

# Heading Home

Patient  
Information



**WAVERLEY**  
PRIVATE HOSPITAL

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## Congratulations on the birth of your baby.

The birth of a new baby and the responsibilities associated with this can prove both exciting and exhausting to new parents.

Waverley Private Hospital has provided this handbook, to assist you with some of the everyday issues that may be encountered by mother and baby.

The information contained in this handbook is based on the healthy mother and baby.

Therefore, we strongly urge seeking further advice from a health professional should you be concerned about mother or baby.

An extensive list of support services is contained in this handbook.



# Caring for the new mother

Caring for the new mother and understanding the changes, both physical and emotional that may occur following the birth of a baby, is one of the important parts of managing those first few weeks as a new family.

This period of adjustment for the family is also a very special time of getting to know and love your new baby.

Many emotional and physical changes will occur and it is important that you don't place too many demands or expectations on yourself, your baby and your family.

**Issues covered in this section include:**

- Rest
- Nutrition
- Constipation
- Haemorrhoids
- Hygiene
- Vaginal loss
- Stitches
- Caesarean Sections
- Exercise
- Emotional changes - "Baby Blues" & PND
- Partners
- Sexual Intercourse
- Siblings
- Signs of illness in the mother

## Rest

Your new baby will interrupt your sleep for at least a few weeks. Lack of sleep can make you feel fatigued and depressed.

**To cope with tiredness, you may find some of these suggestions useful:**

- Have short sleeps or periods of rest during the day when baby sleeps.
- Allow your support person to do the housework, washing, cooking and help care for other children and pets.
- Do only the essential chores until you feel rested and stronger.
- Restrict visitors and phone calls during the first weeks.
- You may prefer to keep baby near you at night.
- If using cloth nappies, employ a nappy service for the first few weeks.
- Alternatively use disposable nappies.

## Nutrition

It is important to maintain a well balanced diet. Do not skip meals – your body is not a machine and it needs nutritious food to ensure optimal health. If breastfeeding you may find you have an increased appetite and so small frequent meals may suit you better. Drink to match your thirst. It is not necessary to increase your milk intake, however it is important that you include foods that are high in calcium, fibre and iron.

## General hygiene

A daily shower or bath is important - it makes you feel good and it assists in the healing of stitches.

To prevent infection it is important to wash your hands:

- After changing baby's nappy
- Before breastfeeding
- After using the toilet
- Before and after food preparation
- Before and after tending to animals.

## Vaginal loss

Whether you have had a vaginal or caesarean birth, you will experience vaginal bleeding following the birth of your baby. This is called lochia. It will begin as bright red, becoming inky brown and finally a whitish colour.

This white cream discharge may be present for up to 6 weeks and may necessitate you wearing a pantyliner to protect your underwear. 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 any associated abdominal pain, please consult your obstetrician or local GP.**

Sometimes you may pass small clots and this is usually ok.

**If however the clots are constant, or large and/or associated with bright loss, odour or pain, please consult your obstetrician or local GP.**

## Stitches

- If you have stitches, it is common for them to feel tender and sometimes sore for the first few days but they will heal quickly if you keep them clean and dry.
- Showering twice a day, careful drying and frequent changing of your sanitary pads will assist in the healing process.
- The stitches usually dissolve within 7-10 days. As they dissolve, you may see pieces of beige thread on your underpants or toilet tissue.
- Talcum powder and creams should be avoided on and around the stitches.
- Salt baths may also give some relief if stitches feel tight or are irritating.
- Avoid constipation (refer to "constipation" section)

**Report any unusual discharge or an increase in redness, swelling or pain of the area.**

## Caesarean section wound

- It is important to follow any instructions your doctor may have given you.
- Although it is recommended to keep the wound and surrounding area clean and dry as much as possible, you are still encouraged to shower every day; it is not usually necessary to cover the wound in the shower or bath.
- Sometimes a small amount of discharge may leak from the wound and it is recommended you advise your doctor if this occurs.
- The wound may be slightly bruised and tender for some time.

If however any of these things get worse you should consult your doctor or local GP.

- It is important not to lift anything heavier than the weight of your newborn baby.
- We recommend you seek assistance with things like the housework, laundry, shopping etc.
- Discuss with your doctor when you can resume driving.
- Take analgesia as directed by your doctor to relieve abdominal discomfort.  
Tip: use a pad as a barrier between wound and underwear if comfortable to absorb any small wound discharge.

If using a hot pack remember to remove it prior to cuddling / feeding your baby.

## Constipation

Constipation is a common problem during the first few weeks after birth. We recommend you eat a diet that includes foods high in fibre, such as fresh fruits and vegetables and drink at least 2 litres of water. Try to avoid more than 2-3 glasses of fruit juice per day as this may cause diarrhoea. Exercise is also an important part of a well functioning bowel. If the problem persists seek medical advice about the use of a stool softener.

## Haemorrhoids

Haemorrhoids are swollen veins around the anal area and can become very painful and sometimes bleed. In the first 48 hours after birth, cold compresses are useful to reduce the swelling and provide some relief. Your doctor may prescribe an ointment; be careful not to apply the ointment on any stitches in the area. It is important to avoid straining and constipation so pay attention to your diet and exercise.

## Exercise

For many, the idea of exercise will be furthest from your mind, as you try to adjust to the new lifestyle. Exercise however, is important for your physical and mental well being.

- Gentle exercise such as walking is simple, easy and good for you and baby.
- Swimming is great for regaining your pre-pregnant shape and improving health.
- We recommend commencing swimming a week after vaginal bleeding has ceased.
- Pelvic floor and abdominal exercises should also be continued as per physiotherapist instructions.

- Remember not to over-exercise and consult your obstetrician, GP, physiotherapist or trainer prior to recommencing vigorous exercise.
- It is recommended that you do not commence vigorous exercise prior to your 6 week postnatal check.

## Postnatal emotional changes

Mood swings and emotional changes are common in the first 10 days after giving birth. This is often caused by the constantly changing hormones, together with physical, psychological and social changes.

*“Baby blues” are temporary and experienced by about 80% of women.*

Women experience these changes very differently - it may be they feel a bit flat or low, they may be teary for no specific reason or they may become upset for what appears to be a minor issue. It is important to know that these feelings are normal and will generally pass in a few days. Assistance with baby care - such as bathing and settling will be of great value to the mother. Rest is also important. A daily sleep is invaluable.

## Postnatal Depression (PND)

Postnatal Depression affects one in seven women and can be a traumatic experience for the woman and her family. PND is treatable and help is available, however it can often be difficult to recognise as women may hide their feelings or blame other things. Early recognition and prompt treatment can reduce the severity of the depression.

**Some of the signs of Postnatal Depression are:**

- Sleep disturbances unrelated to baby's sleep needs
- Changes in appetite such as overeating or lack of interest in food
- Crying without any apparent reason or crying on the “inside”
- Inability to even contemplate daily chores
- Irritability often shown by snapping at partners
- Anxiety about her own health or that of her baby or generalised anxiety or palpitations
- Thoughts related to negative obsessive feelings
- Fear of being alone
- Difficulty with concentration or memory
- Feelings of guilt or inadequacy
- Loss of confidence and self-esteem.

The severity of the condition depends upon the number of symptoms, their intensity and the extent to which they impair normal functioning.

Depression is a treatable condition that requires support, sensitivity and appropriate treatment to assist in the persons recovery.

It is important to note that partners may also suffer depression and they will also require the same support as mentioned above.

Your feelings at this time will often be unfamiliar to you and we encourage the mother and or family members to seek assistance or support at anytime, following the birth of your baby, if you are worried about how you are feeling.

**Postnatal Psychosis** is a serious mental illness which affects about 1:1000 women. It is characterised by thoughts of suicide or harming the baby. This condition does require immediate Psychiatric care, however the recovery rate is usually excellent.

## Communicating with your partner

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

It is important, therefore, that you and your partner spend time together each day. It may only be a few minutes, but make the most of the opportunity to share the days events and talk about how each of you are feeling. Neither of you is a mind-reader and instead of assuming how the other is coping or feeling at any given time, it is important to share how you feel and discuss this.

## Resuming sexual intercourse

Although there is no set time for resuming intercourse, some doctors recommend you wait until at least two weeks after the vaginal loss has ceased.

Every woman is an individual and each couple is different. Some couples wait weeks and others months.

### Some important points to consider are:

**Contraception** is important if you are not considering another pregnancy straight away. Breastfeeding does offer some good contraceptive value, but only if you are exclusively feeding. This means not offering baby other milk feeds, the baby is less than 6 months of age, the mother has not experienced her first menstruation following the birth of her baby and the feeding pattern does not have a break of 6 hours or more.

Talk with your obstetrician or GP about contraception options at 6 week checkup.

**When resuming sexual intercourse**, the important thing is for each person to feel comfortable and not rushed. Take it slowly. Experiment with different positions to find one that is comfortable for the woman.

Following birth the vaginal secretions are usually much drier and therefore a lubricant such as KY jelly may be useful.

### Do not use Vaseline when using condoms as this perishes the rubber.

Sometimes women feel tired and sore following the birth of a baby. This may continue for several weeks or maybe months. It is important to be gentle and talk to your partner about how you feel and what feels comfortable for you.



# Siblings

It is often difficult bringing a new baby home into a family where other children have already developed their sense of belonging and ownership. The following information may be useful for preparing your child for the arrival of the new baby and for you as parents to understand their reactions to the new baby.

Jealousy is a normal reaction, which all children feel at some time or another. It is usually based on fear of loss of parent's affection and will vary according to the child's age and personality.

## The following is to be used as a guide only.

### 0 – 1 years

Most children under one year of age rarely relate the birth of a baby to all the changes that are happening in and around the home. They do not understand the separation of mother from them nor do they equate the new baby to mummy's tummy. Encourage the child to "pat" and touch the baby and "play" with them under adult supervision.

Using the words "Don't" and "not too hard" are often not relevant to children of this age and may make them behave badly towards the new baby.

### 1-3 years

These children often love the baby but refuse to acknowledge the mother and they often turn to their other main carer. However, others may demand that their mother does everything for them. There may be no hugs or kisses for mum - do not push the point. Often mum feels more upset about this behaviour than the child does. Allow the child to re-adjust to having mum home. Many of these children will fall back into some of their infantile patterns, such as bed-wetting, wanting more cuddles, reverting to sleeping in their cot (if recently placed in a bed), favourite foods, use of dummy and or favourite toy. They are not doing this for attention seeking but usually because it makes them feel secure.

Once home these children may feel more involved by helping to fold up clothes, reading a book at the same time as feeding baby, doing things together with baby, and making time just for the older child.

### 4-6 years

These children feel quite grown up and want to help a lot with baby care. They expect to be able to do everything that the adults can do. They can be very handy at home but adult supervision is still required.

They are often not strong enough to pick up a baby, especially a crying baby and should be supervised in a bath together.

They can usually assist with bathing, washing the hair, pushing the pram, folding nappies etc. It is important to try to understand why the older child may feel displaced but do not spoil the child. It is important for the adult to retain control over the baby care.

They are often disappointed that the new baby is not able to play ball or swim together as soon as they are born; they can be unhappy if the baby does not grow quickly enough to join them in games etc.

These children can relate the new changes in the home to the baby and can strike out at the baby in anger.

## Whatever the age of your child

- Shower them with love and try to see this new event from their eyes. Enjoy this new change within your family.
- Remember it is the parent and not the baby that the child wants to see/spend time with.
- Pay them as much attention as possible in the early days.
- You cannot avoid changes but try to minimise them.
- Try to keep the child's daily routine the same as before, whether that be sleep times, childcare, kinder etc.
- Reserve some special time each day to spend just with the child.
- Involve the other parent.
- Encourage supervised play with the baby.
- While feeding the baby plan something special for the child to do.
- Regressions in behaviour are normally only temporary.
- They will usually demand your attention when you are caring for the baby. If you are prepared for this it may help decrease any conflict.

For further advice seek information from your Maternal & Child Health Nurse.

## Signs of illness in the mother

If any of the following signs develop when you are at home, please contact your obstetrician or local GP:

- A rise in temperature/fever, especially at/above 38°C
- Difficulty or pain when passing urine, as opposed to stinging on the stitches area. This may or may not be associated with lower back pain
- Hot, red or tender areas around any cut: either from the Caesarean or perineal stitches
- Severe rectal pain
- Any change in your vaginal loss: bright bleeding, increased loss, smelly loss or the passing of clots larger than a 50c piece
- Hot red patches on the breast often associated with flu like symptoms.

When visiting the health care provider you may like to consider the following points:

- Make a long appointment so that you may have the opportunity to discuss issues that are concerning you
- Have a friend or partner care for your baby or other children, so you may concentrate
- Write down any questions you have before the appointment, so you don't forget
- Be honest with your answers about how you feel (emotionally & physically)
- If you are unhappy with your health provider you may choose someone else.

# Caring for the newborn

Bringing a new baby home can be both exciting and a little daunting. The care outlined in these pages is designed to assist you in the first few weeks at home.

There will be many choices to make and your decisions should be based on what feels right for you and your baby.

The main issues about caring for your baby will be based around adequate food and nutrition for growth and development, cleanliness and hygiene and emotional bonding and love for your baby.

The following information is based on the healthy newborn and if at any time you have concerns about the health of your baby do not hesitate to contact a health professional.

Several support services are available to you and these should be used in conjunction with this book.

## Jaundice and your Newborn baby

Newborn babies often appear to have a yellowish tinge to their skin that is called 'Jaundice'. It happens when a chemical called bilirubin builds up in the baby's blood and tissues. In most babies Jaundice is a normal event, not serious and happens within 3-5 days after birth. It is best seen in good daylight. It usually appears in the face first and then moves to chest, abdomen, arms and legs as the bilirubin level increases. The whites of the baby's eyes may also be yellow. Jaundice may be harder to see in babies with darker skin. It will nearly always disappear gradually within a few days without the need for any special treatment, as long as the jaundiced baby is fed well. Your midwife will monitor your baby for jaundice while you are both in hospital. After discharge from the hospital your baby will be checked by your Maternal Child Health nurse and family doctor or the baby's paediatrician who will provide you with support and observe your baby.

Your baby's jaundice needs to be checked by a doctor if your baby:

- Is rapidly becoming more yellow
- Is yellow on the groin, arms or legs
- Is too sleepy to feed
- Is feeding poorly
- Has fewer wet or dirty nappies
- A combination of the above, or if your baby seems unwell

## When will my baby need treatment?

Once the bilirubin reaches a certain level treatment will be recommended by exposing the baby's skin to light which helps to break down the bilirubin in the skin. The light is called phototherapy which is safe and will be done for 2-3 days in hospital. It is a good idea to breast feed the baby more often during the treatment so that he / she gets enough fluid. More information about treatment will be given by your baby's paediatrician.

*Ref. Jaundice and Your Newborn Baby Information Shett, Royal Womens Hospital [www.thewomens.org.au](http://www.thewomens.org.au)*

This section of the handbook contains information about the following:

- Feeding
- Positioning
- Wind
- Sleep
- Crying Babies
- Tummy time – play time
- Dressing the newborn
- Wet nappies
- Bowel actions
- Umbilical Cord care
- Rashes
- Hiccoughs
- Signs of illness in the newborn
- Community resources

## Feeding

**Breastfeeding** - Refer to Australian Breast Feeding Association website

[www.breastfeeding.asn.au](http://www.breastfeeding.asn.au).

### Bottle-feeding

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

1. When making up bottle formula for infant use, ensure you allow the time and concentration to mix correctly and follow the directions on each tin as these vary between formulas.
2. Bottle fed babies will feed about 6 times per day and the amount will vary according to their age and weight.
3. You may find that your baby's appetite varies during the day and they may take a little more or less at different feeds.
4. 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
  - Is the formula too hot or too cold?
  - Do they need a feed or is something else the matter, such as being too hot or too cold, or does their nappy need changing?

## Possetting

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.

**We recommend you contact your doctor, paediatrician or local GP if the possetting contains blood, is of an unusual colour or is persistent. Causes for concern include poor weight gain or if your baby appears to be in pain.**

## Wind - burping

In some cultures, babies are not regularly burped and it may take some time before you identify whether or not your baby needs to be burped.

Initially the midwives will encourage you to wind/burp your baby after each breast or after a bottle feed. As the baby matures, this often becomes unnecessary.

Not all babies need to burp before continuing the feed or to assist settling to sleep.

**Babies often pass any air they have swallowed from their bowel while sleeping or feeding.**

## Sleep

All babies require sleep for growth and development. The amount of sleep will lessen as the baby grows older.

You will be offered a lot of differing advice about getting your baby to sleep. Use what works for you and your baby.

**There are a variety of techniques that may assist you in getting your baby to either settle or sleep.**

- Some babies like to be wrapped firmly to sleep as this restricts their startle reflex and jerky movements, which often contribute to waking a baby. If you choose to wrap your baby, we recommend using a cotton or muslin wrap not a thick woollen or flannelette blanket.
- When settling your baby for sleep, try reducing the amount of stimuli and providing quiet, familiar surroundings.
- Once asleep, most babies can actually sleep in a relatively noisy environment.
- In the first 6 weeks of life a baby cycles around 3- 4 hourly between feeding and sleeping.

**At around 6 weeks a diurnal rhythm begins to develop. This is shown by:**

- Bowel motions cease at night.
- Babies feed-sleep at night and feed-wake (play) - sleep during the day.
- Time between feeds at night increases even up to 12 hours.
- Once these changes are noted parents can stop changing nappies overnight (eg if using disposable).
- Place baby straight back in the cot after a night feed.
- Don't wake a baby for a feed overnight (unless otherwise directed by a health professional).

# Safe Sleeping

Babies and young children spend a lot of their time sleeping. Some sleeping arrangements are not safe. They can increase the risk of SIDS or cause serious sleeping accidents. Research has found some important ways to reduce the risk of SIDS and create a safe sleeping environment for babies and young children.

## To ensure a safe sleeping environment:

- Sleep baby in safe cot in parents room (SIDS recommendation)
- Put baby on their back to sleep
- Sleep baby with face and head uncovered
- Sleep baby on a firm mattress or surface (not a bean bag or water bed)
- 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
- Do not allow baby to sleep in an adult bed
- Do not sleep with your infant on a sofa/couch
- Use several layers of thinner blankets rather than one thick one
- Cigarette smoke is bad for baby (nicotine from smokers has been found to adhere to baby's skin)
- Put baby's feet at the end of the cot
- Tuck in bedclothes securely
- Keep the cot away from cords, blinds, curtains or electrical appliances
- Keep mobiles out of reach of curious little hands that may entangle baby in the strings etc.
- Remove any bibs and hats
- Remove any toys from the cot
- Do not use electric blankets, hot water bottles or wheat bags in baby's cot
- Always secure the safety restraint in the pram, strollers and bouncers
- If using a rocking cradle, ensure the cradle cannot tilt while baby sleeps
- Make sure the cradle has a tilt limiter of no more than 10%
- Ensure the locking pin/bolt is in place
- Bassinets must have a sturdy wide base, a well fitting mattress and must not be able to tip.

**Bed sharing** Is the normal practice in some cultures however SIDS recommend that the "safest place for baby to sleep is in a safe cot next to parents bed" (*Quote from SIDS Brochure*).

## Bed sharing is not safe and is not recommended particularly if:

We do not recommend bed sharing as it is deemed not safe if:

- You or your partner smoke
- You or your partner are under the influence of drugs or alcohol
- You or your partner have taken medications that make you extra drowsy (eg: painkillers, some cold/flu preparations)
- The parent is unusually tired and less likely to be able to respond appropriately to your baby's needs
- Baby is rolled on or falls out of bed
- Baby is smothered or overheats in the bedclothes

- You or your partner are obese
- You sleep on a water bed (sagging mattress and overheating)
- Babies should never sleep in the same bed as an older child
- Pets should not be allowed to sleep with your baby

## Sleep cycles

**Newborn babies cycle through six stages of consciousness. These are described below:**

**Quiet Alert:** This is when the baby is calmly paying attention to their surroundings. Their energy seems to be focused on seeing and hearing. This is the best time to play with your baby.

**Active Alert:** During this phase, baby moves and looks about more. This often happens just before eating or when baby is about to get noticeably fussy. These movements may be clues to parents that the baby is about to get upset.

**Crying:** All babies cry, however it may take some time for new parents to figure out why the baby is crying. Refer to our section on "crying"

**Drowsy:** When your baby is in the process of falling asleep or waking up. The baby may look blank, glazed or unfocused. Sometimes baby still moves around but not very enthusiastically.

**Quiet Asleep:** This is when the baby is very soundly sleeping. In this state baby lies so still that a new parent may feel compelled to make sure the bay is still alive.

**Active Asleep:** The baby is still sleeping but the eyelids may flutter the arms and legs twitch and their breathing becomes less regular. The baby sometimes moves about the crib/cot. Parents often wonder if the baby is dreaming.

## Crying

Crying is your baby's normal way of communicating with you, however, we understand it can be very disturbing for many new parents.

Newborns tend to look and listen to their environment, and crying is one of the few forms of letting you know how they feel.

**To determine why they are crying, it may help to check each of the following:**

- Hunger
- Over-tiredness
- Ill / sick or in pain
- Too hot or too cold
- Dirty / wet nappy
- Feeling insecure
- Overstimulated
- Frustrated
- Wind

Most newborns cry for varying periods of time; lasting from about 2 - 4 hours per day.

This may be in short bursts, before and/or after feeding or it may also be for one continuous period, often in the late afternoon/evening.

Your baby may want to feed frequently, is unsettled and doesn't like to be put down. This time is often referred to as "evening unsettledness" and is common to most babies in the first 12 weeks of life. This fussy, unsettled period can vary from 30 minutes to several hours. The time spent crying per 24 hours often peaks around 6 weeks of age.

## This is all “normal”

You may be able to prepare for this unsettled time by:

- Resting during the day whenever possible
- Preparing the evening meal in the morning
- Having your main meal at lunch time
- Eating and drinking regularly throughout the day
- Sharing the settling of baby with your partner
- Bathing your baby in the evening may relax baby and parents
- Most babies need lots of hugs, comfort and security at this time.

Newborn babies cannot relate crying to cuddling and therefore cannot be “spoiled” At around 5 - 6 weeks of age a baby can begin to relate different activities with outcomes and that is when they may begin to cry for attention. Your Maternal & Child Health Nurse can provide you with more information about this.

## Settling a crying baby

Different things can be tried to assist you in settling your baby.

Firstly we recommend you observe your baby and try to determine why they may be crying and then attend to these accordingly.

As your baby grows they will develop a number of different cries, which you will learn to recognise.

**Alternatively there are a number of things you can try to assist you in settling your baby:**

- Try changing the baby’s nappy, burping or feeding baby
- Remove any obvious causes of danger eg: toys, pillows, cords etc.
- Try a warm, deep bath
- Movement may be useful. Try some walking, rocking, the pram, use of baby slings, hammocks etc.
- Reduce the amount of visual stimulation; especially bright lights
- Some babies like rhythmical patting or “shhh shhh” sound
- Some babies wake with their startle reflex and/or jerky movements. These babies like to feel secure and prefer to be wrapped. To do this we recommend using a light cotton or muslin wrap.
- Baby massage may be useful. For this to be most effective we recommend that this is practised over a period of time so baby gets used to the calming effect of the massage
- The sound of the parents voice can be very reassuring. Try talking or singing to your baby
- Look for signs of illness (page 18) and eliminate these as reasons for baby’s crying or unsettledness.

**Use one of these settling techniques for about 5 minutes, if this doesn’t work, try something else.**

**Don’t be afraid to ask for assistance or hand the baby over to another parent/carer.**



## Tummy time

With the recommendations from SIDS & KIDS to sleep babies on their back, many parents are unsure if they should place baby on their tummy at all. However, it is a very important part of the baby's shoulder and neck development that they spend short periods of awake time on their tummy.

Bring baby's arms forward so that they are not lying on them when playing on their tummy.

**Tummy play is safe and good for babies when they are awake and an adult is present.**

You can begin this as early after the birth as you like.

For example after bathing baby, place them on their tummy to do up nighties etc. Babies will only tolerate this 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 parents 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 & KIDS Foundation recommends you dress your baby as you dress yourself - "comfortably". In reality this often means one extra layer of clothing than what you are wearing. It is recommended that your baby clothes are made from natural fibres as these will breathe and prevent overheating.

When dressing your newborn baby it is important to consider the environment your baby will be in.

**For example** do not dress baby for 8°C outside if you are staying indoors where the heater is set to 21°C.

**Remember** to change your baby's clothing when you are moving from one temperature to another.

**For example** if you then go outside where it is 8°C you will need to add extra layers of clothing such as cardigan, blanket, booties and/or hat.

**Remember** in summer the same principles apply. Dress your baby for the temperature you are in. Will you be in a cooler house and/or air-conditioned shopping centre or will you be out in the warmer weather?

Bedding is also considered a layer of clothing so remember not to overheat your baby in the cot. Use several thin blankets as opposed to one thick blanket. (Doonas, duvets and quilts are not recommended). Wraps and blankets made of natural fibres are recommended.

Overnight the house/room may become cooler and an extra blanket may be required on the cot. Alternatively as the day warms up you may need to remove a blanket or cardigan from baby.

## Wet nappies

On average your baby should have 6-8 wet nappies in a 24-hour period. The urine should be pale; if it is orange or dark in colour please consult a health care professional. If you are using disposable nappies and you are unsure whether your baby has passed urine or not you can open the padding of the nappy and check if the fluff has turned to crystals or simply weigh the nappy in your hand - it will be heavier when wet.

## Bowel actions

After the initial dark, tarry bowel action of meconium the stools will change in colour and consistency.

Breast fed babies will have orange-yellow stools with "seed" like appearance. These are milk curds. The bowel actions can become quite loose and frequent once the meconium has been passed. Despite this many babies do appear to strain. In the first few weeks, it is common for breastfed babies to have several bowel actions per day. The frequency often decreases at about 6 weeks, stools may be passed as little as once every 2 - 3 days up to once every 10 days.

Formula fed babies tend to have a soft pale khaki-brown-yellow pasty colour stool.

**In either case if the stools become watery green contact your Maternal & Child Health Nurse or a health professional.**

**Constipation is signalled by hard stools or "pebbles" not by decreased frequency.**

## The umbilical cord

Your baby will have a white cord ring or cord clamp, this will fall off naturally along with the umbilical cord.

It is important to keep the cord area clean and dry. This can be done by cleaning around the cord at bath times.

The cord stump will dry out and turn black, falling off around 7 - 14 days. There may be a tiny bit of spotting (like the removal of a scab) however any more bleeding than this should be checked with your doctor.

**If the area becomes red, swollen, has an offensive odour or any abnormal bleeding/ooze we recommend you contact your paediatrician or local GP.**

# Rashes

Rashes are very common in newborn babies and may be caused by a number of factors:

- Hormonal rash – a red pimply rash that will normally disappear with no treatment
- Heat rash - caused by overheating of your baby. Check their temperature by using an infant thermometer or placing your palm on the skin area between the baby's shoulder blades.
- Nappy rash - usually caused from irritation of urine, or bowel actions in nappies.

**If you are unsure of the cause of a rash please consult your pharmacist, Maternal & Child Health Nurse or Doctor.**

# Hiccoughs

Babies hiccough in-utero, in the bath, whilst feeding and when going off to sleep. They appear to cause no distress to the baby and therefore require no special treatment. It is not necessary to interrupt any procedure such as bathing, feeding or sleeping to cure hiccoughs.

# Signs of illness in the newborn

**If the following signs occur we recommend you seek medical assistance:**

- If baby is sleeping excessively and/or difficult to rouse
- When baby is not actively waking for feeds
- If baby is not taking at least 6 feeds per 24 hour period
- If there are less than 4 wet nappies in the 24 hour period
- Continued vomiting and/or projectile vomiting
- Any signs of bleeding from any orifice
- When the bowel actions are of a watery-green colour
- If the urine is dark or orange in colour
- If the jaundice level is getting more yellow
- Any signs of fitting or tremors
- Looking pale and listless
- Any change from your baby's normal behaviour
- When baby is showing signs of difficulty breathing
- When baby feels hot or their temperature is over 38°C
- Any unusual rashes or bruising

## Community resources

Here are a few telephone numbers that you may find useful as you settle into a new lifestyle at home. Telephone numbers are correct at time of printing.

### Emergency telephone number

Fire, Ambulance, Police 000

### Australian Breastfeeding Association

Formerly Nursing Mothers Association Breastfeeding helpline 9885 0653  
[www.breastfeeding.asn.au](http://www.breastfeeding.asn.au)

### Australian Lactation Consultants Association

9650 5391  
<http://home.vicnet.net.au/~alca/>

### Australian Multiple Birth Association

9513 2050  
[www.amba.org.au](http://www.amba.org.au)

### Australian Physiotherapy Association - Women's Health

9429 7199  
[www.physiotherapy.asn.au](http://www.physiotherapy.asn.au)

### Maternal and Child Health Centres 24 hour service

132 229  
For your closest centre see 'Baby Health Centres' in  
Yellow Pages A-K or White Pages L-Z

### Panda

(Post and Antenatal Depression Association)  
Support Line 9428 4600

### Parentline

[www.beststart.vic.gov/phone.htm](http://www.beststart.vic.gov/phone.htm) 132 289

### Queen Elizabeth Centre

(Mother & Baby Unit) 9549 2777

### RACV

(Restraints, Fitting Stations) [www.racv.com.au](http://www.racv.com.au) 9790 2190

### Royal Children's Hospital

[www.rch.unimelb.edu.au](http://www.rch.unimelb.edu.au) 9345 5522

### Poisons Information 24 hours

131 126

### Child Safety Centre

9345 5085

### SIDS

1300 308 307  
[www.sidsandkids.org](http://www.sidsandkids.org)

## Royal Women's Hospital

9344 2000

## Sands

(Stillbirth and Neonatal Death Support) 9899 0218

## Tweddle

(Child and Family Health Service) 9689 1577

## Day-Stay program and parent seminars on settling babies

[aca.ninemsn.com.au/stories](http://aca.ninemsn.com.au/stories)

## Waverley Private Hospital

Maternity 98817760

## Safe Sleep Space

1300 775 337

[www.safesleepspace.com.au](http://www.safesleepspace.com.au)

## Doctors

Obstetrician: .....

Paediatrician: .....

Local GP: .....

## Books

### Settling your baby-a survival guide for parents birth - 12 months

Child & Youth Health South Australia 08 8303 1500

### Sleep Right, Sleep Tight

Tweddle Child and Family Health Service 03 9689 1577

### Ramsay Health Care Breastfeeding Handbook

### Emotional Health During Pregnancy and Early Parenthood Booklet

Beyond Blue [www.beyondblue.org.au](http://www.beyondblue.org.au)

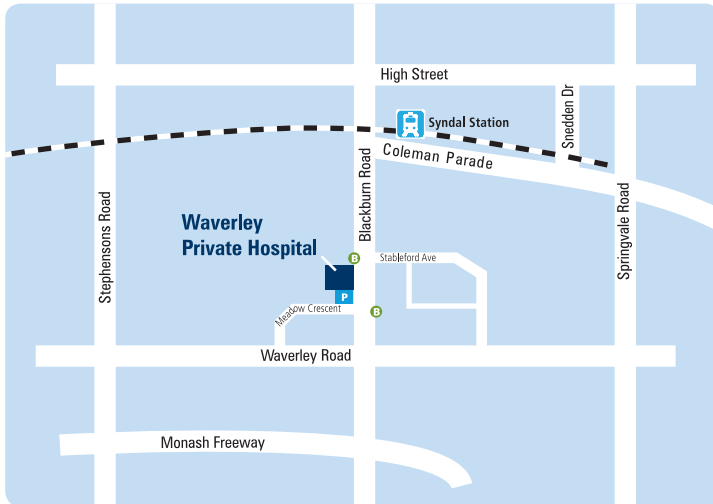
### Continence Foundation of Australia

[www.continence.org.au](http://www.continence.org.au)

# Notes

Lined area for taking notes, consisting of 22 horizontal red dashed lines.





**Waverley Private Hospital**

343 - 357 Blackburn Road, Mount Waverley  
Maternity Ward 03 9881 7760 – Fax 03 9803 9611  
[www.ramsayhealth.com.au](http://www.ramsayhealth.com.au)