

CHILDBIRTH EDUCATION PROGRAM

WEEK THREE



the women's
the royal women's hospital
victoria australia

We are sorry that you were unable to attend Week Three of your series which usually covers issues that may arise from birth to six weeks. Please find below an outline of what was covered in this session. For additional information, please refer to the handbook *Having Your Baby at the Women's*.

The Women's respects the inherent dignity, worth, unique attributes and human rights of all individuals. In the following document the birth or lactating parent will be referred to as the birth or lactating mother.

Part 1 - Breastfeeding

The Women's is an accredited 'Baby Friendly Hospital' and follows the WHO/UNICEF 'Ten Steps to successful Breastfeeding', 'a guide for healthcare providers to protect, promote, and support breastfeeding.

In line with the World Health Organisation, we recommend that babies be breastfed exclusively for six months, then with the gradual introduction of family foods and continue breastfeeding for 2 years and beyond, as the lactating mother and infant desire.

Staff at the Women's will talk about breastfeeding your baby. Some women may choose a different option and we recognise their right to make an informed choice. Discussion can be done on a 1:1 basis.

For more information please see:

- Having your baby at the Women's handbook page 45-46
- Breastfeeding fact sheets on the Women's website listed under Breastfeeding: all fact sheets in English, in particular the fact sheet, *You're Pregnant, so let's talk about feeding your baby*
www.thewomens.org.au/health-information/fact-sheets#b
- Why breastfeed? webpage which includes the video *Breastfeeding – Women Reflect*
www.thewomens.org.au/health-information/breastfeeding/breastfeeding-overview/why-Breastfeed

Rooming in

During your stay at the Women's, healthy mothers and babies will stay together. This is in line with safe sleeping practices and supports breastfeeding and bonding.

Why breastfeed?

Here are just a few facts as to why breastfeeding is considered the optimum food for your baby.

For the baby:

- Perfect food for baby's needs, easily digested and helps build immunity.
- Protects against gastroenteritis, diarrhoea, ear and chest infections.
- Decreases the chance of baby developing allergies and diabetes.
- Promotes positive mental development.
- Comes ready-made at the right temperature and changes to meet baby's needs.
- Colostrum (early milk) is high in immunoglobulins and acts as a food, a sedative and a laxative (to help baby with its first bowel actions).
- Assists mother and baby bonding through skin-to-skin contact and release of bonding hormones.
- Breastfeeding is one of the six guidelines that may help to reduce the risk of sudden unexplained death of an infant – SUDI (includes SIDS).
rednose.org.au/section/safe-sleeping

For the lactating mother:

- Protects against breast and ovarian cancer as well as osteoporosis.
- Assists the birth mother's uterus to return to its pre-pregnancy shape so reduces blood loss post birth.
- Assists with weight loss after birth, together with a well-balanced diet
- Helps decrease risk of type 2 diabetes and heart disease.
- Assists mother and baby bonding through skin-to-skin contact and release of bonding hormones.
- Is convenient and free.

For the family & community:

- Less rubbish, greenhouse emissions, and environmental footprint.
- Less impact on our healthcare system (less sick time/hospitalisation for lactating mothers and babies)

How often should a young baby feed?

Breastfeeding according to your baby's needs (sometimes called demand feeding) is recommended. This means offering a feed whenever your baby shows signs of wanting to feed (called 'feeding cues'). In the first few months, babies require a minimum of 7-8 feeds every 24 hours and often more. It is common for babies to feed 10-12 times every 24 hours including overnight (especially in the first 6 months)

Babies feeding cues include making noises, becoming alert, bringing their hand to their mouth, licking their lips and turning their head with an open mouth.

Positioning and attachment

Some of the problems lactating mothers experience in their early breastfeeding days are from babies finding it difficult to attach to the breast. After a few weeks, women often say they feel more confident with breastfeeding. So be patient and get support, especially in the early days.

The Raising Children Network has a number of videos which offer tips on how to position your baby and assist attachment.

raisingchildren.net.au/newborns/breastfeeding

How to know your baby is feeding well and getting enough milk

- Baby shows they want to feed
- You can see and hear the baby swallowing while feeding
- Their suck/ swallow rhythm changes from short sucks to long deep sucks with pauses – the midwife will help you recognise this.
- Baby often finishes a feed by falling asleep or coming off the breast looking satisfied
- Baby's body softens and relaxes at the end of a feed
- In the first few days baby's urine and bowel output changes and increases every day
- From around day 5 to around week 6 - baby will have approximately 5-6 really wet and 1-2 dirty nappies every 24 hours with poo generally a yellow colour and sometimes it can be quite loose.

- Baby will gain weight, grow in length, head size, and reach developmental milestones at appropriate times.

The Maternal and Child Health (MCH) service is a free service offered by your local council. They will contact you about a week after your baby is born to organise your first visit. This service is offered until your child is about 4 years old.

Please note: initial weight loss of 7-10 percent of your baby's birth weight is considered normal. Baby usually returns to their birthweight by day 10-14.

Advice regarding the use of Teats/Dummies

Teats and dummies may confuse the young baby's sucking pattern and make breastfeeding difficult. It will possibly decrease the mother's milk production and supply because baby may be spending less time at the breast. Therefore, we do not recommend using them especially in the first six weeks when milk supply is developing and you are learning about your baby.

Expressing

If your baby requires extra milk or is not feeding from the breast, we will help you learn to express the milk (by hand or with a pump). Some women need to hire a pump to use at home if their baby is unwell or born early (premature). We will help you if this happens and can provide information on pump hire. You do not need to buy an expressing pump before baby is born.

For more information see the fact sheet: *Expressing breast milk*

www.thewomens.org.au/health-information/fact-sheets#e

Hospital & Community Supports

See Having your baby at the Women's page 66-67

Australian Breastfeeding Association

www.breastfeeding.asn.au

T: 1800 686 068

Victorian Maternal & Child Health Line

T: 13 22 29 (24 hours)

Local doctor/GP

Medicine Information Line

T: 8345 03190

Part 2. Crying – Why do infants cry?

Having your baby at the Women's handbook Page 50

Babies cry to tell us what they need or to express how they feel. Remember what was discussed in Week One about baby's sensory input/communication. Cries can mean they feel insecure, tired, hungry, uncomfortable, sick, overstimulated or for unclear reasons. It is a normal part of brain development for a baby to cry. Babies will cry generally up to 2 hours a day, over several times in the day. Even though crying is normal and typical it is important that baby feels supported and secure whenever they cry. Early response to your baby's needs is important for their brain's growth and development.

Babies are often unsettled from around day two till around day four when more milk becomes available. This is normal.

Babies also cry more when they experience growth spurts such as between 4-6 weeks of age. They may be hungry and need to be allowed to feed more often and for longer periods of time.

Long periods of crying may mean baby is sick or in pain. See your health care provider if you think your baby is crying a lot.

Crying can be very challenging for families. It is important to ask for help if you feel you need support. Some crying may be avoided or minimised through observing your baby and responding early to their needs.

Look for a reason why and respond accordingly; soothing through repetitive and rhythmic actions, such as patting or gently rubbing their back may settle your baby.

- Holding or wrapping your baby securely, will contain their movements, which may also help.
- Bathing your baby, going for a walk with baby in the pram, wearing your baby and baby massage may also help.
- We would never recommend controlled crying.

Like many aspects of parenting, it takes time to learn what your baby is trying to tell you.

Part 3. Safety

Consider the safety of your child at home, in the car and when sleeping.

Please visit Royal Children's Hospital fact sheet on safety around the home to minimise the risk of accidents or injury:

www.rch.org.au/kidsinfo/fact_sheets/Home_Safety/

Safe Sleeping

Having your baby at the Women's handbook page 51

The key sleeping messages are:

- always sleep your baby on their back
- place baby at the end of the cot
- tuck blankets firmly around the cot mattress
- never include soft toys or furnishings in the cot
- keep their head uncovered; no hats, bibs or overlong bedding
- promote breastfeeding
- avoid smoking during pregnancy and around your baby.

rednose.org.au/section/safe-sleeping

Tummy time

Allowing your baby to play on their tummy, and in a variety of positions, is important for their growth and development. However, this should only be done when baby is awake and while being observed by an adult. They enjoy this from birth but for very short periods of time

rednose.org.au/section/tummy-time

Safe Wrapping

Wrapping is a useful method to help babies settle and sleep on their back.

The key messages when wrapping your baby are:

- use muslin or light cotton fabrics
- wrapping should be firm but not too tight
- do not wrap baby above the shoulders (to reduce the risk of their head becoming covered)
- allow for chest and hip expansion to move when wrapping.

Stop wrapping when baby shows signs it can roll over.

rednose.org.au/article/is-it-safe-to-wrap-swaddle-my-baby

Pets and babies

For advice about preparing your pet for a new baby and safe handling of pets during pregnancy refer to

www.wearefamily.vic.gov.au

The key messages are to ensure your pet is well trained before the baby arrives home and to supervise or separate your child and pet at all times – never leave them alone together. Also, be aware of the behaviour of pets belonging to family and friends.

Car restraints

Infants must travel in a rear facing child restraint. The type of restraint will change depending on their age and size. It is best to lie babies flat on their back; therefore sitting baby in a car restraint or an infant carrier for more than two hours at a time is not recommended.

Visit the VicRoads website for more information

www.vicroads.vic.gov.au/safety-and-road-rules/vehicle-safety/child-restraints/children-from-birth-to-4-years

Recognising signs and symptoms of the unwell baby

Please review the following information for a guide to signs and symptoms that your baby may be unwell and/or require medical attention

www.healthdirect.gov.au/symptoms-of-serious-illness-in-babies-and-children

Part 4. Postnatal emotions and psychological health:

For more information, please refer to page 49 *Having a baby at the Women's handbook*

While parenting is a rewarding job, it can also be one of the most challenging. Understanding some of the more common emotional challenges can normalise your experience and help you to learn skills to deal with these challenges. It is important to recognise symptoms of postnatal depression and/or anxiety and seek support.

Postnatal depression and/or anxiety can effect both women and men. Please see *Beyond Blue* information on this important topic. <https://www.beyondblue.org.au>

Part 5. Postnatal Recovery

Please refer to page 46-48 *Having a baby at the Women's handbook*

Using the RICE framework is a good way to assist recovery after birthing your baby

R – Rest is an important part of allowing the body to recover e.g. rest when your baby rests

I – Ice, when applied locally to an area can reduce inflammation and bruising e.g. to a swollen perineum. Ice must never be placed directly on the skin always use a cover.

C – Clothes that provide gentle compression can support muscle recovery e.g. belly bands

E – Elevation and Exercise. If legs are swollen elevating them can assist blood flow. Gentle exercise also helps blood flow

Pelvic floor work can re-commence at around 48 hours post birth. For more information see the fact sheets

- *Pelvic Floor Exercises*
www.thewomens.org.au/health-information/fact-sheets#p
- *Improving your recovery after birth*
www.thewomens.org.au/health-information/fact-sheets#i

Postnatal care in the home

A midwife from the hospital will visit 1-2 times and then a Maternal Child Health Nurse (MCHN) from your local council will organise your next mother/baby review. If you have medical concerns please see your local doctor (GP) or attend an emergency department.

You can also call:

- Emergency Services 000
- Nurse on Call 1300 606 024
- Maternal and Child Health Line 13 22 29

Other important numbers can be found in the *My Health and Development Record* (Green Book) given to you at your baby's birth.

Parenting is one of the most amazing journeys you will have but also one of the most challenging. We wish you all the very best for a healthy family life together.