

Information from a physiotherapist

Information for new mothers from a physiotherapist can be obtained at the antenatal clinic.

Individual advice from a physiotherapist is available from BB for women who have given birth by caesarean section or have had a serious tear.

Copies of medical records

The new mother has the option to order a copy of her medical records. Order forms are available on www.lul.se. For the child's medical records, the form should be printed out, signed and sent by mail to:

CESÅ floor 1
AdmC
751 85 Uppsala

For more information visit:

www.akademiska.se/gravid
www.1177.se

For advice by telephone, call 1177.



**AKADEMISKA
SJUKHUSET**

Congratulations to your new baby

Information for new parents

For the mother

The uterus

The uterus should have contracted and should feel hard below the naval. It will continue to shrink more each day. Contractions are normal, especially during breastfeeding. They will be most obvious during the first few days after the birth, and will then subside gradually. A full bladder may prevent contraction of the uterus and it is therefore good to urinate frequently during the first days.

Bleeding

Uterine bleeding is often heavy in the first six to eight hours after delivery, declining gradually thereafter. The red blood soon changes to a thin pink or brownish yellow discharge which is called lochia. The lochia will taper off after six to eight weeks. During this period, the new mother is more susceptible to genital infection and she should avoid, for example, swimming and using tampons.

Emergency postpartum problems for the mother

If the new mother develops fever, pain in the genital area, increased bleeding, or foul-smelling lochia, or is simply not feeling well, please contact **1177**.

Antenatal clinic

Call the clinic after returning home to make an appointment for five to eight weeks after delivery.

Important considerations for the child's safety!

To avoid the risk of falls, never leave your baby unattended on the changing table or bed.

The Public Health Institute's brochure "Easier to breastfeed", which you received at the antenatal clinic, contains more information on breastfeeding.

There is also more information on breastfeeding and nutrition for babies who are not breastfed on the websites www.akademiska.se/gravid and www.1177.se.

A newborn baby needs closeness and nourishment. Give yourself and your baby time, peace and quiet so that breastfeeding can get started as easily as possible. It can take from a few days to several weeks before breastfeeding is working properly.

Breastfeeding during the first few days

The first milk, colostrum, which is available in the breast even before the birth, is very concentrated. Colostrum is the only thing your child needs during the first few days, although there may be exceptions to this, for medical reasons.

Because new babies only take small amounts of milk, they need to nurse often. The colostrum will gradually change to mature breast milk and the amounts available for the baby will increase depending on how often your child nurses and how much is taken. Breast milk is being formed all the time and most of the milk produced is formed during the first hour after each feeding.

For a good breastfeeding start, your baby should be able to nurse as often as it wishes. When the child is more than a day old, it should breastfeed at least eight times a day but it can be much more often. A child who feeds frequently for much of the day may sleep for longer periods at other times. To facilitate breastfeeding throughout the day, it is important for you as parents to take time to rest and even sleep during the daytime.

To get good suction during breastfeeding, the baby's chin should be pushed against your breast, the jaw muscles should be working and the nose clear. The nipple should be far back in the baby's mouth without being flattened or overstrained.

Sleeping with your baby

Those who want to sleep with the baby in the parents' bed should make sure it is not too crowded or too hot for the baby. See the National Board of Health and Welfare's document "Reducing the risk of sudden infant death syndrome" which you received at the antenatal clinic, or go to www.1177.se.

When you plan to sleep with your baby in your bed, the baby should have its own space (a nest). The nest is placed at the head end of the bed, between the parents, with sufficient free space around it. If two single beds are placed together, as in the hospital, the beds should be level and locked together, and the nest should be placed on one of the beds. The baby should lie on its back, its face should be free, and it should be able to move its head, arms and legs. A diaper and a blanket or towel placed loosely around the child's body is usually enough to keep it warm.

If the parents are very tired, under the influence of alcohol or drugs, or smoking, the National Board of Health and Welfare advise against the infant sleeping in the parents' bed.

Breastfeeding/feeding of newborn babies

Our goal is to support and promote breastfeeding based on each family's needs and on WHO's goals regarding exclusive breastfeeding for at least six months followed by the introduction of other foods while continuing breastfeeding. For those women who do not want to or who cannot breastfeed, we provide the help and support that is needed.

Pacifiers

The baby needs to nurse often at the breasts to stimulate milk production. If a pacifier/dummy is used, there will usually be less demand for nursing, and this can result in the milk supply not increasing satisfactorily. Therefore, avoid giving the baby a pacifier until breastfeeding is functioning well. If you are not breastfeeding your baby, however, it can be useful for her/him to suck on a pacifier.

Where do you go if you have questions?

During the first week after the baby is born, BB or BB på väg will provide advice and support regarding breastfeeding/feeding your baby. Subsequently, the Childcare Centre (Barnvårdcentralen; BVC) takes over monitoring of the baby, including advice about breastfeeding/feeding.

Breastfeeding clinic

If you need further advice and help with breastfeeding or have problems with your breasts, contact the breastfeeding clinic message service at 018-611 56 95. Leave your name and phone number and a midwife will call back at the latest on the next working day. Visits to the breastfeeding clinic can be booked by phone.

Acute breastfeeding problems

If you have an acute problem with breastfeeding or your breasts in the evening or on a weekend and you cannot wait until the next weekday, contact **1177**. The website for breastfeeding help (www.amningshjalpen.se) has information on breastfeeding and provides contact addresses for help.

For the baby

General hygiene

Starting on the first day, it is good to wash the baby's skin folds clean and keep them dry and, if necessary, wipe off the vernix. Use plenty of lukewarm water to wash the baby clean after a bowel motion. Wash from the front to the back for girls. Newborn girls may have a jelly-like discharge between the labia which will gradually disappear by itself. The child may be bathed before the umbilical stump is lost, but if the navel is sticky, it should be washed before the bath. You can use a few drops of baby oil in the bath water, but avoid soaps and shampoos. After bathing, it is important to carefully dry the skin folds and around the navel.

Navel

The stump of the umbilical cord will fall off by itself, usually within two weeks. The navel should be kept clean; it can be washed gently with plain water using a cotton-tipped swab and wiped dry with a dry swab. It is common for it to bleed and weep a little. It may also smell a little. If the navel is red and swollen, begins to smell badly, and weeps a lot, it may be because of infection. If this happens in the first week, contact BB. If the child is older than one week, contact the BVC, or call healthcare advice at 1177 when the BVC is closed.

Urinating

The parents should check that the baby urinates during the first day. Normally, there are only small amounts of urine for the first few days. When the breastmilk comes in and the baby is taking larger amounts of milk, it is common to have five or six wet diapers per day.

Bowel motions

It is important that the child defecates within the first two days. The bowel motions will be black to begin with but, after a few days, the motions change consistency and colour, becoming looser and yellow-brown with a grainy texture. At times, the baby may pass several motions in a day but it is equally common to have no bowel motions for several days.

Emergency problems with the baby

If your baby shows signs of not being well, e.g. if the baby has a fever, is lethargic, becomes very yellow, does not want to eat, and/or has only small amounts of urine, contact BB during the first week. If the baby is older than a week, contact the BVC or call 1177.

Childcare centre (BVC)

Upon returning home from the BB, contact the BVC for continued monitoring of the child.

Skin-to-skin care

When one of the parents is awake and supervising the baby, it can be valuable for the baby to be held close to the skin as much as possible during the first days.

Skin-to-skin care means that the baby, wearing only a diaper, lies against the parent's skin under their clothing. A blanket across the baby's body will help to retain the heat.

Learn more about skin-to-skin care on our website (www.akademiska.se/gravid).