

THE EARLY WEEKS: YOU



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Your first few weeks at home can be an exciting but anxious time for parents as you get used to caring for your new baby.

If you have been in hospital or a midwifery unit, you may feel apprehensive about being on your own without staff on call to help you. The more you handle your baby, the more your confidence will increase. And your community midwife, health visitor and GP are there to support you if you have any worries or problems. Ask your midwife or health visitor for a copy of the book *Birth to Five*, which has advice on looking after your child up to the age of five.



PARTNERS

As the mother's partner, you can get involved in caring for your baby from day one. In the first weeks, you can:

- help your baby's mother to breastfeed by:
 - spending time with her while the baby is feeding
 - bringing your baby to their mother when they need feeding in the night
 - helping to wind your baby

- getting specialist help and information on breastfeeding if the mother has any concerns
- provide emotional support and encouragement
- make nutritious meals and snacks for your baby's mother
- change your baby's nappies
- bathe and dress your baby
- cuddle and play with your baby
- clean the house, go shopping and do other household chores.



You may feel quite nervous about handling the baby at first but you will get more confident. Don't be embarrassed to ask for help or encouragement.

HELP AND SUPPORT

You will probably need a lot of practical help, as well as emotional support. You are bound to feel up and down and to get tired easily in the first few weeks. Many women want to have their partner around so that you get to know the baby together and have help with the work. Being together at this time helps you to start to adjust to the changes in your life. If you are on your own, or your partner cannot be with you, ask your mother or a close friend to be there.

Even with help, you will probably feel tired. Here are some things you could try:

- Cut down on cleaning – a bit of dust will not hurt.
- Keep meals simple but healthy. You need to eat well but this need not involve a great deal of preparation and cooking.
- Try to space visitors out and say no to visitors if you feel too tired or need some time with your baby.



Too many visitors in a short time can be very tiring. If visitors do come, don't feel you have to tidy up or lay on a meal. Let them do things for you, like the washing up, making a meal or bringing some groceries.

- If you need extra help, ask. Friends or neighbours will probably be very willing to help you by doing things like shopping.

LOOKING AFTER YOURSELF

Although you may feel like your every waking hour is spent caring for your baby, it's important to look after yourself as well.

Rest

While you are feeding your baby at night and your body is recovering from childbirth, it is essential to catch up on rest.

It's tempting to use your baby's sleep times to catch up on chores, but try to have a sleep or a proper rest at least once during the day.

Exercise

Continue with any postnatal exercises you have been shown by your midwife. You can also do this deep stomach exercise when you feel well enough.

- 1 Lie on your side with your knees slightly bent.
- 2 Let your tummy relax and breathe in gently.
- 3 As you breathe out, gently draw in the lower part of your stomach like a corset, narrowing your waistline.
- 4 Squeeze your pelvic floor.
- 5 Hold for a count of 10 then gently release.
- 6 Repeat 10 times.

You should not move your back at any time. After six weeks, progress to the box position (see page 34).

Besides these exercises, try to fit in a walk with your baby every day. This can help you lose weight and feel better.





Eating properly

It's very important to eat properly (see Chapter 3). If you want to lose weight, don't rush it. A varied diet without too many fatty foods will help you lose weight gradually. Try to make time to sit down, relax and enjoy your food so that you digest it properly. It doesn't have to be complicated. Try food like baked potatoes with baked beans and cheese, salads, pasta, French bread pizza, scrambled eggs or sardines on toast, followed by fruit mixed with yoghurt or fromage frais.

A healthy diet is especially important if you are breastfeeding. Breastfeeding can help mothers to lose weight. Some of the fat you put on in pregnancy will be used to help produce milk, but the rest of the nutrients will come from your diet. This means that you may be hungrier than usual. If you do need a snack, try having beans on toast, sandwiches, bowls of cereal or fruit (see page 29).

Sure Start Children's Centres give advice about healthy eating plans for mothers, as well as support for breastfeeding. You can find out more about the services offered in Children's Centres in your area by visiting www.surestart.gov.uk

YOUR RELATIONSHIPS

After you have had a baby, the relationships around you can change. Many women find that they turn to their own mother for help and support. But your mother may not be sure about how much to get involved. You may find that she is trying to take over or that she is so anxious not to interfere that she doesn't help at all. Try to let her and others know what help and support you want from them.

Your relationship with your partner will also change. It is very easy in those exhausting early weeks just to leave things to sort themselves out. You may wake up six months later to find that you have not spent an hour alone together and have lost the knack of easily talking your problems through. You both need time alone, without the baby, to recharge your own batteries. You also need time together, without the baby, to keep in touch with each other.



Your relationship with your baby may not be easy either, particularly if you are not getting much sleep. Don't feel guilty if you sometimes feel resentful at the demands your baby makes, or if your feelings are not what you expected them to be. Talk to your midwife or health visitor if you are upset or worried. But remember, many mothers find their babies difficult at first and come to love them gradually over some weeks.

If you are on your own and don't have family to support you, ask a friend to help you in the early weeks.

Sex and contraception

There are no rules about when to start having sex again. Don't rush into it – if it hurts, it will not be pleasurable. You may want to use a lubricating jelly the first time because hormone changes may make your vagina feel drier than usual.





It might be some time before you want to have sex. Until then, you both may feel happier finding other ways of being loving and close. If you or your partner have any worries, discuss them with your GP or health visitor.

It is possible to get pregnant even if you have not started your periods again or if you are breastfeeding. It is therefore important to use

contraceptives as soon as you start having sex again.

Your midwife or doctor should

talk to you about contraception before you leave hospital and again when you go for your six-week postnatal check. Alternatively, you could talk to your midwife or health visitor when they visit you at home or go to your GP or community contraceptive clinic (sometimes called family planning or CASH clinic).

The FPA (Family Planning Association – see page 184) publishes free leaflets about all methods of contraception.

Contraceptives

Short-acting contraceptive methods

Short-acting contraceptive methods rely on you taking them every day or when you have sex.

- **The condom.** This may be the easiest choice for the early weeks after childbirth. Condoms offer the best protection against sexually transmitted infections (STIs) so if you think you or your partner may have been exposed to an STI you should use a condom in addition to your other choice of contraception.
- **The combined pill.** If you are not breastfeeding, you can start taking this pill 21 days after you give birth. If you start it later than the 21st day, it will not be reliable for the first seven days. So for this time you will have to use another contraceptive (like a condom) as well. Don't take this pill if you are breastfeeding as it reduces milk flow.
- **The progestogen-only pill.** If you are breastfeeding, you can take a progestogen-only pill, which will not affect your milk supply. This can also be started 21 days after you give birth. It has to be taken at the same time every day. If you start it later than the 21st day, it will not be reliable for two days. So for this time you will

have to use some other form of contraceptive (like a condom) as well. There is no evidence to suggest that this pill affects your baby in any way. Even so, some women prefer not to take it while they are breastfeeding and use another form of contraception instead.

- **The cap or diaphragm.** These can be used six weeks after you give birth. If you had a cap before, it probably will not be the right size any longer. You can have a new one fitted at your postnatal check-up.

Long-acting contraceptive methods

Long-acting contraceptive methods last between three months and ten years. They may be suitable if you think you will forget to take or use a short-acting contraceptive.

- **The IUD (intra-uterine device) or IUS (intra-uterine system).** These can be fitted from the fourth week after you give birth. They can be fitted at your postnatal check-up when your uterus is back to its normal size.
- **The contraceptive injection.** It is recommended that you wait until six weeks after you give birth before you are given this. It can be given earlier in some circumstances. The contraceptive injection will not affect your milk supply if you are breastfeeding.
- **The contraceptive implant (Implanon).** This contains a long-lasting progestogen and is effective for three years. It can be fitted 21 days after you give birth or earlier in some circumstances. If it's fitted after 21 days, you will have to use another contraceptive for seven days. The contraceptive implant will not affect your milk supply if you are breastfeeding.

THE 'BABY BLUES' AND POSTNATAL DEPRESSION

As many as 8 out of 10 mothers get the 'baby blues', often about three to five days after the birth. You might feel upset, mildly depressed, or just keep bursting into tears for no apparent reason. It usually only lasts for a few days.

Around 1 in 10 mothers become depressed. This is usually mild but sometimes can be quite severe. You must get help if you are taken over by a feeling of sadness and hopelessness, you feel irritable and anxious, or you have difficulty sleeping and coping with even the smallest task. See page 82 for more information.

Help and support

If you think you are depressed, contact your GP or health visitor and explain how you are feeling. Your partner or a friend could contact them for you if you want. You can also contact the Association for Post-Natal Illness (see page 186) for more information.

If you have twins or triplets, you are more likely to experience postnatal and longer-term depression. This is mainly because of the additional stress of caring for more than one baby. Just getting out of the house can be difficult when you have more than one baby, and this can make you feel isolated. Tamba (see page 188) can help you make contact with other mothers of multiples via local twins clubs and through their helpline – Tamba Twinline on 0880 138 0509 – where you can talk to other mothers of multiples. You may also find it helpful to contact the Multiple Births Foundation (see page 183).



YOUR POSTNATAL CHECK

You should have your postnatal check about six weeks after your baby's birth to make sure that you feel well and are recovering from the birth. You may be offered an appointment to go back to the hospital or midwifery unit where you gave birth, but otherwise you should see your GP. It's time to introduce your baby to your GP as the new member of your family!

It's a good opportunity to ask any questions and sort out any problems that are troubling you. You may like to make a list of questions to take along with you so that you don't forget what you want to ask.

What usually happens

- You will be weighed and can get weight loss advice if you need it.
- Your urine will be tested to make sure your kidneys are working properly and that there is no infection.
- Your blood pressure will be checked.
- You may be offered an examination to see if:
 - your stitches (if you had any) have healed
 - your uterus is back to its normal size, and
 - all the muscles used during labour and delivery are returning to normal.

Tell the doctor if the examination is uncomfortable.

- Your breasts are unlikely to be examined unless you have a particular concern.
- A cervical smear test may be discussed if you have not had one in the past three years (see page 48). This is usually delayed until three months after delivery.
- If you are not immune to rubella (German measles) and were not given an immunisation before you left hospital, you will be offered one now. You should not become pregnant for one month after this immunisation.
- You will be asked if you still have any vaginal discharge and whether you have had a period yet.
- Tell your doctor if:
 - you are having trouble holding in urine or wind, or you are soiling yourself
 - intercourse is painful
 - you are feeling very tired, low or depressed, or
 - you are worried about anything.

You can also ask your doctor about contraception. You may wish to choose a different method to the one you had previously used (especially if your pregnancy was not planned). The doctor or nurse can help you decide which method is right for you now. See the box on page 135 for some of the different options.

Your baby's check

Your GP's surgery or health clinic will probably arrange for your baby's six-week check to be done at your postnatal check. If you go to the hospital, the baby's check will usually need to be arranged separately.

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THE EARLY WEEKS: YOUR BABY



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In the first few weeks, you will be learning how to look after your baby. You will start to understand them and will learn what is normal and what may be a sign that something is wrong. But the most important thing to do in the first few weeks is to enjoy your baby. Spending time with them is the best way to help them feel safe and loved.

ENJOYING YOUR BABY

Keeping your baby warm, fed and safe may seem to take up all of your time in the first weeks. But they are only a tiny part of what it means to be a parent. Every second that your baby is awake, they are learning from you. Learning about what it feels like to be touched gently, the sound of your voice and your very special smell.

They are learning about what the world is like and, above all, what it feels like to love and be loved. It is important to talk to your baby.

listening to your voice

Talking to your baby

It is very important to talk to your baby. If you or your family speak another language, use it to speak to your baby. It can help your baby to learn other languages, and enjoy another culture. You can talk to them about anything and everything. Talking to young children, even very young babies helps them become good communicators later in life. It will also help your baby build their early bond with you.





REGISTERING THE BIRTH

Your baby's birth must be registered within six weeks from when they were born. This will take place at the register office in the district where they were born. The contact details will be in the telephone book under the name of your local authority or you can find it online at www.direct.gov.uk



If you are married, you or the father can register the birth. If you are not married, you may register together with your baby's father and his name will appear on the birth certificate. In most circumstances, children benefit from being acknowledged by both parents and by knowing the identity of both their mother and father. To register jointly, you must either go together to register the birth or one of you can go with an appropriate document. Including the father's name in the birth register will usually give him parental responsibility. Your local register office will explain this process.

At the moment, if you are not married, you can decide whether you want the father's name to appear on the birth certificate. If you do not want his name to appear, you can register the birth by yourself. However, the government plans to change the law so that joint registration, by both mother and father, becomes the normal arrangement for unmarried parents. Your local register office will be able to provide detailed information about these changes when they come into effect.

If you live in a different district from the one where your baby was born, you can go to your nearest register office. The registrar will take details from you and then send them to the district where your baby was born. You will then be sent the birth certificate. You cannot claim benefits, such as Child Benefit, until you have a birth certificate.

All babies born in England and Wales are now given a unique NHS number at birth. Midwives request and receive a newborn baby's NHS number. They send this NHS number to the Registrar of Births, Deaths and Marriages via your local child health department.

CRYING

All babies cry. It's their way of saying that something is not right. Sometimes you will be able to find the reason for your baby's distress and deal with it. At other times all you can do is try to comfort or distract your baby. If it's not obvious why your baby is crying, think of possible reasons.

Are they:

- hungry?
- hot, cold or uncomfortable?
- feeling tired and unable to sleep?
- lonely and wanting company?
- bored and wanting to play?

Do they have:

- a wet or dirty nappy?
- wind?
- colic?

It could be none of these things. Perhaps your baby simply feels overwhelmed and a bit frightened by all the new sights, sounds and sensations.





When crying gets too much

Some babies do cry more than others and it's not really clear why. Don't blame yourself, your partner or your baby if they cry a lot. It can be very exhausting so try to get rest when you can. Share soothing your baby with your partner. You could ask a friend or relative to take over for an hour from time to time, just to give you a break. If there is no one to turn to and you feel your patience is running out, leave your baby in the cot and go into another room for a few minutes. Put on some music to drown the noise, take some deep breaths, make yourself a cup of tea or find some other way to unwind. You will cope better if you do. If you are very angry or upset, telephone someone who will make you feel better.

Never shake your baby. Shaking makes a baby's head move violently. It can cause bleeding and damage the brain.

Colic

If your baby has repeated episodes of excessive and inconsolable crying but they otherwise appear to be thriving and healthy, they may have colic.

Although it may appear that your baby is in distress, colic is not harmful. Your baby will continue to feed and gain weight normally. There is no evidence that colic has any long-term effects.

Colic can be very upsetting for parents. You may feel like you are letting your baby down or that you are doing something wrong. Although colic can be distressing at the time, it is a common phase that should last only a few weeks at the most. It may help to remind yourself that you are not causing the crying and it is not under your control. If you are concerned, talk to your health visitor or GP.

Comforting your baby

Holding your baby close and talking in a soothing voice or singing softly will reassure them.

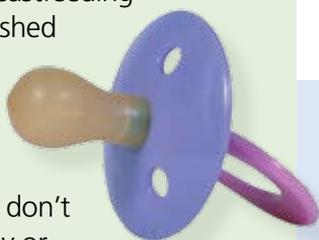
Movement often helps to calm down crying. Gently sway or rock your baby or take them for a walk or for a ride in a car.

Sucking can also be comforting. You can put your baby to your breast or give them a dummy, as long as breastfeeding is well established

(see page 106). Make

sure the dummy is sterilised and don't dip it in honey or sugar to make your baby suck. They will suck anyway. Using

sugar will only encourage a craving for sweet things, which are bad for their teeth.



Getting help

If you feel you are having difficulties coping with your baby's crying, talk to your midwife or health visitor. Or contact Cry-sis on 08451 228669 – they will put you in touch with other parents who have been in the same situation. If you have twins or more, the crying can seem relentless – Twinline, Tamba's helpline (see page 188), can offer support.

If your baby's crying sounds different or unusual, it may be the first sign of illness, particularly if they are not feeding well or will not be comforted. If you think your baby is ill, contact your doctor immediately. If you cannot contact your doctor and it's an emergency, take your baby to the nearest hospital accident and emergency department.





SLEEP

The amount that babies sleep, even when they are very small, varies a lot. During the early weeks some babies sleep for most of the time between feeds. Others will be wide awake. As they grow older, they begin to develop a pattern of waking and sleeping. Some babies need more sleep than others and at different times. Try not to compare what your baby does with other people's babies. All babies are different, and their routines will change as they grow.

You will gradually begin to recognise when your baby is ready for sleep and is likely to settle. Some babies settle better after a warm bath. Most sleep after a good feed. A baby who wants to sleep is not likely to be disturbed by ordinary household noises, so there is no need to keep your whole home quiet while your baby sleeps. It will help you if your baby gets used to sleeping through a certain amount of noise. See the column on the right for advice on sleeping positions.

Twins, triplets or more can have specific sleeping issues and it may be difficult for you to get them into a routine. The Multiple Births Foundation and Tamba (see pages 183 and 188) have information that you may find useful. They can sleep in the same cot – there is information from Tamba on how you can do this safely.

Reducing the risk of cot death

Sadly, we don't know why some babies die suddenly and for no apparent reason from what is called 'cot death' or 'Sudden Infant Death Syndrome' (SIDS). But we do know that placing a baby to sleep on their back reduces the risk, and that exposing a baby to cigarette smoke or overheating a baby increases the risk.

All the advice that we now have for reducing the risk of cot death and other dangers, such as suffocation, is listed on this page and opposite. Remember that cot death is rare, so don't let worrying about it stop you enjoying your baby's first few months. But do follow the advice given here to reduce the risks as much as possible.

To reduce the risk of cot death:

- Place your baby on their back to sleep, in a cot in a room with you.
- Do not smoke in pregnancy or let anyone smoke in the same room as your baby.
- Do not share a bed with your baby if you have been drinking alcohol, if you take drugs or if you are a smoker.
- Never sleep with your baby on a sofa or armchair.
- Do not let your baby get too hot – keep your baby's head uncovered.
- Place your baby in the 'feet to foot' position.

The safest place for your baby to sleep is on their back in a cot in a room with you for the first six months.

Place your baby on their back to sleep

Place your baby on their back to sleep from the very beginning for both day and night sleeps. This will reduce the risk of cot death. Side sleeping is not as safe as sleeping on the back. Healthy babies placed on their backs are not more likely to choke. When your baby is old enough to roll over, they should not be prevented from doing so.

Babies may get flattening of the part of the head they lie on (plagiocephaly). This will become rounder again as they grow, particularly if they are encouraged to lie on their tummies to play when they are awake and being supervised. Experiencing a range of different positions and a variety of movement while awake is also good for a baby's development.

The risks of bed sharing

The safest place for your baby to sleep is in a cot in a room with you for the first six months. Do not share a bed with your baby if you or your partner:

- are smokers (no matter where or when you smoke and even if you never smoke in bed)
- have recently drunk alcohol
- have taken medication or drugs that make you sleep more heavily
- feel very tired.

The risks of bed sharing are also increased if your baby:

- was premature (born before 37 weeks), or
- was of low birth weight (less than 2.5kg or 5.5lb).

There is also a risk that you might roll over in your sleep and suffocate your baby, or that your baby could get caught between the wall and the bed, or could roll out of an adult bed and be injured.

Never sleep with a baby on a sofa or armchair

It's lovely to have your baby with you for a cuddle or a feed but it's safest to put your baby back in their cot before you go to sleep.

Cut out smoking during pregnancy – partners too!

Smoking in pregnancy greatly increases the risk of cot death. It is best not to smoke at all.

If you are pregnant and want to give up, call the NHS Pregnancy Smoking Helpline on 0800 169 9 169.

Don't smoke near your baby.



Don't let anyone smoke in the same room as your baby

Babies exposed to cigarette smoke after birth are also at an increased risk of cot death. Nobody should smoke in the house, including visitors. Anyone who needs to smoke should go outside. Do not take your baby into smoky places. If you are a smoker, sharing a bed with your baby increases the risk of cot death.

Don't let your baby get too hot (or too cold)

Overheating can increase the risk of cot death. Babies can overheat because of too much bedding or clothing, or because the room is too hot. Remember, a folded blanket counts as two blankets. When you check your baby, make sure they are not too hot. If your baby is sweating or their tummy feels hot to the touch, take off some of the bedding. Don't worry if your baby's hands or feet feel cool – this is normal.

- It is easier to adjust the temperature with changes of lightweight blankets.

Remember, a folded blanket counts as two blankets.

- Babies do not need hot rooms; all-night heating is rarely necessary. Keep the room at a temperature that is comfortable for you at night. About 18°C (65°F) is comfortable.
- If it is very warm, your baby may not need any bedclothes other than a sheet.
- Even in winter, most babies who are unwell or feverish do not need extra clothes.
- Babies should never sleep with a hot-water bottle or electric blanket, next to a radiator, heater or fire, or in direct sunshine.
- Babies lose excess heat from their heads, so make sure their heads cannot be covered by bedclothes during sleep periods.

Don't let your baby overheat.

Remove hats and extra clothing as soon as you come indoors or enter a warm car, bus or train, even if it means waking your baby.



Don't let your baby's head become covered

Babies whose heads are covered with bedding are at an increased risk of cot death. To prevent your baby wriggling down under the

covers, place your baby feet to foot in the crib, cot or pram.

Make the covers up so that they reach no higher than the shoulders. Covers should be securely tucked in so they cannot slip over your baby's head. Use one or more layers of lightweight blankets.

Sleep your baby on a mattress that is firm, flat, well fitting and clean. The outside of the mattress should be waterproof. Cover the mattress with a single sheet.

Remember, do not use duvets, quilts, baby nests, wedges, bedding rolls or pillows.

Put your baby feet to foot in the crib.

Feeding

Breastfeeding your baby reduces the risk of cot death. See Chapter 9 for everything you need to know about breastfeeding.



It is possible that using a dummy at the start of any sleep period reduces the risk of cot death. Do not begin to give a dummy until breastfeeding is well established, usually when your baby is around one month old. Stop giving the dummy when your baby is between six and 12 months old.

If your baby is unwell, seek MEDICAL advice promptly

Babies often have minor illnesses that you do not need to worry about.

Make sure your baby drinks plenty of fluids and is not too hot. If your baby sleeps a lot, wake them regularly for a drink.

It can be difficult to judge whether an illness is more serious and requires prompt medical attention. See the section on illnesses on page 145 for guidance on when you should get help.

Monitors

Normal healthy babies do not need a breathing monitor. Some parents find that using a breathing monitor reassures them. However, there is no evidence that monitors prevent cot death. If you have any worries about your baby, ask your doctor about the best steps to take.

Immunisation reduces the risk of cot death. For more information about immunisation, visit www.immunisation.nhs.uk

More information

For more information on reducing the risk of cot death, or to buy a simple room thermometer for your baby, contact the Foundation for the Study of Infant Deaths (FSID):

Telephone: 020 7802 3200
Email: office@fsid.org.uk
Website: www.fsid.org.uk

CHANGING YOUR BABY

Babies need their nappies changed fairly often, otherwise they become sore. Unless your baby is sleeping peacefully, always change a wet or dirty nappy and change your baby before or after each feed.

Organise the place where you change your baby so that everything you need is handy (see page 128). The best place to change a nappy is on a changing mat or towel on the floor, particularly if you have more than one baby. That way, if you take your eye off your baby for a moment to look after another child, your baby cannot fall and hurt themselves.

Try to sit down, so you don't hurt your back. If you are using a changing table, keep an eye on your baby at all times.

See the next page for the different kinds of nappies that are available.

How to change a nappy

You need to clean your baby's bottom carefully each time you change a nappy to help prevent soreness and nappy rash.

STEP 1

- Take off the nappy. If it's dirty, wipe away the mess from your baby's bottom with tissues or cotton wool.
- Wash your baby's bottom and genitals with cotton wool and warm water and dry thoroughly. For girls, wipe the bottom from front to back, away from the vagina, so that germs will not infect the vagina or bladder. For boys, gently clean the foreskin of the penis (it can be pulled back very gently).



Clean under the penis and the scrotum. Water is fine for cleaning your baby's bottom but you may want to use wipes or lotion for convenience when you are away from home.

- You may want to use a cream, such as zinc and castor oil cream, which forms a waterproof coating to help protect the skin. Or you can just leave the skin clean and dry, especially with disposable nappies, since cream may prevent them absorbing urine so well. Don't use baby powder as it can cause choking.



- If you are using a cloth nappy, place it in a waterproof cover (if needed) and put a nappy liner inside. Lay your baby carefully on the nappy, bring the centre of the nappy between your baby's legs and then fasten the poppers or Velcro. Check that it fits snugly around the waist and legs.

STEP 2

- If you are using a disposable nappy, put the side with the sticky tapes under your baby's bottom.

STEP 3

- Fasten the tapes at the front. Be very careful not to get cream on the tabs or they will not stick.
- Wash your hands.

Nappy hygiene**Disposable nappies**

If the nappy is dirty, flush the contents down the toilet. Roll up the nappy and re-tape it securely. Put it into a plastic bag. Don't put anything but nappies in this bag. Fasten the bag and put it outside in your bin each day.

Cloth nappies

- If the nappy is dirty, flush the contents down the toilet. Biodegradable, flushable nappy liners are available to make it easy.
- Have a lidded bucket ready to store the dirty nappies. You can soak them in a nappy cleanser (follow the instructions on the packet) or just store them here until you have a load ready for washing.
- Wash nappies every two to three days. Follow the care instructions on your nappies, but a 60°C wash is usually OK. If you did not soak the nappies before, add an antibacterial nappy cleanser to your normal washing detergent (follow the instructions on the packet). Don't use enzyme (bio) washing powders or fabric conditioner as these may irritate your baby's skin – and the conditioner may make the

nappy less absorbent. Make sure you use the correct amount of detergent and rinse thoroughly.

Nappy rash

Most babies get a sore bottom or have nappy rash at some time, but some have extra-sensitive skins. Nappy rashes are caused by contact between sensitive skin and soiled nappies. If you notice redness or spots, clean your baby very carefully and change their nappies more frequently. Better still, give your baby time without a nappy and let the air get to their skin. Keep a spare nappy handy to mop up any accidents. You will soon see the rash start to get better.

If your baby does have a rash, ask your midwife or health visitor about it. They may advise you to use a protective cream. If the rash seems to be painful and will not go away, see your health visitor or GP.

Babies' poo (stools)

Immediately after birth and for the first few days, your baby is likely to pass a sticky, greenish-black substance. This is called meconium and it is the waste that has collected in your baby's bowels while they were in your uterus.

As your baby begins to digest milk, the stools will change. They will become more yellow or orange and can be quite bright in colour. Breastfed babies have quite runny



stools. Formula-fed babies' stools are firmer and smell more.

Babies vary a lot in how often they pass stools. Some have a bowel movement at or around each feed; some can go for several days without having a movement. Either can be normal, but most breastfed babies produce at least one stool a day for the first six weeks.

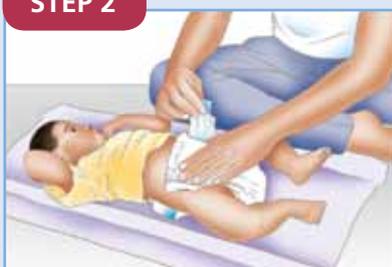
When to get help

Most small babies strain and go red in the face, or even cry, when passing a stool. This is normal and doesn't mean they are constipated as long as the stools are soft. If you are worried that your baby may be constipated, mention this to your midwife or health visitor.

What you find in your baby's nappies will probably vary from day to day, and usually there is no need to worry. For example, it is normal for some babies to have very runny stools. But ask your doctor, midwife or health visitor if you notice any big changes, such as stools:

- becoming very frequent and watery
- being very smelly
- changing colour to become green, white or creamy.

See 'Babies with jaundice after two weeks' on page 149.

Putting on a disposable nappy**STEP 1****STEP 2****STEP 3**

WASHING AND BATHING

Washing

You don't need to bath your baby every day, but you should wash their face, neck, hands and bottom carefully each day. You can do this on your lap or on a changing mat. Choose a time when your baby is awake and contented, and make sure the room is warm. You will need a bowl of warm water, some cotton wool, a towel and a fresh nappy. If you want to use soap, make sure that it is mild and unperfumed.



- 1 Take off your baby's clothes except for the vest and nappy. Wrap your baby in a towel.
- 2 Gently wipe round each eye, from the nose side outwards. Use a fresh piece of cotton wool for each eye, so you don't transfer any stickiness or infection.
- 3 Using fresh, moist cotton wool, wipe out each ear – but don't clean inside their ears. Never use cotton buds inside the ear canal.
- 4 Wash the rest of your baby's face and neck with moist cotton wool and dry gently. Wash and dry your baby's hands in the same way.
- 5 Take off the nappy and wash your baby's bottom (genitals), with fresh cotton wool and warm water. Dry your baby very carefully, including in skin folds, and put on a clean nappy.

See page 124 on keeping your baby's umbilical cord clean and dry.

Bathing

Bath your baby two or three times a week, or more often if they enjoy it. Don't bath them straight after a feed or when they are hungry or sleepy. Make sure the room is warm and that you have everything you need ready in advance.

- 1 Check that the water is not too hot. Test it with your wrist or elbow. It should be just comfortably warm.
- 2 Undress your baby except for their nappy, and wrap them snugly in a towel. Wash your baby's face with cotton wool and water as described above. There is no need to use any soap.
- 3 Wash your baby's hair with baby soap or liquid, supporting their head over the baby bath or basin. Rinse carefully. You don't need to use soap every time.
- 4 If you want to use soap occasionally, use a mild, unperfumed soap. Unwrap your baby and soap them all over, but keep them on your lap so you have a firm grip. Take the nappy off at the last minute.
- 5 Put your baby gently into the water. Using one hand for support, gently swish the water to wash your baby without splashing their face. You should never leave your baby alone in the water even for a few seconds. For boys, gently clean the top of the foreskin of the penis. The foreskin can be pulled back very gently to clean.



- 6 Lift your baby out and pat them dry with the towel. Dry carefully in all the creases. If your baby's skin is dry, gently massage in some baby oil or cream (not aqueous cream). Your baby may enjoy this.

If your baby seems frightened of the bath and cries, it may help to try bathing together. You may like to do this anyway. Make sure the water is only warm, not hot, and don't add anything to the water. You should also think about how you are going to get out of the bath with your baby. You might need someone around who you can pass them to.



ILLNESS

It's sometimes difficult to tell at first when a baby is ill, but you may have a funny feeling that things are not quite right. If you are at all worried, ask for help. You are not fussing. It's far better to be on the safe side, particularly with a very small baby. Trust your own judgement. You know your baby best.

Very urgent problems

Sometimes there are obvious signs that your baby is not well. Contact your doctor at once if your baby:

- turns blue or very pale
- has quick, difficult or grunting breathing, or unusual periods of breathing, for example breathing with pauses of over 20 seconds between breaths
- is very hard to wake, unusually drowsy or doesn't seem to know you
- develops a rash of red spots that do not fade and lose colour (blanch) when they are pressed (see the 'glass test'). This may be the rash of meningococcal disease and meningitis, which causes infection in the blood. There may not be any other symptoms.

Your baby may need treatment very quickly. If you cannot get hold of your GP at once, dial 999 for an ambulance or take your baby to the nearest accident and emergency (A&E) department with a paediatrician on site.

Problems that could be serious

- If your baby has a hoarse cough with noisy breathing, is wheezing, or cannot breathe through the nose.
- If your baby is unusually hot, cold or floppy.



- If your baby cries in an unusual way or for an unusually long time or seems to be in pain.
- If you notice any bleeding from the stump of the umbilical cord or from the nose, or any bruising.
- If your baby keeps refusing feeds.
- If your baby keeps vomiting a substantial part of feeds or has frequent watery diarrhoea. Vomiting and diarrhoea together may mean your baby is losing too much fluid, and this may need prompt treatment.
- If your baby develops jaundice (looks yellow) when they are over a week old, or has jaundice that continues for over two weeks after birth (see page 149).

If you have seen your GP and your baby is not getting better or seems to be getting worse, tell your GP again the same day. If you become very worried and cannot get hold of your GP, dial 999 for an ambulance or take your baby to the nearest A&E department with a paediatrician on site.

If you are worried about your baby

- Phone your midwife or health visitor for advice. Keep their phone numbers where they can be reached easily.
- Phone your GP. Your GP may be able to advise you over the phone or may suggest that you bring your baby along to the surgery. Most GPs will try to fit a young baby in without an appointment, although it may mean a wait in the surgery.
- If you are really worried about your baby, you should always phone your GP for help immediately, whatever the time of day or night. There will always be a doctor on duty, even if it is not your own GP. If you cannot contact a GP, take your baby to an appropriate paediatric emergency department. Not all A&E departments have resident paediatricians. You need to take them to one that does.

The 'glass test'



The 'glass test' can help you to tell if a rash is a symptom of meningitis. Press the side or bottom of a glass firmly against the rash. You will be able to see if the rash fades and loses colour under the pressure (see photo). If it doesn't change colour, contact your GP immediately.



Group B streptococcal infection

Group B streptococcal infection is a life-threatening infection in babies. Most babies who are infected show symptoms within 12 hours of birth, but there are some who get it later. The symptoms include:

- being floppy and unresponsive
- not feeding well
- grunting
- high or low temperature
- fast or slow heart rate
- fast or slow breathing rate
- irritability.

Your baby may need treatment very quickly. If you cannot get hold of your GP at once, dial 999 for an ambulance or take your baby to the nearest accident and emergency department with a paediatrician on site. For more information, see www.gbss.org.uk

GETTING SUPPORT

Everyone needs advice or reassurance at some time when they are caring for a young baby, even if it's just to make sure that they are doing the right thing. Some problems just need talking over with someone. It's always better to ask for help than to worry on your own. Do talk to your midwife or health visitor. As you grow more confident, you will begin to trust your own judgement more. You will be able to decide which advice makes most sense for you and your baby and which suggestions you can safely ignore.

You will also want to talk to friends, relations or other mothers in a similar situation. You will meet other mothers when you start taking your baby to the child health clinic or Sure Start Children's Centre. Your health visitor will explain where these are and when you should go.



Your nearest Children's Centre can be found by visiting www.surestart.gov.uk



Your health visitor can tell you about any mother and baby groups in the area. Or your local branch of the NCT (see page 183) or MAMA (Meet A Mum Association) (see page 184) may be able to put you in touch with other mothers nearby.

