

# Growing with **you**

## Maternity Information

MATERNAL & NEONATAL SERVICES



**JOONDALUP**  
HEALTH CAMPUS

Shenton Avenue Joondalup Phone (08) 9400 9400

# Congratulations

Congratulations on the birth of your baby. We thank you for choosing to deliver your baby with us and feel privileged to be part of your experience. You are entering a new stage in your life and we hope we can make the transition a little easier. You will find a lot of 'experts' now, who will freely give you advice regarding the care of your baby.

We hope to equip you with enough information in this booklet to deal with most situations that arise. However, please remember that you are the one who knows and understands your baby best. The bond you have developed with your baby gives you strong instincts and will help you to know what is right for your baby. Trust those instincts.

This booklet has been produced by the Maternity Ward at Joondalup Health Campus and is a simple guide for you to take home. More detailed breastfeeding information is contained in the hospital's Breastfeeding Handbook.

If you need more information after reading this booklet, the contacts below may be helpful:



Joondalup Health Campus	9400 9400
Your Child Health Nurse (have number handy) or phone	9426 9444
Lactation Consultant (Mon - Fri, 9am - 5pm)	9400 9645
Your local GP	
Your Paediatrician	
Post Natal Depression Support Group – Helpline	9340 1622
Parenting Line	6279 1200 / 1800 654 432
Health Information Resource Service for Women (HIRS) based at KEMH. Free information service: <a href="http://www.pmke.wa.gov.au/hirs">www.pmke.wa.gov.au/hirs</a> 9340 1100/1800 651 1100 (country callers)	
Obstetric and breastfeeding drug information, phone the pharmacy at KEMH	9340 2723
Health Direct (24hr health advice)	1800 022 222

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# Thank you

for choosing

## Joondalup Health Campus

Joondalup Health Campus (JHC) is the largest healthcare facility in Perth's rapidly growing northern suburbs and provides a high level of care to both public and private patients.

The hospital has an Emergency Department, After Hours GP Clinic and specialist medical centre and will continue to expand with a \$229.8 million redevelopment anticipated for completion in 2013.

JHC is accredited with the Australian Council on Healthcare Standards and is also an accredited Baby Friendly Hospital.

At this time you need to feel confident you're in good hands. The vast training and experience of our doctors and midwives is supported by well equipped facilities. These include our 24-hour on-site laboratory service, adult intensive care facilities and 24-hour anaesthetic, medical and surgical cover in the case of an emergency.



## Support

### Our Doctors and Midwives

At Joondalup Health Campus we ensure all our patients have access to the very best quality care.

Our doctors are kept well informed about mother and baby during labour and after birth. A midwife will always be present at the birth of your baby and a doctor will be present as necessary. Our doctors visit the ward daily and are on-hand to discuss any concerns or queries you may have.

Our midwives are skilled and up-to-date with the latest birthing techniques and neonatal care. They will assist you with your labour, birth, postnatal care and parenting education. At Joondalup Health Campus we can cater for you and your baby from 32 weeks gestation, minimising the need for you and your baby to be separated.



### Antenatal Classes

Our childbirth classes cover practical and comprehensive information and are facilitated by the midwives involved in your care.

Although structured, the aim of the classes is to share knowledge so questions and active discussion is encouraged.

Through the classes, you will also become familiar with our hospital environment. Partners are encouraged to attend all classes and it is advisable to book your classes early in your pregnancy, as they fill up quickly.

### Special Care Nursery

The Special Care Nursery (SCN) is separate from the main nursery in the ward and provides care for babies requiring a little extra support and observation. Our SCN is equipped to care for newborns delivered from 32 weeks gestation.

Our paediatricians have consulting rooms in our Specialist Medical Centre, so when they are called in they are generally close by. The SCN is staffed by experienced nurses with additional qualifications in caring for newborns with special needs.

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## Obstetric Home Visiting Service

If all is well, most women are home within 24-48 hours of giving birth and you may even go home six hours after if you wish. Women who have caesarean sections may stay for up to four days after the day of delivery (day 4). If you live within the catchment area, you can receive continuity of care once you go home by our Obstetric Home Visiting Service. A hospital midwife will visit you at home until day 4 or 5 and will answer any questions you may have. They will also provide advice and support where necessary to assist you in caring for yourself and your new baby.

## Additional Services if Required

- Lactation consultant
- Physiotherapist
- Pastoral care upon request
- Postnatal depression and anxiety services are also available on-site

A variety of foods are available from our menu and special dietary requirements can be accommodated. Please let your midwife know on admission so that we can cater for your specific requirements.

## Child Health Nurse Visit

- Please contact your child health nurse within 72 hours of returning home (their address and phone number is located at the front of your child's health book). If there are any issues concerning you make a long appointment.
- Have a friend or partner care for your other children so you can concentrate.
- Write down any questions before the appointment so you don't forget.
- Be honest with how you feel (emotionally and physically).

# Before your Baby's Arrival

## Preparing Your Household

It is important to start preparing your household to receive its new family member early in your pregnancy.

- Create a place for baby. It may be a nursery or it may be in your bedroom close to you.
- Buy essential baby equipment and wash all the baby clothes.
- Talk to your partner about rearranging household tasks and discuss with your partner how you are going to organise your schedule to enable you to spend time together.
- Try and accept offers of help from friends and family.
- In planning your day, be practical and flexible. Priorities should include:
  - Feeding and caring for your baby
  - Eating regular nutritious meals and drinking plenty of fluids
  - Rest time
  - Washing clothes and nappies
- As your routine establishes, you can enjoy daily exercise.

## When to Contact the Maternity Ward

Please contact the hospital if you have any worries or concerns on 9400 9233.

It is very important to contact the ward if you experience:

- Your 'waters breaking' or continuous leaking of fluid from the vagina
- Bright bleeding larger than a 50 cent piece, or persistent bleeding
- Intense abdominal pain that does not subside
- Onset of contractions before 37 weeks
- Onset of regular contractions after 37 weeks
- Severe headache or visual disturbances
- Decreased foetal movements (less than 10 movements a day)
- If you have any concerns regarding your pregnancy and onset of labour

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## What to Bring to Hospital

It is advisable to have your bag packed by 36 weeks just in case you go into labour earlier than expected.

Listed below are items we ask you to bring into hospital:

### For YOU:

- Night wear/dressing gown
- Comfortable casual clothing
- Personal toiletries
- Sanitary pads for use following delivery
- Pen or pencil
- Your Breastfeeding Handbook

### For BABY:

- Disposable nappies if you wish to use them (we provide cloth nappies)
- Cotton buds, for cleaning baby's cord
- Bathing solutions or soap

### For Baby to go home:

- One singlet
- One set of clothes
- Two baby rugs
- Two nappies
- Two safety pins (if using cloth nappies)
- Baby capsule for the car. Please call Kidsafe on 1800 802 244 for details about approved safety devices for transporting newborns.

If you are planning to formula feed your baby you are required to bring in your own formula of choice and your baby's bottles and teats. This enables your baby to adjust to the individual teat flow and shape before going home.



# During and After the Birth

## Induction of Labour

We will need to induce labour if it is medically indicated. For example we may need to induce labour if you have high blood pressure, are overdue by 10 days, or if the baby is not growing well.

The onset of labour is neither an immediate or guaranteed outcome. The induction process is trying to mimic a natural labour, which can take hours. Please do not expect results quickly, although some women will experience the onset of labour soon after commencement of induction.

In very rare instances, induction fails and if this occurs, your baby may be born by caesarean section. The chosen method of induction to best suit your body will be discussed with you and planned prior to your admission to hospital. The different methods of inducing labour are outlined below.

### Prostin Gel

Prostin gel is a hormone which is used to soften (ripen) the neck of the uterus (cervix). The cervix must be favourable (dilated) before the doctor or midwife can break your waters, which is known as an artificial rupture of membranes (ARM).

The gel comes in a slim plastic tube and is inserted into the vagina during a vaginal examination. On average two doses of gel are required. If the first dose does not work, the second dose will be given approximately six hours later. On rare occasions, a third dose may be required, or an alternative induction plan made.

After the prostin gel is inserted, you are required to lie on your side for an hour. This stops the gel from running back out of your vagina. You will be connected to a monitor, which will observe your baby's heart beat before, during and after the prostin gel is administered.

You may experience period like pains after the prostin gel has been administered and in some cases tightening or contractions which may or may not be painful. If you do find it painful, do not hesitate to ask for assistance or pain relief.

Please inform your midwife if you have regular or painful contractions after the gel has been administered to enable careful monitoring. If after one dose, the cervix is favourable enough to allow an ARM, you may be able to sleep until the following morning.

After an early breakfast and when the Birth Suite is ready, you can commence the next phase of the induction with ARM and Syntocinon infusion (hormone drip to contract the uterus). Once painful contractions start, you and your baby will be monitored continually until delivery.

As JHC does not have the facilities for birth partners to stay overnight if you are not in labour, your partner will be asked to go home and can return when you are transferred to the Birth Suite.

### ARM and Syntocinon

An ARM (artificial rupture of membranes) is performed in the Birth Suite during a vaginal examination. A small hole is made in the bag of fluid which surrounds your baby by using a small hook (which is either on a long plastic handle or on the end of a special condom which fits onto the doctor or midwife's finger).

An intravenous infusion (drip) containing a hormone called syntocinon is then commenced, which will stimulate your contractions. The rate of the infusion is increased every half an hour until you are having strong and regular contractions.

If you have an ARM and syntocinon infusion, you and your baby will need continuous monitoring.

## Once Your Baby is Born

During your labour the midwife and medical team will decide if it is necessary for a member of the paediatric team to be present at the birth.

After the birth, the midwife will give your baby a Vitamin K injection (if you have consented to it) and put identification bands on your baby. It is essential that your baby has an identification band on at all times. Please notify the midwife caring for you if one of the bands comes off.

Your baby will be transferred with you to the postnatal ward and stay with you at all times.

## Our Birth Suites

Our Birth Suites contain all the medical equipment you may need during your stay, yet retain all the comforts of home. During labour you are guaranteed your own private room. Each room is attractively decorated and has an ensuite bathroom with a large bath.

## Your Room

After the birth you can spend time with your new baby in the comfort of your room. Each room has an ensuite, nurse call hand set, and AM/FM radio. A telephone and television are available for hire if you require them.

## Visiting Hours

Visiting hours are unrestricted between the hours of 8am to 12noon and 3pm to 8pm. We encourage rest period between 12noon and 3pm to ensure some quality quiet time. We also encourage you to restrict your visitor numbers and the length of time they stay as adequate rest is essential for new and expecting mothers.

## Rooming In

In hospital we encourage rooming-in with your baby immediately from birth. Newborn babies need close maternal contact after having spent the last nine months growing inside you. Separation, even just in the cot, may cause some babies to become very unsettled. Rooming-in allows you to get to know your baby and develop the breastfeeding and parenting skills you will need when you return home. Rooming-in promotes bonding, enables breastfeeding on demand and allows closer contact with family members.

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# Health Information

## Hepatitis B

All babies need a Hepatitis B vaccination.

### What is Hepatitis B?

Hepatitis B is a serious viral disease that attacks the liver and can make you very sick.

About half of all adults and most children with Hepatitis B have no symptoms (signs) at all. People often feel well for several months before developing symptoms.

Most adults recover completely and remain immune for life - they can't catch Hepatitis B again. Most babies and some adults become long-term carriers of the disease. Carriers usually feel well but have the Hepatitis B virus in their blood and can infect other people.

Carriers are at risk of serious liver diseases, including liver cancer, 20 or more years after first getting Hepatitis B. These diseases can kill you.

### How could my baby get Hepatitis B?

The Hepatitis B virus is mainly transmitted through blood (less than a drop is enough) but you can also be infected through other body fluids, including saliva.

A mother who is a carrier of the disease can pass Hepatitis B to her baby while pregnant, during birth or through breast milk.

Babies and children can get Hepatitis B by:

- Coming into contact with the carrier's blood, saliva or other body fluids (eg. needles, human bites)
- Sharing toothbrushes and other personal items
- Living in close contact with a carrier

In Australia, people are very unlikely to get Hepatitis B from blood transfusions or organ transplants because blood and transplant organs are tested for Hepatitis B.

### Why does my baby need a Hepatitis B injection now?

- There is no cure for Hepatitis B
- Your baby will be protected for life if fully vaccinated against Hepatitis B
- Babies and infants who catch Hepatitis B are very likely to become carriers of the disease.

This means they can pass it to other people, including family and friends and may also die from liver disease.

- The sooner your child is vaccinated against Hepatitis B the less you have to worry about.
- Immunising your baby helps protect everyone from illnesses such as hepatitis including sick children who can't be immunised.

### Tell me more about the vaccination

Every baby born in Australia is entitled to a free Hepatitis B vaccination. Because the Hepatitis B vaccine can be combined with other vaccines, only one extra injection is needed to protect your baby against Hepatitis B.

- The first dose is usually given just after birth.
- The other doses are given at two, four and six months together with the other routine childhood vaccinations.

After having all four doses of the Hepatitis B vaccine, your baby is almost certainly protected from hepatitis for life.

All 12 year olds can also get a free Hepatitis B vaccination. Please ask your GP about this.

### How safe is the Hepatitis B vaccine?

Over the past 20 years, Hepatitis B vaccine has been given to millions of people around the world and is one of the safest vaccines known. After vaccination, your baby may be a bit sore at the injection site and have a low fever. If you are worried please call your GP or child health nurse.

With your consent, the Hepatitis B injection is given prior to discharge from the hospital.

For more information contact your GP, local public health unit, community nurse or health worker, or the Central Immunisation Clinic on 9321 1312.

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## Group B Streptococcus

Group B Streptococcus (GBS) has emerged as an important and frequent cause of problems for new babies. It commonly occurs in 10-30% of pregnant women who have a positive vaginal swab, which can result in transmission to their baby during labour and delivery resulting in infections. As a precaution all women have a low vaginal swab taken at 37 weeks. If you have a positive result you will receive antibiotics in labour to reduce the risk of transmission to your baby.

## Pink Spots in the Nappy

Newborn babies may have urates in the urine that stain the nappy with pink patches. It will generally resolve over the first week as the baby's hydration improves with feeding.

## The Umbilical Cord

It is important to keep the cord area clean and dry. This can be done by cleaning around the cord with water at bath times. Make sure you dry the cord well. The cord stump may become moist when it is ready to fall off.

The cord stump will dry out and turn black, falling off at around 7 – 14 days. There may be a small amount of bleeding (dark, old looking blood that is left inside the stump), which is normal. Clean the stump with water at nappy changes and absorb any excess water on the stump with a cotton bud after baby's bath.

Cleaning the cord with any sort of antiseptic or alcohol may interfere with the normal 'flora' (bacteria) that is working to help the cord separate. This may be 'smelly'. If the bleeding persists and is bright red, fresh and covers an area larger than a 20 cent coin, consult your doctor.

## White Spots in Baby's Mouth

These may be normal milk curds. The spots may also be caused by thrush, which is a fungal infection. Thrush spots cannot be wiped off and will bleed if an attempt is made to scrape them off. Thrush may have been acquired from the birth canal or through contamination of bottles, teats, dummies or fingers. Don't borrow teats or dummies for your baby.

If your baby has thrush, you will need to visit your GP who will prescribe anti-fungal drops. Your baby may also have a sore bottom caused by the thrush, which is easily treated with an anti-fungal cream.

Thrush in the baby's mouth may be painful and the baby may refuse to suck. If you are breastfeeding, your nipples may need treatment as the baby's thrush infection may be transferred to your nipple and breast during feeding. Symptoms of thrush in the breast include: extremely tender nipples and shooting or stabbing pains in the nipple and/or breast during and between feeds.

## Sneezing

The only way your baby can clear the nasal passages is by sneezing. Just wipe away any secretions that are sneezed out. If your baby is unwell, lethargic, reluctant to feed, feels hot, or has thick green or yellow discharge from the nose, consult your GP.

## Hiccups

Babies hiccup in-utero, in the bath, whilst feeding and when going off to sleep. They do not distress baby and require no special treatment. It is not necessary to interrupt any procedure such as bathing, feeding or sleeping to try to relieve them.

## Cradle Cap

If your baby has a white, crusty scab on their scalp they have 'cradle cap'. Washing your baby's head at every bath can prevent this. Don't be scared to massage thoroughly especially over the 'soft spot'. To remove the crusts, massage the baby's scalp with warm oil (olive or baby oil) or sorbolene and glycerine. Leave for a few hours, or overnight. You may wish to comb baby's hair back away from their face so scales are dislodged, then wash baby's hair. Rinse and dry thoroughly rubbing well with a towel.

## Rashes

Rashes are most common during the first week and may be the 'Rash of the Newborn' (Erythema Toxicum Neonatorum). It is a normal rash, blotchy in appearance, usually found where clothing rubs against the skin. It requires no treatment. These spots may come and go during the first few weeks of life.

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A heat rash is evident by pinpoint spots, sometimes having a hard, transparent centre. Reddened areas are mainly seen in the skin folds. If your baby is unwell, has a high temperature, and rashes with little purple marks under the skin, seek medical advice immediately.

If you are at all concerned, have your Clinic Sister or GP check the rash.

## Sticky Eyes

About half of all babies develop 'sticky eye' in the early months after birth. It is commonly caused by a blockage in the baby's tear ducts and usually resolves by about six months.

If you have long hair, tie it back whilst attending to your baby. Not only will it prevent hair being caught in baby's fingers, but reduces the risk of infection.

You should always wash your hands thoroughly before attending to your baby's eyes.

Before each feed, use a clean cotton ball to wipe your baby's eyes with boiled water (which has been allowed to cool to room temperature). Clean the unaffected eye first.

Start from the inner corner of the eye and wipe outwards. Use one moistened cotton ball per wipe. If your baby is breastfed, a drop of breast milk, expressed directly into the eyes, may be effective.

If the discharge persists, or becomes purulent (pus-like) or green, see your GP, as the baby may need antibiotic eye drops.

## Whooping Cough

Whooping cough is a highly contagious bacterial respiratory infection. It is transmitted by droplets when an infected person coughs or sneezes. It can affect babies, children and adults.

Adults may simply have a persistent cough, however for younger children and babies this condition can be life threatening. Whooping cough in babies can cause obstruction of breathing and insufficient oxygen supply, causing them to turn blue.

Studies done by the Department of Health show that half of babies affected by whooping cough got the infection from their mother. Half of the babies hospitalised for whooping cough died. However, whooping cough is a preventable condition.

Whooping cough symptoms are like Flu symptoms, with a persistent cough.

- Transmission time: 7-10 days
- Highly infectious: two weeks after cough
- Unlikely infectious: three weeks after cough
- Cough can persist: up to three months

Whooping cough is treatable with antibiotics from your GP. This is especially effective when:

- The cough has been around for less than three weeks
- The baby is less than one year old
- One or two year olds have had less than three doses of vaccination
- Woman are over 36 weeks pregnant
- People who are vaccinated work/attend childcare

It is important to know that:

- A whooping cough booster lasts 10 years but can wear off
- There is NO blood test available to check your immunity
- If you are unaware of your childhood immunity your parents might know
- If you are unsure about your vaccination history it is recommended you consider a whooping cough booster
- There is no safety data yet available regarding the use of the Vaccine in pregnancy

Anyone who would be in contact with young children for most of the day should get the vaccination.

## Neonatal Resuscitation

It is advisable for everyone to have some training in CPR. We suggest you contact either St John's Ambulance or the Red Cross. These organisations offer courses which have a focus on performing CPR on babies and children. However, if you find that your baby is not breathing call for help immediately (Dial 000).



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# Caring for your Baby

## Breast Feeding Support

Joondalup Health Campus is Western Australia's first Baby Friendly Accredited Hospital. This means we recognise that women have the right to adequate advice, support, encouragement and counselling to successfully breastfeed.

Statistics show that women who commence breastfeeding experience most problems in the first 4-6 weeks after birth. Mothers who do not receive adequate management of breastfeeding problems are more likely to wean prematurely.

To support this philosophy, we have established the Lactation Centre which offers support and advice by a certified lactation consultant in a friendly supportive environment free of charge for two weeks.

## Formula Feeding

If you have chosen to use formula to feed your infant, there are a few points to consider.

When preparing the formula, ensure you allow time and concentration to mix it correctly and follow the directions on each tin as these vary between formulas.

Bottle fed babies will feed approximately six times a day, although some babies may prefer to take smaller volumes more frequently.

You may find that your baby's appetite varies during the day and may take a little more or less at different feeds. To encourage symmetrical eye and neck development it is advisable to feed your baby in different arms (as if they were alternating breasts) during the day.

If your baby is fussing at the bottle, check the following:

- Is the milk flowing too quickly? The hole in the teat may be too large.
- Is the milk not flowing fast enough? The lid may be on too tightly (loosen it only slightly) or the teat hole may be too small.
- Do they need a feed or is something else the matter such as being too hot or cold, needing a nappy change or just a cuddle?

## Positing

Many babies bring up a small amount of milk when burping or after feeding. Although it may look like a lot of milk often this is a relatively small amount compared to the volume given.

If positing contains blood, is of an unusual colour, or is persistent, please see your GP. It is particularly concerning if baby appears to be in pain or has poor weight gain.

## Burping

A breastfed baby rarely needs to burp but if you feel it is required, just sit baby with a straight back, on your lap. Support baby's head under the chin and place your other hand on baby's back, holding this position for a few minutes. You could also try gently resting baby on your shoulder and rubbing baby's back. Bottle fed babies may need more burping, because they generally swallow more air whilst feeding.

## Unsettled/Crying Baby

Babies have a very keen awareness of smell, temperature, touch, sound and sight. Some babies become insecure when their environment changes. They adjust very quickly to lots of cuddles from mum and dad, with whom they feel secure. Continue to feed your baby on demand and your baby will soon settle into a routine.

There are different cries for different needs. You will soon become aware of what your baby is crying about be it hunger, pain, boredom, loneliness (for body contact) or discomfort, due to a wet or dirty nappy, or being too hot or too cold.

Babies enjoy movement; rhythmic swaying, rocking in a rocking chair, walking, using a baby sling or pram, or driving in the car. These may help to settle a crying baby.

A deep, warm bath during which baby is constantly being moved through the water, may soothe your baby and lead to a sound, relaxed sleep.

If your baby has been fed and changed but is still crying and you feel yourself getting tense, ask dad, or someone else to take over and give you a break. Breast fed babies can smell their mother's milk and if unsettled, will want to suck for comfort. An extra pair of arms at this time may give a stressed mum an opportunity to relax.

You can also lay baby on a warm nappy or towel, folded and placed under the tummy. Be sure that baby is in sight when lying on their tummy and be sure to place them on their back before settling to sleep.

It may also help to lie baby on their back and try a bicycling action with the legs. This may help expel gases in the bowel, in case that may be the problem. Remember a 'colicky' or 'windy' baby will remain colicky whether breast or bottle fed, so the temptation to wean may only complicate things for you.

Occasionally some babies may be sensitive to certain foods that you have eaten. Maintain a healthy and well balanced diet. Avoid foods that affect you in a bad way and avoid bingeing on any one particular food (eg. chocolate, coffee). Look for signs of illness and eliminate these as reasons for baby's crying or unsettledness.

## Safe Sleeping

### To ensure a safe sleeping environment

- Put baby on their back to sleep on a firm mattress or surface (no bean bags or water beds). Always ensure baby's face and head is uncovered.
- Make sure there is no more than a 25mm gap between mattress and cot sides/ends.
- Do not use doonas, quilts, duvets, pillows or cot bumpers in the cot or allow baby to sleep in an adult bed unsupervised.
- Do not sleep with your infant on a sofa/couch.
- Do not smoke in the same room as baby.
- Place baby's feet at the end of the cot and tuck in bed clothes securely so baby's head can't slide under the bedclothes.
- Keep the cot away from cords, blinds, curtains or electrical appliances and all mobiles out of reach.
- Remove any bibs.
- Remove any toys from the cot.
- Do not use electric blankets, hot water bottles or wheat bags in baby's cot.

### Bed sharing is not safe when you or your partner:

- Smoke
- Are under the influence of drugs or alcohol
- Have taken medications that make you drowsy (eg. painkillers, some cold/flu preparations)
- Are unusually tired and less likely to respond appropriately to your baby's needs
- Are obese
- Sleep on a water bed

### If bed sharing, please ensure that:

- Baby cannot roll or fall out of bed
- Baby cannot become overheated or smothered by bedclothes
- Pets are not allowed to sleep with your baby
- Baby should not share a bed with an older child

### Recommendations when in hospital:

- When feeding your newborn you are encouraged to sit up, in or out of bed, with a light on at night. If unable to sit up unassisted, infant feeding should be fully supervised by a staff member.

- If you have taken sedative medication or are excessively fatigued, then feeding is to be fully supervised.
- Infants should sleep in a cot next to your bed when you are sleeping and not in the bed with you.

### Recommendations when at home:

- If you plan to bring your baby to bed, sit up with the light on while breastfeeding.
- If you are unable to sit up, are taking medications that sedate you, or are excessively tired, it would be a good idea to have someone else in the room while you are breastfeeding.
- When you plan to go to sleep, put your baby in a cot next to your bed.
- If you decide to keep your baby in your bed at home, the mattress should be firm. Soft quilts or pillows should not be placed under the baby. They should be placed on their back and waterbeds should not be used.
- If you smoke or have smoked during your pregnancy, it would be better if you don't share a bed with your baby, as this has been associated with an increased risk of Sudden Infant Death Syndrome (SIDS).

## Tummy Time

Often many parents are unsure if they should place their baby on their tummy due to the SIDS recommendations to sleep babies on their back. However it is very important for baby's shoulder and neck development to spend 'short periods of awake time' on their tummy. Tummy time is safe and good for babies when they are awake and supervised by an adult.

You can begin this as early after birth as you like. Bring baby's arms forward so that they are not lying on them when playing on their tummy.

For example, after bathing baby place them on their tummy to do up clothing. Babies will only tolerate tummy time for a few moments but as they grow the length of time can be increased. Babies who dislike tummy time may prefer to lie on their parent's chest and will lift their heads to look at your face.

Always supervise your baby when placing them on their tummy to play. If baby falls asleep on their tummy gently roll them onto their back to sleep.

## Dressing the Newborn

The SIDS and KIDS Foundation recommend you dress your baby as you dress yourself – comfortably. Babies usually only require one extra layer of clothing than you would be wearing. When dressing your baby it is important to consider the environment your baby is in.

## Summer and your Baby

### Sun exposure

Babies have delicate skin, which can burn very quickly. Baby sun blocks (SPF 30+) are now available and should be used on exposed areas when outdoors. Try and minimise baby's exposure to direct sunlight.

### Clothing

Protective clothing, even on overcast days, is an effective way of keeping your baby safe from the sun's harmful rays. Dress your baby in loose cotton clothing with long sleeves and a hat. Indoors, a cotton singlet and nappy are all the clothes a baby needs on a hot day. Cotton is more comfortable than synthetics as it can 'breathe' and absorb perspiration.

### Dehydration

Dehydration is a risk on very hot days. Keep baby comfortable in the coolest possible surroundings. If breastfed, your baby may demand more frequent feeds if thirsty. If bottle fed, your baby may require extra fluids between feeds so offer 30-60mls of cooled boiled water. If your baby is having the usual amount of wet nappies and the skin looks and feels normal, baby is not dehydrated.

## Pets in the Family

Never leave the cot or bassinette uncovered where a cat or other pets can find their way into the warm place a baby is sleeping in. Never leave the baby unsupervised with the family pet even if this pet has been a trusted 'family member' for years. Wash your hands well after handling your pet.

## The Toddler and the Newborn

The new baby may cause the toddler to feel very unsettled and anxious. They have been used to having mum all to themselves. Now their mum's time and attention is focused on the noisy new bundle and they are expected to be a 'big sister or brother'.

In response to this, the toddler may 'forget' how to use the potty or feed themselves. Your toddler may even cry in the same way as the new baby to try to regain mum's attention.

Make sure the toddler feels loved and important. Try to spend some quality time alone with your toddler giving them undivided attention, for example when the baby is asleep. This is much more important than keeping up with the housework. Dad or a grandparent can also spend time with the toddler or look after the baby so your toddler may have some special one on one time with you.

It is advisable to never leave a toddler alone with the baby. Try to plan ahead at feed times. Have a book, snack and drink ready for the toddler. This time can be used for cuddles with a story.

## Frequency of Dirty Nappies

A breastfed baby's bowel actions reflect milk intake during the first six weeks. Infants should have at least three dirty nappies in a 24-hour period, although a dirty nappy with every feed is the norm until around six weeks. At this time the baby's gut begins to change and bowel movements are less frequent. The baby's stool can be loose, pasty or may be only a little more than a stain. A baby who is totally breastfed does not become constipated.

A bottle fed baby will have a more 'formed' stool, which should be daily, or can be more often. You will quickly become aware of what is normal for your baby. If your baby becomes constipated (small hard pellets), you can give the baby cooled boiled water.

If your bottle fed baby has loose bowel actions and they are not offensive, check the concentration of the formula. If the motion is offensive and the baby is unwell, please see your G.P.

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# Caring for Yourself

## Coping Skills

This is a very exciting time – try not to overdo it. The housework can wait; try to accept a less tidy house. Your baby will grow up very quickly so spend your time enjoying your baby and your new 'family' status. Your baby is very sensitive to your emotions - if you can relax so will your baby.

Try to accept all the help offered from dad, your family and friends. Also, don't be reluctant to ask for help as there are often many things your family and friends can do to assist you. For example, they can take over some of the mundane household chores, which will allow you to spend precious time with your baby. Perhaps they can even take baby for a walk to give you some rest time. Most relatives would love to feel involved.

Maintain a well balanced diet. This is a very busy time and it is easy to snack on non-nutritious, high calorie foods. However your body needs nutritious food that includes foods high in calcium, fibre and iron to ensure optimal health. If breastfeeding, you may find you have an increased appetite and small frequent meals may suit you better. It is not necessary to increase your milk intake. Have a drink ready before you sit down to breastfeed (Remember to drink plenty of fluids, you will get very thirsty).

Rest whenever you can, especially when your baby is sleeping. It is tempting to use this time to catch up with household chores however your body has been working amazingly hard and is still doing so. Be good to yourself.

Take the phone off the hook when feeding or resting. Ask visitors to phone you before they arrive so you can decide the best time for them to come. Ask them to postpone their visit if they have a cold or are unwell.

Have visitors prepare their own drinks. Have a note pad and pen at the front/back door for friends to leave messages when you are unavailable. If people ask for an idea for a present, you could perhaps suggest a meal. It's usually very welcome at this time.

Enjoy skin to skin contact with your baby, for example, during bath time or change time. Value the time to just be together with your baby and family and enjoy this special time of your life. It will pass too quickly.

Seek out other parents with young babies in a similar situation or join a local Mother's Group. Other new parents can be a valuable source of support and information.

## Postnatal Emotional Changes

### Baby blues

Mood swings and emotional changes are common in the first few weeks after giving birth. This is caused by the constantly changing hormones, together with physical, psychological and social changes. You may feel flat or low, teary for no specific reason or upset at minor problems. Assistance with baby care and getting rest is important at this time. 'Baby blues' are temporary and experienced by about 80 per cent of women.

### Postnatal depression (PND)

PND affects one in seven women and can be a traumatic experience for the mother and her family. Early recognition and prompt treatment can reduce the severity of depression.

Some signs of PND are:

- Sleep disturbance unrelated to baby's demands
- Changes in appetite (eg. overeating or disinterest in food)
- Feelings of self-harm or harm to your baby
- Crying with no apparent reason or 'crying on the inside'
- Inability to face everyday chores
- Irritability (eg. snapping at partners)
- Anxiety about your health or that of your baby
- Obsessive feelings or thoughts
- Fear of being alone
- Feelings of guilt or inadequacy
- Loss of confidence or self esteem

We encourage the mother or family members to seek assistance if you feel any of these symptoms are affecting your everyday functioning. Partners may also suffer depression and require the same assistance.

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## Vaginal Loss

Vaginal bleeding or 'lochia' is experienced following both a vaginal or caesarean birth. It begins as bright red, becoming pinky brown and then finally a whitey-cream colour which may continue for up to six weeks.

We do not recommend the use of tampons as this may increase the risk of infection.

If your lochia increases in amount, becomes bright red again, smells offensive, or you have associated abdominal pain please see your GP.

Occasionally you may pass small clots, which is normal. However if the clots are constant, or large and/or associated with a bright loss, odour or pain please see your GP.

## Exercise

Exercise will help to increase your feeling of physical and mental well being. Gentle exercise, such as walking, is good for you and your baby.

Once your vaginal loss has stopped, swimming is great for regaining your pre-pregnancy shape and improving your health. Pelvic floor and abdominal exercises should be commenced as advised by your health professional.

Consult your GP, physiotherapist or trainer before resuming any vigorous exercise.

## Stitches

If you have stitches following a vaginal birth it is common for them to feel tender or sore for the first few days.

It is important to keep them clean and dry. Showering twice a day, or shower sprays following pad changes will assist in the healing process and increase comfort.

Remember to dry your stitches carefully and talcum powder should be avoided altogether. If there is any unusual discharge or an increase in redness, swelling or pain at the site, please consult with your GP.

## Caesarean Section Wound

Please follow any special instructions your doctor may have given you. Keep the wound and surrounding area clean, showering daily and drying well.

If there is any unusual discharge or an increase in redness, swelling or pain, please consult with your GP. Do not lift anything heavier than the weight of your newborn baby. Ask for assistance with things such as housework, laundry and the shopping.

Discuss with your GP when you can resume driving and check the terms of your car insurance policy. Driving should not be recommenced until you can make an emergency stop safely.

## Communicating With Your Partner

You may find it difficult to concentrate on the needs of your partner when there is a new baby in the house. This is normal.

If possible, it is important for you and your partner to spend some time together each day to share the day's events and talk about how you are both feeling.

You can resume sexual intercourse when your loss has stopped (the placental site has healed) and as soon as you're comfortable.

Initially, for comfort, you may need to use a water-soluble lubricant. There are many available at your chemist or supermarket (for example KY jelly). As much as we would love to see you back with us in nine months, you are fertile and contraception is advised unless pregnancy is desired.

## Signs of Illness in the Mother

If any of the following signs develop please contact your GP:

- A rise in temperature or fever, especially above 38°C
- Difficulty or pain passing urine (not associated with stitches stinging)
- Hot, red or tender around any wound (vaginal or caesarean)
- Severe rectal pain
- Changes in vaginal loss (eg. bright bleeding, increased loss)
- Hot red patches on the breast associated with flu-like symptoms

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**Maternity Information  
Maternal & Neonatal Services**

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