per day and by a one year old about 5 nappies per day
- **When to change?** You should change baby's nappy every time you see it is dirty – how many times a day will differ from baby to baby and from day to day
- Obviously you will change the nappy in the morning and at bath time and maybe with every feed (gastro-colic reflex = taking in food, stimulates a bowel movement in baby)
- **Where?** Lay baby down on a soft, warm, waterproof surface
- Older babies wriggle a lot – rather change their diaper on the floor – if you do change it on the bed or table – NEVER leave them alone up there
- **How?** Make sure you have everything you need close by, gather all your supplies before you begin – and remember never walk away from a baby lying on a table
 - Nappy changing sponge / sheet
 - Toilet roll / tissues
 - Cotton balls and water or baby wipes (just for outings)
 - Cloth nappy or facecloth to dry bum
 - Surgical spirits / rubbing alcohol for cord
 - Special cream for nappy rash
 - Cloth nappy, nappy liner, snappy, plastic pants or disposable nappy
 - Clean clothes
 - Waste basket
 - Toy for distraction
- Grasp the feet by the ankles and pull them upward to expose the genital area, use diaper to remove bulk of stool that remains and then use cotton to clean skin
- Girls should be cleaned from front to back to avoid spreading bacteria from rectal area to urinary tract
- Although diaper duty is not the most pleasant job, avoid making a “yuck” face and groaning at every mess. Diaper change should be a time when you communicate love and reassurance not repulsion (even done in fun)
- Do not pull the folds of the labia away to clean inside – not necessary – enough water on cotton wool will do the job – just wipe from top (pubic area) to bottom (anal area)
- For boys clean the legs folds and do not pull on the fore skin – he will start doing it himself when he is about three years old
- Clean cord with surgical spirits as prescribed by paed
- Put on a clean nappy, dress baby, place him/her in a safe place and WASH your hands after throwing away the nappy

Baby bath checklist:

- Plastic baby bath, luke warm water (29-36°C)
- 2 buckets with lids (dirty nappies, dirty cloths)
- Washable wastebasket
- Safety bath mat
- Area to soap baby in like nappy changing sponge or after bath mattress with big towel
- Cotton balls
- Sterile water for cleaning eyes (first few weeks)

- Baba shampoo
- Baba soap
- Surgical spirits / rubbing alcohol for cord
- Bum ointment
- Clean nappy and clothes
- Soft brush
- Baby scissors
- Calm music

Bathing of baby

- Bath time is the highlight of the day
- When babies are this young – do not rush bath time - do it slowly, this is a time you get to know one another
- Relax and enjoy bath time – baby can feel if you are in a hurry and might react by crying – and that is going to upset you both
- It is your decision when baby should be bathed – do it at a time that is convenient for both of you – maybe later in the morning after a nice “lay-in” and when it is a bit warmer or tonight when dad comes home from work (dad baths the baby and you get a break :-)) – this gives dad a chance to spend special time with baby
- Bath time can be incorporated into the bedtime routine – IF baby likes to bath!
- Bath time is also a good time to examine baby
- Newborns are not really dirty (expect maybe after a HUGE pooh), and do not need to be bathed every day – when they are a bit sweaty you “top & tail” baby (wash face, wipe hands, clean the cord and wash genital area)
- Some newborns do not like being undress and might cry – this is NOT an indication that they will not enjoy the bath!
- In hospital the staff will give baby her 1st bath, next day they will show you how and maybe you will get a chance to do it in their presences before going home
- Does not really matter HOW you bath baby as long as his:
 - Head is above water
 - Stays warm
 - You both have a chance to enjoy it
- If your bath is not too hot, baby may bath with you (his own personal swimming pool!)
- Golden rules:
 - Have all the supplies you are going to need ready
 - Work on a level comfortable for your back – especially if you've had a Caesar
 - Room temperature should be about 29°C and water not warmer than 37°C, temperature should feel comfortable (29°C) and NO draughts in the room
 - Never ever turn your back, or leave your baby unattended on a high surface. All babies squirm and wiggle – even newborns can move themselves off the fancy bath chair – so DO NOT leave them unattended
 - No electricity close or near the water!!
 - Do not use a face cloth (filled with bacteria) to wash baby's face in the first few weeks – rather use cotton wool – clean piece for each eye (can use face cloth from about 2-3 months)
 - Use only a few cm of water in the beginning – just enough to rinse baby off
 - If baby is very hungry – wrap/swaddle her in a towel and feed – then bath and after the bath you can finish the feed
 - Relax and enjoy the time you are spending together

- Method:

- Babies lose heat very quickly, thus it is important to keep the room warm
- Bath baby in any room – even floor of bath room
- If you are using a bath that fits over the big bath – make sure you kneel – do not bend from your waist!

DEMO:

- Do not use your hand to test the bath water – use your forearm and elbow ($\pm 29,5^{\circ}\text{C}$ - 36°C)
- Undress baby (keep nappy on), swaddle in towel (remember to fold a triangle to the back not to the inside like for normal swaddling)
- Clean the face first – use the bath water or cooled down boiled water (no soap or oil)
- Clean eyes with cotton wool dipped and rinsed out in water – clean eye from nose outwards – use clean cotton wool for each eye
- Then clean behind and around ears
- Clean inside the ears – only what you can see – otherwise you will push the wax back and it might form a plug. Also do not put anything in baby's nose – you might push the mucus deeper into the nose
- Get baby to look up – so that her neck is exposed for you to clean it
- Hold baby in the football hold – between your hip and arm – thumb and middle finger on her ears to prevent water from running into the ears
- Wash hair with light shampoo or baby soap – rinse and dry thoroughly (with triangle fold :-)) while baby is still wrapped in the towel
- Wash hair every time you bath baby – if they lie in the pram / carrycot the whole day – their head will be sweaty
- Test water again with your forearm / elbow or bath thermometer – now you may add oil if you really have to
- Place baby on warm, soft, waterproof surface
- Place soap on your hands, rub hands to warm soap and wash baby's body with your hands, whole body, trunk, arms, legs, back, bum last making sure you get to all the folds in the neck, under the arms, between the legs etc. Don't soap baby's hands after about 8 weeks, rather wash it in the bath when rinsing baby (remember they discover their hands at about 8 weeks and you don't want baby sucking on soap)
- AGAIN Leave the foreskin – your son will start pulling it back himself when he is about 2 or 3 years old and by 5 years he will probably be able to do it completely
- The white discharge can be wiped away with cotton wool
- Baby is going to be slippery – pick him up, placing your hand around underneath the neck – holding the opposite (let's say left) upper-arm with 1 hand and underneath the bum, holding the left upper-leg with the other hand – place in bath and rinse with hand that held the upper-leg (do not let go of baby's upper-arm!)
- Later – as baby get older you can extend the play-time in the water and much later as she is able to sit better – you may even decide to bath her *in* the bath
- When you have enough confidence you can even let baby lie across your forearm in the bath (on her tummy) – so you can rinse her back
- Lift her out same way you put her in – do not shake her dry – swaddle her and cuddle her dry – then you pay attention to the folds – behind the ears, neck, under the arms, between the legs, the split between the buttocks, inside of elbows, behind knees, between toes and fingers – make sure it is completely dry

- Clean cord with surgical spirits and cotton wool – keep the cord dry – do NOT drip the spirits onto the cord!!
- Do not cover the cord when putting on the nappy
- Do not pull on the cord – will fall off between 7 – 14 days – if it becomes red and infected – contact your doctor, although it is rare that it will become infected if you clean it as prescribed by your baby's paed
- Babies do not really need cream and oils – and their skin is very delicate and sensitive
- Grape seed or almond oil could be used for massage – something that can be done now – but do it at a time that is convenient for you both – when you are not stressed or hungry
- If you have to use powder – use a Baby Corn-starch Powder, a little bit on your hand and onto the skin, back, neck folds – careful around the face – you do not want baby to choke on it
- Dress baby, feed baby, wind baby and lie down for a nice long nap :-)
- Babies usually sleep a longer stretch after a bath and a feed

- Top & tail

Newborns are not really dirty (expect after a HUGE poo diaper), and do not need to be bathed every day – especially in winter then you just "top & tail" them

- Need luke warm water and cotton wool
- Clean each eye from the inside out
- With clean cotton wool clean, face, mouth and nostrils, neck fold and behind ears
- Wipe hands and arms with a face cloth
- Dress in clean top and take nappy off
- Clean bum with cotton wool – dry thoroughly
- Bum cream on bum to prevent/treat rash
- Clean nappy on

From the moment you see, touch and begin to live with your baby, one basic reality will become abundantly clear: she can do nothing to meet her own needs....yet. She can't feed herself; maybe lift her head, but not change position or scratch where it itches. She can, and will, however let everyone know when she is unhappy and when her rudimentary attempts at communication are not interpreted correctly or acknowledged, she may have to use more direct signals such as crying.

Friends, relatives and grandparents may lend a hand, give a few helpful hints, and be a shoulder to lean on, but remember their advice might be more style than substance: if there is any difference of opinion rather seek input from your health care provider. Just remember your baby's need for total care has a time limit ($\pm 20-30$ years). As she develops new skills she will want you (and need you) to do less and less for her. The next two decades will be a gradual process of becoming completely independent of you. Enjoy the journey!

I hope this info have given you some idea of what to expect, and help you survive these magical early weeks!!

Trust your instincts
Listen to and follow your baby's cues
Family always comes first

SO all that is left to say is.....

Cleaning and Scrubbing Can Wait 'Till Tomorrow
For Babies Grow Up We've Learned To Our Sorrow
So Quiet Down Cobwebs
Dust Go To Sleep
I'm Rocking My Baby
And Babies Don't Keep.

The Breastfeeding Clinic

2019

Breastfeeding support

& education @ hospital / home / clinic

~ Drop-in Clinic Thursday mornings 9-12:00 @ 22 Dirkie Uys Street, Somerset West ~

Note worthy:

→ FREE mobile friendly e-book! Download a full version of the Breastfeeding Guide booklet (covering breastfeeding information for six months and beyond) at

www.breastfeedingsa.co.za



→ Self-weighing option any weekday @ 22 Dirkie Uys Street, Somerset West



083 415 4657



Leana Habeck

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Home & hospital visits, Breastfeeding Support (Education sessions available on request) PR.NO. 0026174

Leana @ 083 415 4657

Amanda (Doula & LLL)
@ 071 334 6156

Breastfeeding Log

- To help you keep track of what is going on in the 1st few days

Circle the closest hour to the **beginning** of each feed

Circle **W** when baby has a **wet** nappy. Circle **P** when baby has a **poo** nappy

(We want to see LOTS of poo nappies for the 1st month, though weight gain is the "acid"-test that things are going well ;-)

Day	Hours	Wet	Poo	Goal
Day 1.....1st 24 hours	6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5			8-12
Wet		W		1
Poo - black tarry			P	1
Day 2.....2nd 24 hours	6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5			8-12
Wet		W W		2
Poo - brownish/black tarry			P P	2
Day 3.....3rd 24 hours	6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5			8-12
Wet		W W W		3
Poo - greenish (should be getting lighter)			P P P	3
Day 4.....4th 24 hours	6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5			8-12
Wet		W W W W		4
Poo - greenish (should be getting lighter)			P P P	3
Day 5	6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5			8-12
Wet		W W W W W		5
Poo - yellow, runny			P P P	3+

Contact your IBCLC for a follow-up within 2 days of discharge.
Contact your IBCLC ASAP if baby has latching issues.
LEANA @ 083 415 4657

Coping with engorgement - milk "coming in"

Cause: Increased **blood, oedema and milk** in breast when the **copious** production of breast milk starts on day three or four

Symptoms: Swelling; tight, shiny skin; redness; pain; heat; difficult to latch or remove milk; mild fever

Management:

⇒ Frequent, effective **milk removal**

⇒ Apply **mild** heat to the breast for 1-2 minutes just **before** feed/expressing

⇒ **Gentle massage** gets milk flowing, soften areola (if necessary) before latching

⇒ **Feed** optimally on the 1st side, express the other side if necessary

⇒ **Massage gently** while feeding/expressing

⇒ If breasts are not comfortable after feeding, express by hand or with pump

⇒ Do not combine vigorous massage and heat

⇒ **Cold** gel pack/cabbage leaves **after** feeds (cabbage leaves on for only ±20 min)

⇒ NB: Severe engorgement can lead to reduced milk supply! **GET HELP!**

We'd love your help!

Life is very busy for us right now, and it would mean a lot if you could choose one item from this list to help us with:

Groceries: _____

Meals: _____

Errands: _____

Chores: _____

Thank you SO much!

Patient Health Questionnaire (PHQ-2 & PHQ-9)

PHQ 2	
1. During the past two weeks , have you often been bothered by little interest or pleasure in doing things?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. During the past two weeks , have you often been bothered by feeling down, depressed or hopeless?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the answer to both questions is No, the screen is negative for depression (<i>re-screen if indicated</i>). If yes was selected for one or both questions, please consult appropriate discipline to complete the PHQ-9.	

PHQ 9				
Over the last 2 weeks , how often have you been bothered by any of the following problems? (Use <input checked="" type="checkbox"/> to indicate your answer)	Not at all (score = 0)	Several days (score = 1)	More than half the days (score = 2)	Nearly every day (score = 3)
1. Little interest or pleasure in doing things				
2. Feeling down, depressed, or hopeless				
3. Trouble falling asleep, or staying asleep, or sleeping too much				
4. Feeling tired or having little energy				
5. Poor appetite or overeating				
6. Feeling bad about yourself - or that you are a failure, or have let yourself or your family down				
7. Trouble concentrating on things, such as reading the newspaper or watching television				
8. Moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around more than usual				
9. Thoughts that you would be better off dead or of hurting yourself in some way				
TOTAL	0 +	+	+	+
TOTAL SCORE				
If you checked off <u>any</u> problem, how <u>difficult</u> have these problems made it for you to do your work, take care of things at home, or get along with other people?				
<input type="checkbox"/> Not difficult at all <input type="checkbox"/> Somewhat difficult <input type="checkbox"/> Very difficult <input type="checkbox"/> Extremely difficult				

PHQ-9 Score	Meaning / Action
Less than 5	Patient not likely depressed, re-screen if affect changes. Communicate results to the team and to any referral sites.
Between 5-9	Watchful waiting - patient to be closely monitored and re-screened if needed. Communicate results to the team and any referral sites.
Greater than 9	Patient has screened positive and requires further assessment by a certified professional for diagnosis and treatment. Notify attending, consider consulting psychiatry or psychology. Communicate results to the team and any referral sites.