Induction

Labour can be induced if your baby is overdue or there is any sort of risk to you or your baby's health – for example, if you have high blood pressure or if your baby is failing to grow and thrive. Induction is always planned in advance, so you will be able to talk over the benefits and disadvantages with your doctor and midwife and find out why they recommend your labour is induced.

Contractions are usually started by inserting a pessary or gel into the vagina, and sometimes both are used. Induction of labour may take a while, particularly if the neck of the uterus (the cervix) needs to be softened with pessaries or gels. Sometimes a hormone drip is needed to speed up the labour. Once labour starts it should proceed normally, but it can sometimes take 24–48 hours to get you into labour.

Assisted birth (forceps or ventouse delivery)

About one in eight women have an assisted birth, where forceps or a ventouse are used to help the baby out of the vagina. This can be because:

- your baby is distressed
- your baby is in an awkward position
- you are too exhausted.

Both ventouse and forceps are safe and are used only when necessary for you and your baby. A paediatrician may be present to check your baby's health. A local anaesthetic will usually be given to numb the birth canal if you have not already had an epidural or spinal anaesthetic. If your obstetrician has any concerns, you may be moved to a theatre so that a caesarean section can be carried out if needed.

As the baby is being born, a cut (episiotomy) may be needed to enlarge the vaginal opening. Any tear or cut will be repaired with stitches.

Depending on the circumstances, your baby can be delivered onto your abdomen and your birthing partner may still be able to cut the cord, if they want to.

Ventouse

A ventouse (vacuum extractor) is an instrument that has a soft or hard plastic or metal cup which is attached to your baby's head by a tube that is fitted to a suction device. The cup fits firmly onto your baby's head and, with a contraction and your pushing, the obstetrician or midwife gently pulls to help deliver your baby.

The suction cup (ventouse) can leave a small mark on your baby's head called a chignon and it may also cause a bruise on your baby's head called a cephalhaematoma. A ventouse is not used if your baby is less than 34 weeks old, because the head is too soft.

A ventouse is less likely to cause vaginal tearing than forceps.

Forceps

Forceps are smooth metal instruments that look like large spoons or tongs. They are curved to fit around the baby's head. The forceps are carefully positioned around your baby's head and joined together at the handles. With a contraction and your pushing, an obstetrician gently pulls to help deliver your baby.

There are many different types of forceps. Some forceps are specifically designed to turn the baby to the right position to be born, for example if your baby is 'back to your back'.

Forceps can leave small marks on your baby's face. These will disappear quite quickly.

Afterwards

You will sometimes be fitted with a catheter (a small tube that fits into your bladder) for up to 24 hours. You are more likely to need this if you have had an epidural, as you may not have full feeling back.

Caesarean section

There are situations where the safest option for you or your baby is to have a caesarean section. As a caesarean section involves major surgery, it will only be performed where there is a real clinical need for this type of delivery.

Your baby is delivered by cutting through your abdomen and then into your uterus. The cut is made across your abdomen, just below your bikini line. The scar is usually hidden in your pubic hair.

If you are expecting twins, triplets or more, it is more likely that you will be advised to have a caesarean section. This will depend on how your pregnancy progresses, the position of your babies and whether the babies share a placenta.

Whenever a caesarean is suggested, your doctor will explain why it is advised and any possible side effects. Do not hesitate to ask questions.

Urgent (emergency) caesareans

Urgent (emergency) caesarean sections are necessary when complications develop and delivery needs to be quick. This may be before or during labour. If your midwife and doctor are concerned about your or your baby's safety, they will suggest that you have a caesarean straight away. Sometimes your doctor or midwife may suggest an emergency caesarean if your cervix does not dilate fully during labour.

The operation

In the UK, most caesarean sections are performed under epidural or spinal anaesthesia, which minimises risk and means that you are awake for the delivery of your baby (see page 89). A general anaesthetic is sometimes used – particularly if the baby needs to be delivered very quickly.

If you have an epidural or spinal anaesthesia, you will not feel pain – just some tugging and pulling as your baby is delivered. A screen will be put up so that you cannot see what is being done. The doctors will talk to you and let you know what is happening.

Planned (elective) caesareans

A caesarean is 'elective' if it is planned in advance. This usually happens because your doctor or midwife thinks that labour will be dangerous for you or your baby.

It takes about 5–10 minutes to deliver the baby and the whole operation takes about 40–50 minutes. One advantage of an epidural or spinal anaesthetic is that you are awake at the moment of delivery and can see and hold your baby immediately. Your birth partner can be with you.

After a caesarean section

After a caesarean section, you will be uncomfortable and will be offered painkillers. You will usually be fitted with a catheter (a small tube that fits into your bladder) for up to 24 hours and you may be prescribed daily injections to prevent blood clots (thrombosis).

Depending on the help you have at home, you should be ready to leave hospital within two to four days.

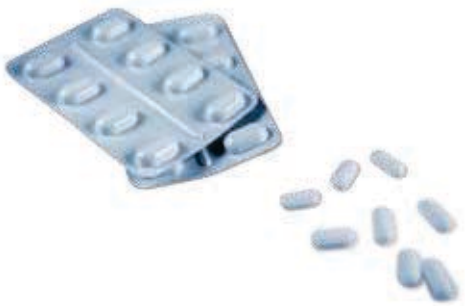
You will be encouraged to become mobile as soon as possible, and your midwife or hospital physiotherapist will give you advice about postnatal exercises that will help you in your recovery. As soon as you can move without pain, you can drive – as long as you are able to make an emergency stop. This may be six weeks or sooner.

Once a caesarean always a caesarean?

If you have your first baby by caesarean section, this does not necessarily mean that any future baby will have to be delivered in this way. Vaginal birth after a previous caesarean can and does happen. This will depend on your own particular circumstances (see page 155). Discuss your hopes and plans for any other deliveries with your doctor or midwife.

Help and support

Contact the Caesarean Support Network for information and support (see page 182).



first moments together

Breech birth

If your baby is breech, it means that it is positioned with its bottom downwards. This makes delivery more complicated. Your obstetrician and midwife will talk to you about the best and safest way for your breech baby to be born. You will be advised to have your baby in hospital.

External cephalic version

You will usually be offered the option of an external cephalic version (ECV). This is when pressure is put on your abdomen to try to turn the baby to a head down position.

Caesarean section

If an ECV doesn't work, you will probably be offered a caesarean section. This is the safest delivery method for breech babies but there is a slightly higher risk for you. See the section on caesarean sections for more information (see pages 98–99).

If you choose a caesarean delivery and then go into labour before the operation, your obstetrician will assess whether to proceed with an emergency caesarean delivery. If the baby is close to being born, it may be safer for you to have a vaginal breech birth.

TWINS, TRIPLETS OR MORE

If you are expecting twins, labour may start early because of the increased size of the uterus. It is unusual for multiple pregnancies to go beyond 38 weeks. More health professionals will usually be present at the birth. For example, there may be a midwife, an obstetrician and two paediatricians (one for each baby).

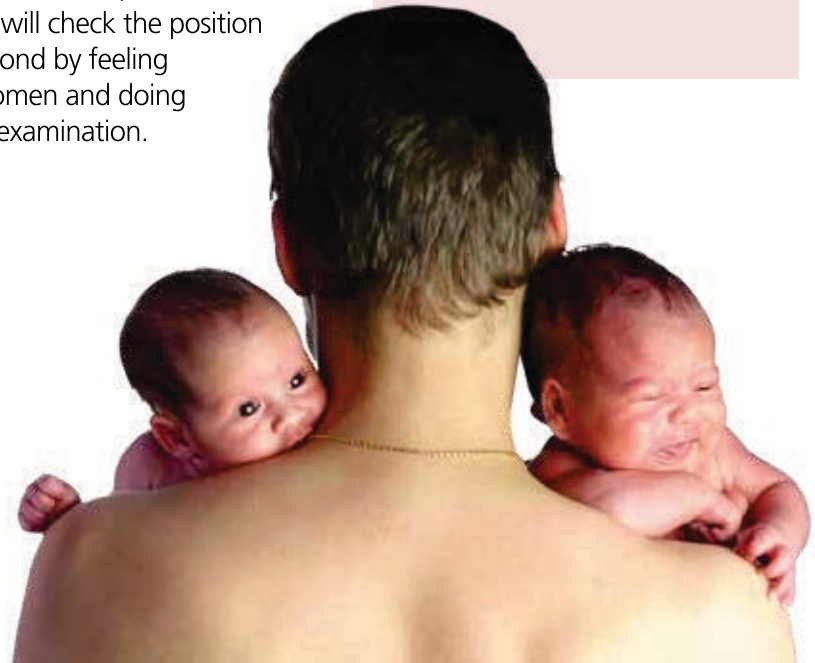
The process of labour is the same but the babies will be closely monitored. To do this, an electronic monitor and a scalp clip might be fitted on the first baby once the waters have broken (see page 87). You will be given a drip in case it is needed later, and an epidural is usually recommended. Once the first baby has been born, the midwife or doctor will check the position of the second by feeling your abdomen and doing a vaginal examination.

If the second baby is in a good position to be born, the waters surrounding the baby will be broken, and the second baby should be born very soon after the first because the cervix is already fully dilated. If contractions stop after the first birth, hormones will be added to the drip to restart them.

Triplets or more are almost always delivered by elective caesarean section.

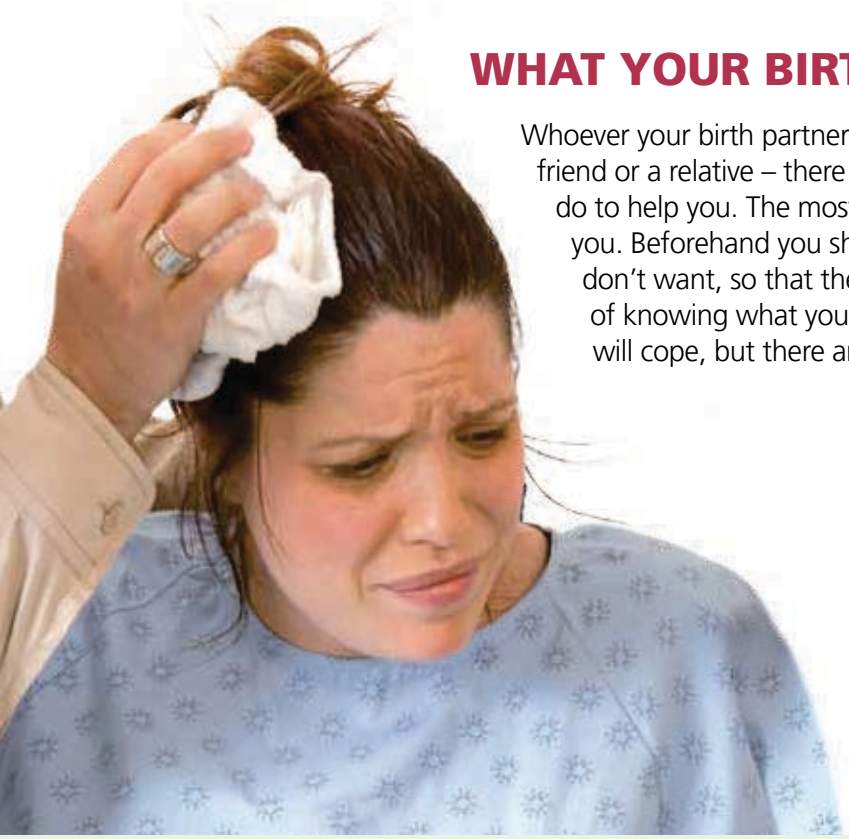
Help and support

Contact the Multiple Births Foundation (MBF) or Twins and Multiple Births Association (Tamba) for advice and support (see pages 183 and 188).



WHAT YOUR BIRTH PARTNER CAN DO

Whoever your birth partner is – your partner, your baby's father, a close friend or a relative – there are quite a few practical things that he or she can do to help you. The most important thing will probably be just being with you. Beforehand you should talk about what you want, and what you don't want, so that they can support your decisions. There is no way of knowing what your labour is going to be like or how each of you will cope, but there are many ways in which a partner can help.



They can:

- Keep you company and help to pass the time in the early stages.
- Hold your hand, wipe your face, give you sips of water, massage your back and shoulders, help you move about or change position, or anything else that helps.

- Comfort you as your labour progresses and your contractions get stronger.
- Remind you how to use relaxation and breathing techniques, perhaps breathing with you if it helps.
- Support your decisions, for example about pain relief.
- Help you to make it clear to the midwife or doctor what you need – and the other way round. This can help you to feel much more in control of the situation.
- Tell you what is happening as your baby is born if you cannot see what is going on for yourself.

For many couples, being together during labour and welcoming their baby together is an experience that they cannot begin to put into words.

And many fathers who have seen their baby born and who have played a part themselves say they feel much closer to the child from the very start.

FEEDING YOUR BABY

9

It's never too early to start thinking about how you are going to feed your baby. Breastfeeding gives your baby the best possible start in life as it has lots of benefits for both you and your baby that last a lifetime. Discuss it with your partner as their help is important. You both might like to watch the *Bump to Breastfeeding* DVD to see what feeding your baby might be like. If you have not received a copy of the DVD, ask your midwife for one.

- Your breastmilk is the only food designed for your baby. It contains everything your baby needs for around the first six months of life. After that, giving your baby breastmilk alongside solid food will help them continue to grow and develop. The World Health Organization recommends breastfeeding for two years or longer.
- Breastfeeding protects your baby from infections and diseases. It also offers health benefits for mums. Every day makes a difference to your baby, and the longer you breastfeed, the longer the protection lasts. And it reduces your chance of getting some illnesses later in life. Formula milk cannot give your baby the same ingredients or provide the same protection.
- Breastfeeding helps build a strong bond between mother and baby, both physically and emotionally.
- Breastfeeding reduces the risk of cot death.

What does breastfeeding help protect against?

Your baby:

- Ear infections
- Asthma
- Eczema
- Chest infections
- Obesity
- Gastro-intestinal infections
- Childhood diabetes
- Urine infections

You:

- Breast cancer
- Weak bones later in life
- Ovarian cancer
- Women who breastfeed get their figures back faster

Help and support

Midwives, health visitors and trained volunteers – or peer supporters – can all offer advice and practical help with breastfeeding. Peer supporters are mothers who have breastfed their own babies and have had special training to help them support other mothers. Talk to your midwife or health visitor about the help that is available in your area.

BREASTFEEDING

Just like any new skill, breastfeeding takes time and practice to work. In the first few days, you and your baby will be getting to know each other. Close contact and holding your baby against your skin can really help with this.

The more time you spend with your baby, the quicker you will learn to understand each other's signs and signals. The next few pages will help you to understand how breastfeeding works. And remember, it's OK to ask for help.

Immediately after your baby is born

Every pregnant woman has milk ready for her baby at birth. This milk is called colostrum and it is sometimes quite yellow in colour. It is very concentrated, so your baby only needs a small amount at each feed, which might be quite frequent. It is full of antibodies to boost your baby's ability to fight off infection.

Holding your baby against your skin straight after birth will calm them, steady their breathing and keep them warm. It will also encourage them to breastfeed. Babies are often very alert in the first hour after birth and keen to feed. Your midwife can help you with this.

The first few days

Each time your baby feeds, they are letting your body know how much milk it needs to produce. The amount of milk you make will increase or decrease in line with your baby's needs. Around days two to four, you may notice that your breasts become fuller and warmer.

This is often referred to as your milk 'coming in'. To keep yourself as comfortable as possible, feed your baby as often as they want. Your milk will vary according to your baby's needs. It will look quite thin compared with colostrum, but gets creamier as the feed goes on. Let your baby decide when they have had enough.

Sometimes, breastmilk may leak from your breast – try gentle but firm hand pressure on your nipple whenever this happens. This usually helps very quickly. If you decide to buy breast pads, it is necessary to change them at each feed. Plastic-backed ones can make you even soggier.

'Liquid gold': the perfect food for your newborn

Colostrum is sometimes called 'liquid gold'. This extra-special breastmilk is full of germ-fighting antibodies that will help protect your baby against infections that you have had in the past. The first few feeds 'coat' your baby's gut to protect them from germs and reduce the chances of them developing allergies as they get older.

Later on, your breastmilk will still contain antibodies, and as you come across new infections you will have new antibodies in your milk. This means that if you get colds or flu while you are breastfeeding, your baby will automatically get some immunity from those illnesses.

In the beginning, it can seem that you are doing nothing but feeding, but gradually your baby will get into a pattern of feeding and the amount of milk you produce will settle. Your baby will be happier if you keep them near you and feed them whenever they are hungry. This will quickly help your body to produce the amount of milk your baby needs. At night, your baby will be safest sleeping in a cot in the same room as you. This will make feeding easier and will reduce the risk of cot death. Try to take each day as it comes. If you are very uncomfortable or sore, ask for help.

First steps: starting to breastfeed

You can breastfeed in a number of different positions. Finding one that is comfortable for both of you will help your baby feed as well as possible.

If you are lying back in a well supported position with your baby lying on your tummy, they will often move themselves onto your breast and begin to feed. Remember at all times to keep your baby safe.

You can try feeding lying on your side or in a chair, supported in an upright position. This will make it easier to hold your baby so their neck, shoulders and back are supported and they can reach your breast easily. Their head and body should be in a straight line.

Hold your baby's whole body close with the nose level with your nipple.

Let your baby's head tip back a little so that their top lip can brush against your nipple. This should help your baby to make a wide open mouth.

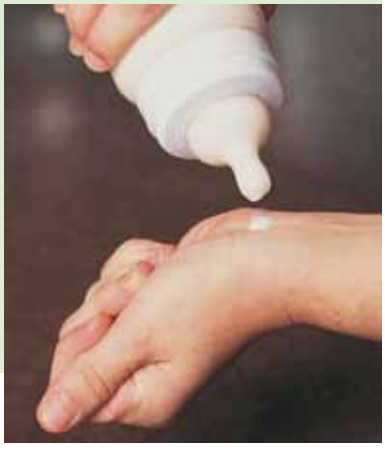
When your baby's mouth opens wide, the chin is able to touch the breast first, with the head tipped back so that the tongue can reach as much breast as possible.

With the chin firmly touching, and with the nose clear, the mouth is wide open, and there will be much more of the darker skin visible above your baby's top lip than below their bottom lip – and their cheeks will look full and rounded as your baby feeds.

Partners and breastfeeding

As a partner, you can bond with your baby in lots of different ways, like bathing, changing nappies and carrying your baby in a sling close to you. You can also help by bringing your baby to their mother when it's time for a feed. Some parents worry that breastfeeding will make it harder for their partner to bond with the baby. But this doesn't have to be the case.

You have an important role to play in supporting your partner, for example by preparing meals or providing extra help so she can get some rest. You can do small, practical things like making sure she has a cool drink to hand while she is feeding, and later you can even give some feeds yourself, using expressed milk.



Your baby's sucking causes milk stored in your breasts to be squeezed down ducts inside your breasts towards your nipples. This is called the 'let-down' reflex. Some women get a tingling feeling which can be quite strong, while others feel nothing at all. You will see your baby respond and their quick sucks change to deep rhythmic swallows as the milk begins to flow. Babies often pause after the initial quick sucks while they wait for more milk to be 'delivered'. If your baby falls asleep quickly before the deep swallowing stage, check that they are properly latched on. It might be easier to get someone else to check for you. Sometimes you will notice your milk flowing in response to your baby crying or when you have a warm bath.

After your baby has finished feeding, you can hold them upright on your shoulder to wind them – that is, until they burp. Breastfed babies don't usually get as much wind as formula-fed babies.

How do I know that my baby is feeding well?

- Your baby has a large mouthful of breast.
- Your baby's chin is firmly touching your breast.
- It doesn't hurt you to feed (although the first few sucks may feel strong).
- If you can see the dark skin around your nipple, you should see more dark skin above your baby's top lip than below their bottom lip.
- Your baby's cheeks stay rounded during sucking.
- Your baby rhythmically takes long sucks and swallows (it's normal for your baby to pause from time to time).
- Your baby finishes the feed and comes off the breast on their own.

If you have any concerns about any of these points, talk to your peer supporter, midwife, GP or health visitor, or contact the National Breastfeeding Helpline on 0300 100 0212.

Note that if your baby seems unusually sleepy and/or is slow to start feeding, **they may be ill**, so contact your GP as soon as possible.

Helpful tips

Breastfeeding should feel comfortable. Your baby should be relaxed. You should hear a soft swallowing. If it doesn't feel right, start again. Slide one of your fingers into your baby's mouth, gently break the suction and try again.

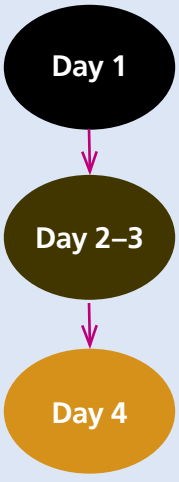
a strong bond

How do I know my baby is getting enough milk?

- Your baby should be healthy and gaining weight.
- In the first 48 hours, your baby is likely to have only two or three wet nappies. Wet nappies should then start to become more frequent, with at least six every 24 hours from day five onwards.
- Most babies lose weight initially. They should be weighed by a health professional some time around day three to five. From then on, they should start to gain weight. Most babies regain their birth weight in the first two weeks.
- At the beginning, your baby will pass a black tar-like stool (poo) called meconium. By day three, this should be changing to a lighter, runnier, greenish stool that is easier to clean up. From day four and for the first few weeks, your baby should pass at least two yellow stools every day. These stools should be at least the size of a £2 coin. Remember, it's normal for breastfed babies to pass loose stools.
- Your breasts and nipples should not be sore. If they are, do ask for help.
- Your baby will be content and satisfied after most feeds and will come off the breast on their own.

If you are concerned about any of these points, speak to your midwife or health visitor.

Colour guide for a baby's stools for the first few days



Tips for breastfeeding

- Make sure your baby is well attached to your breast (see pictures on page 104). This will help your body make the right amount of milk and stop your breasts getting sore. The more you breastfeed your baby, the more milk you will produce. When your baby comes off the first breast, offer the second. It doesn't matter if they are not interested or don't feed for long, or even if they feed for longer on the second breast. This is fine – just start with this breast next time. Sometimes your baby might seem hungrier than usual and feed for longer or more often. Your body responds automatically and makes more milk to provide the extra needed. This is why you can feed more than one baby at the same time (see next page).
- There is no need to offer formula milk in addition to breastmilk. If your baby feels hungrier, feed more often, rather than offer formula milk.
- After a while, you will get to know the signs that mean your baby is ready to feed. Most babies will signal that they are hungry by opening and closing their mouths, making sucking noises, opening their eyes or turning their heads to bring their mouths towards you. By the time a newborn baby starts crying, they will normally have been hungry for a while.
- Try not to give your baby any other food or drink before the age of about six months. This will reduce your milk supply and could increase the chance of your baby getting ill.
- Try not to give your baby a dummy until breastfeeding is going well, as this can also reduce your milk supply.
- When you are out and about, wear something that will make it easier for you to breastfeed.

don't forget to ask for help if you need it!

Dummies

Try not to give your baby a dummy until breastfeeding is established, usually when your baby is a month old. Using dummies has been shown to reduce the amount of milk that is produced. If your baby becomes accustomed to using a dummy while sleeping, it should not be stopped suddenly in the first six months. But you should stop using a dummy when your baby is between six and 12 months old.

Breastfeeding more than one baby

Twins, triplets or more can be breastfed. Because multiple babies are more likely to be born prematurely and to have a low birth weight, breastmilk is especially important for their well-being. To start with, you may find it easier to feed each of your babies separately, until you feel confident about handling them at the same time and feeding is well established. This may take some time, so it can be really helpful to accept any offers of help around the house from family and friends.

Over time, you will learn what works best for you and your babies.

Triplets can be breastfed either two together and then one after, or all three rotated at each feed. Alternatively, you can use a combination of breast and formula, depending on the babies and your milk supply.

How long should I breastfeed?

Exclusive breastfeeding (with no other food or drink) is recommended for around the first six months of a baby's life. After this, you can carry on giving your baby breastmilk alongside other foods for as long as you and your baby want. This can be into the second year or beyond.

Every day you breastfeed makes a difference to you and your baby. There is no need to decide at the beginning how long you will breastfeed. Many mothers continue to breastfeed if or when they return to work or college. The practicalities will depend on how old your baby is and how many feeds they need while you are apart, but it's often easier to manage than people think. Your peer supporter, midwife, health visitor, local support group or the National Breastfeeding Helpline (0300 100 0212) can explain the options and talk them through with you.

If you stop breastfeeding, it can be difficult to start again. Giving formula milk to a breastfed baby can reduce your supply of breastmilk.

More information

The Equality Bill

The Equality Bill offers mothers stronger protection when breastfeeding. The Equality Bill will make it clear that it is unlawful to force breastfeeding mothers and their babies out of places like coffee shops, public galleries and restaurants.

For further information go to www.equalities.gov.uk

positive feeding

Expressing milk

Expressing milk means removing milk from your breast. You may want to express milk if your breasts are feeling uncomfortably full, or if your baby is not sucking well but you still want to give them breastmilk.

If you have to be away from your baby – for example, because your baby is ill or premature, or because you are going back to work – you may wish to express milk so that somebody else can feed your baby.

You can express milk by hand or with a breast pump. Different pumps suit different women, so ask for information to compare them. A pump needs to be clean and sterilised each time it is used.

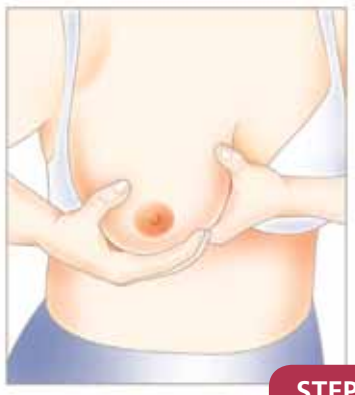
Expressing by hand

It is more effective to express milk by hand than to use a pump in the first few days. If you want to collect the milk, you will need a sterilised container. The following suggestions should help:

1. Before you start, wash your hands thoroughly then gently massage your breast.
2. Cup your breast and feel back from the end of the nipple to where the texture of your breast feels different.

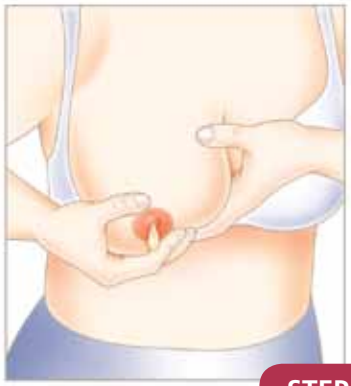
STEP 2

3. Using your thumb and the rest of your fingers in a C shape, squeeze gently about 3 to 6cm behind the nipple – this should not hurt.



STEP 3

4. Release the pressure then repeat, building up a rhythm. Avoid sliding your fingers over the skin. At first, only drops will appear, but just keep going as it will help build up your supply. With practice, and a little time, milk will flow freely.



STEP 4

5. When no more drops are coming, move your fingers round to try a different section of your breast and repeat.
6. When the flow slows down, swap to the other breast. Keep changing breasts until the milk is dripping very slowly or stops altogether.
7. If the milk doesn't flow, try moving your fingers slightly towards the nipple or further away, and try giving your breast a gentle massage.

Expressing milk if your baby is premature or ill

It is important to start expressing your milk as soon as possible after your baby is born. To ensure that you produce plenty of milk, you will need to express at least six to eight times in 24 hours, including during the night, just as your baby might be doing if they were able to feed directly. Ask the hospital staff about having skin-to-skin contact with your baby as soon as possible after the birth. This will help with bonding and keeping up your milk supply.

Hospitals often have machines for expressing milk, and will show you how to use one. Alternatively, you can hire an electric breast pump. Contact breastfeeding organisations or pump companies directly to find out about pump hire in your area (see page 114 for contact details).

If you are freezing breastmilk because your baby is premature or ill, ask the staff caring for your baby for support and information. Also see opposite for guidance on storing breastmilk.

Your midwife, health visitor or peer supporter can give you practical help and answer any questions.

Cup feeding

Sometimes, your baby might need some extra milk, or find it hard to feed from your breast. In this case, your midwife might suggest that you give your baby some expressed milk in a cup. Ask her to show you how. In this way, your baby is able to taste and begin drinking your milk. You should not pour milk directly into your baby's mouth.

Storing breastmilk

You can store breastmilk for:

- up to five days in the fridge at 4°C or lower. This means putting the milk in the coolest part of the fridge, usually at the back (do not keep it in the door)
- up to two weeks in the freezer compartment of a fridge, or
- up to six months in a domestic freezer, at minus 18°C or lower.

Breastmilk must always be stored in a sterilised container. If you use a pump, make sure you wash it thoroughly after use and sterilise it before use.

Milk should be defrosted in the fridge. Once it's defrosted, you will need to use it straight away.

Milk that has been frozen is still good for your baby and better than formula milk. Milk should not be refrozen once thawed. Don't use a microwave oven to warm or defrost breastmilk.

Some common breastfeeding problems and how to solve them

It can be hard to ask for help, but tackling any problems as soon as they start will give you more time to enjoy these early days. In lots of cases, the solution is as simple as changing your baby's position slightly or feeding them a bit more often.

Unsettled feeding

If your baby is unsettled at the breast and doesn't seem satisfied by feeds, it may be that they are sucking on the nipple alone, and so are not getting enough milk. Ask for help to get your baby into a better feeding position.

Sore or cracked nipples

If your nipples hurt, take your baby off the breast and start again. If the pain continues or your nipples start to crack or bleed, ask for help so you get your baby latched on comfortably (see page 114 for information on how to get help). It can sometimes take a little while to sort out how to prevent the soreness, but it is important to get support as soon as possible.

The following suggestions may also help:

- Try squeezing out a drop or two of your milk at the end of a feed and gently rubbing it into your skin. Let your nipples dry before covering them.
- If you are using breast pads, they need to be changed at each feed (if possible, use pads without a plastic backing).
- Avoid soap as it dries your skin out.
- Wear a cotton bra, so air can circulate.
- Some mothers treat any cracks or bleeding with a thin smear of white soft paraffin or purified lanolin. Put the ointment on the crack (rather than the whole nipple) to help it heal and prevent a scab forming.

Tender breasts, blocked ducts and mastitis

Milk can build up in the ducts for a variety of reasons. The most common are wearing a too-tight bra, missing a feed, or a blow to the breast. It's important that you deal with a blocked duct as soon as possible so that it doesn't lead to mastitis (inflammation of the breast).

If you have mastitis, your breasts will feel hot and tender. You may see a red patch of skin which is painful to touch. You can feel quite ill, as if you have flu, and you may have a temperature. This can happen very suddenly. It is very important to carry on breastfeeding as this will help you get better more quickly.

If you think you might have mastitis (or a blocked duct), try the following:

- Take extra care to make sure your baby is attached well to your breast.
- Feed your baby more often.
- Let your baby feed on the tender breast first.

- If your breasts still feel full after a feed, or your baby cannot feed, express your milk (see page 108 for more information on how to do this).
- Warmth on your breast before a feed can help milk flow and make you feel more comfortable.
- While your baby is feeding, gently stroke the lumpy area with your fingertips towards your nipple. This should help the milk to flow.
- Get lots of rest. Go to bed if you can.
- Take a painkiller such as paracetamol or ibuprofen.
- Ask for help with how you get your baby latched on properly (see page 114 for information on where to get help).

Mastitis may also be a sign of infection. If there is no improvement within 12 to 24 hours, or you start to feel worse, contact your GP or healthcare professional. If necessary, they can prescribe antibiotics that are safe to take while breastfeeding.

Thrush

If you suddenly get sore, bright pink nipples after you have been feeding without problems for a while, you might have an infection known as thrush. Ask for help to check that your baby is latched on properly, and make an appointment with your GP.

You and your baby will both need treatment. You can easily give thrush to each other, so if your baby has it in their mouth you will still need some cream for your nipples to stop it spreading to you. You may want to ask your pharmacist for advice. Some antifungal creams can be bought over the counter from a pharmacy.

Tongue-tie

Some babies are born with a tight piece of skin between the underside of their tongue and the floor of their mouth. This is known as tongue-tie, and it can affect feeding by making it hard for your baby to attach to your breast. Tongue-tie can be treated easily, so if you have any concerns talk to your midwife or health visitor or contact the National Breastfeeding Helpline on 0300 100 0212.

Staying healthy

You don't need to eat anything special while you are breastfeeding, just make sure you have a varied and balanced diet.

Your milk is good for your baby whatever you eat, but there are foods to avoid (see next page). Being a new mother is hard work though, so it's important to look after yourself and try to eat as varied and balanced a diet as you normally would. Aim to eat healthily as a family. A healthy range of food includes:

- at least five portions of a variety of fruit and vegetables a day (including fresh, frozen, tinned, dried and juiced)
- starchy foods such as wholemeal bread, pasta, rice and potatoes
- plenty of fibre, found in wholegrain bread and breakfast cereals, pasta, rice, pulses (such as beans and lentils) and fruit and vegetables. After childbirth, some women experience bowel problems and constipation – fibre helps with both of these
- protein, such as lean meat and poultry, fish, eggs and pulses
- at least two portions of fish each week, including one portion of oily fish, and
- dairy foods, such as milk, cheese and yoghurt, which contain calcium and are a useful source of protein.

It's also important to drink plenty of fluid. Aim for at least 1.2 litres (six to eight glasses) each day. It's a good idea to have a drink beside you when you settle down to breastfeed. Water, milk and unsweetened fruit juices are all good choices.

To find out more about healthy eating, go to www.eatwell.gov.uk

healthy eating

Healthy snack ideas

The following snacks are quick and simple to make and will give you the energy and strength you need:

- Fresh fruit.

- Sandwiches or pitta bread filled with salad vegetables, grated cheese, salmon or sardine or cold meat.
- Yoghurts and fromage frais.
- Hummus and bread or vegetable sticks.
- Ready-to-eat dried apricots, figs or prunes.
- Vegetable and bean soups.
- Fortified unsweetened breakfast cereals, muesli or other wholegrain cereals with milk.
- Milky drinks or unsweetened fruit juice.
- Baked beans on toast or baked potato.

Vitamins

While you are breastfeeding (just as when you were pregnant) you should take supplements containing 10 micrograms (mcg) of vitamin D each day. You should be able to get all the other vitamins and minerals you need by eating a varied and balanced diet. Your skin makes vitamin D naturally when it's exposed to the sun between April and September.

Ask your GP or health visitor where to get vitamin D supplements. You may be able to get free vitamin supplements without a prescription if you are eligible for Healthy Start (see page 28).

Foods to avoid

Eating fish is good for your health. But don't have more than two portions of oily fish a week. This includes fresh tuna (not canned tuna, which doesn't count as oily fish), salmon, mackerel, sardines and trout.

The general advice for all adults is to avoid eating more than one portion of shark, swordfish or marlin a week, because of the levels of mercury in these fish. Avoid these fish altogether during pregnancy or if you are trying to get pregnant.

Small amounts of whatever you are eating and drinking can pass to your baby through your breastmilk, so it's a good idea to think about how much alcohol and caffeine you are having. These may affect your baby in the same way they affect you. If you think a food or foods that you are eating are affecting your baby, talk to your GP or health visitor, or contact the National Breastfeeding Helpline on 0300 100 0212.

Drinks containing caffeine can also affect your baby and may keep them awake, so drink them only occasionally rather than every day while your baby is young.

See page 112 for more information on alcohol and breastfeeding.

Caffeine

Caffeine occurs naturally in lots of foods and drinks, including coffee, tea and chocolate. It's also added to some soft drinks and energy drinks and to some cold and flu remedies. In the early days, it is important that you don't have too much caffeine. Try decaffeinated tea and coffee, fruit juice or water and limit the number of energy drinks, which might be high in caffeine.

Helpful tips

- Eat when you feel hungry, and choose healthy snacks.
- You will probably feel quite thirsty. Have a drink beside you before you sit down to breastfeed.
- Try to eat a wide variety of foods (see page 25).
- Try not to restrict your diet unless you think a food is upsetting your baby. Always talk to your health visitor or doctor before cutting out foods.
- Keep your alcohol intake low. Alcohol in breastmilk can affect your baby's feeding or sleeping. Avoid drinking alcohol shortly before feeding your baby.
- Avoid drinking too much strong tea or coffee.

Peanuts

Peanuts are one of the most common causes of food allergy. Peanut allergy affects about 1% of people and can cause severe reactions. Your baby may be at higher risk of developing a peanut allergy if you, the baby's father, brothers or sisters have a food allergy or other allergic condition such as hayfever, asthma and/or eczema.

- If you would like to eat peanuts or foods containing peanuts (such as peanut butter) while breastfeeding, you can choose to do so as part of a healthy balanced diet, unless you are allergic to them or your health professional advises you not to.
- You may have heard that some women have, in the past, chosen not to eat peanuts while they were breastfeeding. This is because the government previously advised women that they may wish to avoid eating peanuts while they were breastfeeding if there was a history of allergy in their child's immediate family (such as asthma, eczema, hayfever, food allergy or other types of allergy), in case small amounts of peanut in their breastmilk increased the chance of the baby developing a peanut allergy. But this advice has now been changed because the latest research has shown that there is no clear evidence to say that eating or not eating peanuts while breastfeeding has any effect on your baby's chances of developing a peanut allergy.
- If you have a child under six months and are not breastfeeding (for example because you are feeding your baby on formula), then there is no reason why you should avoid consuming peanuts or foods containing peanuts.

Alcohol

Generally, adult women should not regularly drink more than two to three units of alcohol per day. During pregnancy, women are advised to avoid drinking. If they do drink, they are advised to drink no more than one to two units once or twice a week, and are advised not to get drunk.

By breastfeeding, you are giving your baby the best possible start in life. It's very unlikely that having an occasional drink will harm you or your baby. However, we do know that alcohol passes through to the baby in very small amounts in your breastmilk. Because of this, if you are breastfeeding it is sensible to limit your drinking and to keep within the limits recommended for pregnant women.

One unit of alcohol is approximately equal to a single (25ml) measure of spirits, half a pint of beer, or half a 175ml glass of wine, although it depends on the strength of the drink.

The website www.nhs.uk/units contains more information on units, including the units found in typical drinks.

Helpful tips

Breastfeeding and alcohol

If it's a special occasion and you know you are going to be drinking, consider expressing milk in advance. To reduce the exposure of your baby to alcohol:

- avoid breastfeeding for at least two to three hours after drinking, or
- have your drink after the last feed of the day – if you can predict when that will be!

If you drink alcohol and breastfeed, it can affect your baby in a number of ways:

- your milk may smell different and put your baby off feeding
- the alcohol may make your baby too sleepy to feed, or
- your baby may have difficulties with digestion and problems with their sleeping patterns.

Smoking

Smoking is bad for you, bad for your partner and especially bad for your baby. One of the best things you can do for your own and your baby's health is to stop smoking. Each year, more than 17,000 children under the age of five are admitted to hospital because of the effects of secondhand smoke.

Avoid smoking in the home or car, and ask your partner, friends and family to do the same when they are around your baby.

If you do smoke and you are finding it difficult to quit, breastfeeding will still protect your baby from infections and give them nutrients they cannot get through formula milk. Smoking after feeds, rather than before, will help reduce your baby's exposure to nicotine.

You are up to four times more likely to stop smoking successfully with NHS support. Call the NHS Smoking Helpline on 0800 022 4 332, or the NHS Pregnancy Smoking Helpline on 0800 169 9 169 for information about the wide range of free specialist support available and for details of your local NHS Stop Smoking Service.

You can also speak to your GP or pharmacist about the nicotine replacement therapy available to help you manage your cravings and become smokefree.

Medicines and breastfeeding

Many illnesses, including depression (see page 76), can be treated while you are breastfeeding without harming your baby. Small amounts of whatever medicines you take will pass through your breastmilk to your baby, so always tell your doctor, dentist or pharmacist that you are breastfeeding.

Medicines that can be taken while breastfeeding include:

- most antibiotics
- common painkillers such as paracetamol and ibuprofen (but not aspirin)
- hayfever medicines such as Clarityn and Zirtek
- cough medicines (provided they don't make you drowsy)
- asthma inhalers, and
- normal doses of vitamins.

You can use some methods of contraception but not all, so check with your GP or pharmacist. Some cold remedies are not suitable.

It's fine to have dental treatments, local anaesthetics, injections (including mumps, measles and rubella (MMR), tetanus and flu injections) and most types of operations. You can also dye, perm or straighten your hair, use fake tan and wear false nails.

Illegal drugs are dangerous for your baby, so talk to your midwife, health visitor, GP or pharmacist if this is a concern.

More information

For more information go to www.breastfeedingnetwork.org.uk/drugline.html, or call the Drugs in Breastmilk Helpline on 0844 412 4665.

Your GP or pharmacist may like to look at the information from the National Formulary for Children (www.bnfc.org) to see what medicines can be given to babies and children, as these are likely to be safe for mothers to take when breastfeeding.

Medicines for minor ailments when breastfeeding

- Make sure the medicine is safe to take when breastfeeding.
- Watch your baby for side effects such as poor feeding, drowsiness and irritability. Stop taking the medicine if your baby gets side effects.
- For further information, speak to your pharmacist or NHS Direct on 0845 4647.

Minor ailment	First choice	Second choice	Do not use
Constipation	Eat more fibre Bulk laxatives that contain ispaghula Lactulose	Bisacodyl Senna	
Cough	Honey and lemon in hot water Simple linctus		Medicines that contain codeine or guaifenesin
Diarrhoea	Oral rehydration sachets	Occasional doses of loperamide	
Haemorrhoids (piles)	Soothing creams, ointments or suppositories	Ice pack	
Hayfever, house dust mite and animal hair allergy	Antihistamine eye drops or nasal sprays Steroid nasal sprays	Antihistamines – cetirizine or loratadine	Other antihistamines unless advised by your doctor
Head lice	Wet combing Dimeticone lotion	If ineffective, then head lice lotions that contain permethrin	
Indigestion	Antacids (indigestion mixtures)	On your doctor's information: medicines that reduce acid production, e.g. omeprazole	
Nasal congestion (stuffy or runny nose)	Steam inhalation	Oxymetazoline or xylometazoline nasal sprays. Occasional doses of pseudoephedrine	Medicines that contain phenylephrine
Pain (e.g. headache, mastitis, toothache)	Paracetamol	Ibuprofen	Medicines that contain aspirin Medicines that contain codeine (e.g. co-codamol, co-dydramol), unless advised by your doctor
Threadworms	Mebendazole		
Vaginal thrush	Clotrimazole pessaries or cream	Fluconazole	

Breastfeeding help and support

Don't be afraid to ask for the support and information you need to make breastfeeding work for you and your baby. No problem is too small – if something is worrying you, the chances are that other mothers will have felt the same.

You can get help from a peer supporter, your midwife or health visitor. You might also want to join a local breastfeeding group. It's a great way of making new friends as well as sharing the ups and downs of looking after a new baby. Most groups usually include a mix of healthcare professionals and local trained volunteer mothers (peer supporters). These mothers have breastfed their own babies and have had some training in basic breastfeeding techniques. Some peer supporters will have had more in-depth training to help them support new mothers.

There may be specialist drop-ins in your area where you can go if you have a specific concern or difficulty.

To find out what is available in your area, talk to your midwife or health visitor, or contact the **National Breastfeeding Helpline** on 0300 100 0212 (lines are open from 9.30am to 9.30pm) or go to the website at www.nationalbreastfeeding helpline.org.uk

You can also get information online from the **Association of Breastfeeding Mothers** (www.abm.me.uk) and the **Breastfeeding Network** (www.breastfeedingnetwork.org.uk). The Breastfeeding Network runs a Supporterline on 0300 100 0210, and also offers a helpline for speakers of Bengali/Sylheti on 0300 456 2421. Lines are open from 9.30am to 9.30pm.

NHS guidance on breastfeeding is available at www.breastfeeding.nhs.uk

The following voluntary organisations can also provide information and advice:

La Leche League
0845 120 2918
www.laleche.org.uk

NCT Breastfeeding Line
0300 330 0771
www.nct.org.uk

The **Unicef Baby Friendly** site at www.babyfriendly.org.uk provides information and links to useful resources about the benefits of breastfeeding.

The **Breastfeeding Network's Drugs in Breastmilk Helpline** can provide information about breastfeeding and medicines. Call 0844 412 4665.

All these voluntary organisations provide training for peer supporters.

The *Bump to Breastfeeding (Best Beginnings)* DVD is a useful source of information and will give you an insight into other mothers' experiences of breastfeeding. You should have been given a copy of the DVD during your pregnancy. If not, ask your health visitor or visit www.bestbeginnings.info

support for you

Types of milk to avoid

Cows' milk should not be given as a main drink to a child under the age of one year. Small amounts of cows' milk can be used for cooking after six months of age. Condensed milk, evaporated milk, dried milk, sheep's milk, goats' milk, or any other type of 'milk' drink (such as rice, oat or almond drinks, often known as 'milks') should never be given to a baby under the age of one year. You should not use soya formula unless it has been prescribed by your GP.

You can find more information on rice drinks at www.food.gov.uk/science/surveillance/fsisbranch2009/survey0209

Follow-on formula is not suitable for babies under six months.

FORMULA FEEDING

The following new advice is based on guidance from the Department of Health and the Food Standards Agency. It may differ from what you have done before if you have older children, but to minimise any risk it is recommended that you follow this new advice.

Helpful tips

There are a number of different brands of infant formula milk available in the shops. All should meet the legal standards for formula milk, and it's up to you to decide which one to use. In the past it was thought better to stick to one brand, but there is no evidence to suggest that changing brands does any good or any harm.

Choosing a formula

Infant formula milk usually comes in powder form and is based on processed, skimmed cows' milk, and is treated so babies can digest it. Vegetable oils, vitamins, minerals and fatty acids are added to make sure the milk contains the vitamins and minerals that young babies need. This information will be on the contents list on the pack. Infant formula powders are not sterile, so it is important to follow the **cleaning and sterilising** instructions on page 116.

Formula is either 'whey dominant' or 'casein dominant', depending on the balance of proteins it contains. It may also be referred to as stage one or stage two milk.

Whey-dominant milk is thought to be easier to digest than casein-dominant milk, so should always be the first formula you give your baby.

There is little nutritional difference in the two forms of milk, so if whey-dominant formula milk suits your baby, they can stay on it for the first year or even longer.

'Ready-to-feed' infant formula milk in cartons is also available. This is generally more expensive than powdered milk. Once opened, the carton should be stored in the fridge with the cut corner turned down. Do not store it for longer than 24 hours.

You can continue giving your baby infant formula when they are older than six months.

If you have any worries about the infant formula milk you are giving your baby, ask your midwife, health visitor or GP for advice.

Vitamin drops

If your baby is formula fed, you should give them vitamin drops from the age of six months or if they are drinking less than 500ml of formula a day. You can buy suitable drops at any pharmacy. Ask your midwife or health visitor where you can get vitamin drops.

Using formula milk safely

Powdered infant formula milk must be prepared as carefully as possible. It is not a sterile product, and even though tins and packets of milk powder are sealed, they can contain bacteria such as *Cronobacter sakazakii* (formerly known as *Enterobacter sakazakii*) and, more rarely, salmonella.

If the feed is not prepared safely, these bacteria can cause infections. Infections are very rare, but can be life-threatening. Formula must therefore be made up with water hot enough to kill the bacteria – at least 70°C. In practice, this means boiling the kettle and leaving it to cool for no longer than 30 minutes. Very young babies are at most risk, and it is better to use sterile, liquid ready-to-feed products for premature or low birth weight babies. If you are using formula, mix the formula and water and cool quickly to feeding temperature in cold water.

It's also essential to make up a fresh bottle for each feed. Throw away unused formula within two hours. Bacteria multiply rapidly at room temperature and can even survive and multiply slowly in some fridges, so storing formula milk for any length of time increases the risk.

Sterilising

All the equipment used for feeding your baby must be sterilised. By sterilising your feeding equipment, washing your hands and keeping the preparation area clean, you will reduce the chance of your baby getting sickness and diarrhoea.

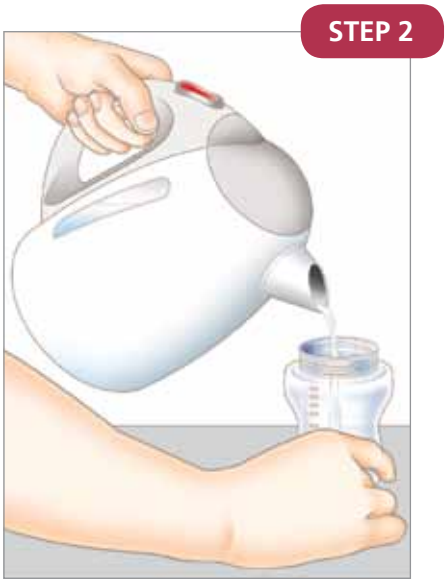
The following cleaning and sterilising instructions apply whether you are using expressed breastmilk or infant formula milk.

1. **Clean and rinse.** Clean the bottle and teat in hot soapy water as soon as possible after a feed, using a clean bottle brush. Rinse all equipment in cold, clean running water before sterilising.
2. **Cold water sterilising.** Follow the manufacturer's instructions. Change the sterilising solution every 24 hours, and leave feeding equipment in the solution for at least 30 minutes. Make sure there is no air trapped in the bottles or teats when putting them in the sterilising solution. Keep all the equipment under the solution with a floating cover.
3. **Steam sterilising (electric or microwave).** Follow the manufacturer's instructions. Make sure the openings of the bottles and teats are facing down in the steriliser. Any equipment not used straight away should be re-sterilised before use.

careful preparation

Preparing a feed

STEP 1: Before making up a feed, clean and disinfect the surface you are going to use. Wash your hands carefully. If you are using a cold water steriliser, shake off any excess solution from the bottle and the teat or rinse the bottle with cooled boiled water from the kettle (not the tap). Stand the bottle on a clean surface. Keep the teat and cap on the upturned lid of the steriliser. Don't put them on the work surface.



STEP 2: Use fresh tap water to fill the kettle. After it has boiled, let the water cool for no more than 30 minutes. Don't use artificially softened water or water that has already been boiled. If you have to use bottled water, you will still need to boil it. The water must still be hot, otherwise any bacteria in the milk powder might not be destroyed.

For information about using bottled water, go to www.eatwell.gov.uk

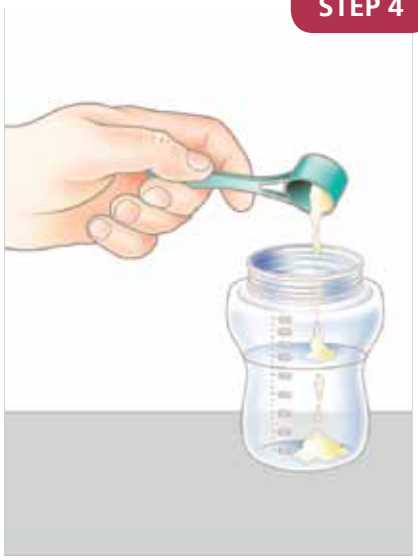
Always put the partially cooled boiled water in the bottle first.

Be careful – at 70°C, water is still hot enough to scald. Always check that the water level is correct. Failure to follow the manufacturer's instructions may make your baby ill.

STEP 3

STEP 3: Loosely fill the scoop with milk powder and level it off using the flat edge of a clean, dry knife or the leveller provided. Do not pat it down.

STEP 4



STEP 4: Add the milk powder to the water. Repeat, until you have added the number of scoops specified in the manufacturer's instructions.

It is important to use only the scoop that is enclosed with that milk powder. Using too much powder can give your baby constipation and lead to dehydration; too little could mean that your baby is not getting the nutrients they need. Don't add sugar or cereals to the feed in the bottle.

STEP 5

STEP 5: Holding the edge of the teat, put it on the bottle. Screw the retaining ring onto the bottle. Cover the teat with a cap. Shake the bottle until the powder dissolves.

Make sure you make up a fresh bottle each time you feed your baby and throw away unused feed after two hours. Using stored formula milk can increase the chance of your baby becoming ill.

Feeding your baby

Always cool your baby's milk down before feeding. At 70°C, it is still hot enough to scald. To cool it, hold the bottle, with the cap covering the teat, under cold running water. Test the temperature of the feed by dropping a little onto the inside of your wrist. It should just feel warm to the touch, not hot.

If the milk is too cool, and your baby doesn't like it that way, you can warm it up a little by putting the bottle upright in some hot water, keeping the teat out of the water. Never warm milk in a microwave oven. It will continue to heat up for a time after you take it out of the microwave, even though the outside of the bottle may feel cold.

The milk inside may be very hot and could scald your baby's mouth.

Get everything you need ready before you start feeding. Find a comfortable position to hold your baby while you are feeding. You may need to give your baby time. Some babies take some milk, pause for a nap, and then wake up for more. So you might have to be patient. Remember, feeding is an opportunity to feel close to your baby and get to know them. Even when your baby is a little older, they should never be left alone to feed with a propped-up bottle, as they may choke.

You should check regularly that teats are not torn or damaged.

When feeding, make sure you keep the teat full of milk, otherwise your baby will take in air and get wind. If the teat becomes flattened while you are feeding, pull gently on the corner of your baby's mouth to release the vacuum. If the teat gets blocked, replace it with another sterile teat.

Help and support

If you want help or advice on formula feeding, talk to your midwife or health visitor. See the list of useful organisations at the back of this book.

Bottles and teats

You might find it useful to have about six bottles and teats, so you can always have at least one or two bottles clean, sterilised and ready for use. Ask your midwife or health visitor for more information.

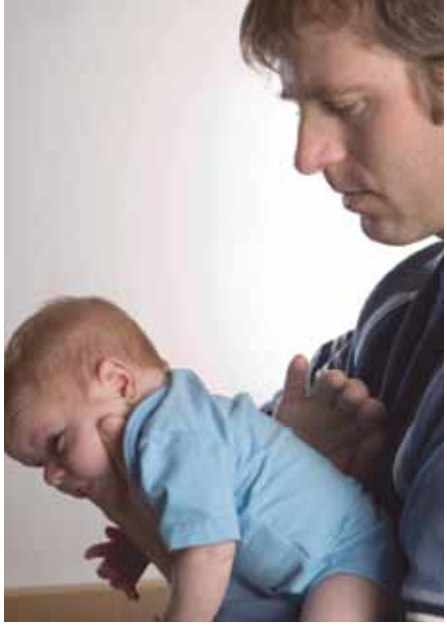
You should always buy new teats. They come in different shapes and with different hole sizes, and you may have to try several before you find the one that suits your baby. If the hole is too small, your baby will not get enough milk. If it's too big, the milk will come too fast.

It's best if you can buy new bottles too. Check regularly to make sure the bottles are in good condition. If they are badly scratched, you will not be able to sterilise them properly. If in doubt, ask your midwife or health visitor for more information.

Bottled water

Bottled water is not a healthier choice than tap water and usually is not sterile. In fact, some natural mineral waters are not suitable for babies because of the amount of minerals they contain. If you need to use bottled water, remember that any bottled water that is labelled 'natural mineral water' might contain too much sodium for babies.

If you are giving bottled water to babies under six months, you should boil and cool it just like tap water. If you need to use bottled water to make up infant formula (for babies of any age), you should boil it and allow it to cool for no more than half an hour.



At the end of the feed, sit and hold your baby upright and gently rub or pat their back for a while to bring up any wind. There is no need to overdo it – wind is not as big a problem as many people think. Talk to your baby as you rub or pat. This will help them feel closer to you and get them used to listening to your voice. Don't forget to throw away any milk that is not used within two hours.

Most babies gradually settle into a pattern. Babies vary in how often they want to feed and how much milk they want to take. Feed your baby when they are hungry, just as you would if you were breastfeeding, and don't try to force your baby to finish a bottle. They may have had enough for the time being or just want a rest.

out and about

Feeding away from home

The safest way of feeding your baby away from home is to carry a measured amount of milk powder in a small clean and dry container, a flask of boiled hot water and an empty sterilised feeding bottle. Make up a fresh feed whenever you need it. The water must still be hot when you use it, otherwise any bacteria in the milk powder might not be destroyed. Remember to cool the bottle under cold running water before you use it.

Alternatively, you could use ready-to-drink infant formula milk when you are away from home.

If it's not possible to make up a fresh feed, or if you need to transport a feed – for example to a nursery or childminder – you should prepare the feed at home and cool it in the back of the fridge for at least one hour. Take it out of the fridge just before you leave, and carry it in a cool bag with an ice pack and use it within four hours.

If you reach your destination within four hours, take it out of the cool bag and store it at the back of a fridge for a maximum of 24 hours. Re-warm for no more than 15 minutes.

Helpful tips

It is always safer to make up a fresh feed whenever possible. When this is not possible, feeds should never be stored for longer than 24 hours.

Coping with allergies

If you think your baby might be allergic to formula milk, talk to your GP. They can prescribe formula feeds called extensively hydrolysed protein feeds.

Some formulas are labelled as hypoallergenic, but they are not suitable for babies with a diagnosed cows' milk allergy. Talk to your GP before using this milk. Always get their advice before using soya-based infant formulas, too. Babies who are allergic to cows' milk may also be allergic to soya.

Babies sometimes grow out of allergies, and you may find that you can introduce cows' milk into your baby's diet as they get older. Always ask your GP or health visitor for advice before making any changes to your baby's diet.

Some common problems with formula feeding

Crying and colic

For information about crying and colic, see pages 138–139.

Sickness and vomiting

Some babies bring up more milk than others during or just after a feed. This is called 'possetting', 'regurgitation' or 'gastric reflux'. It is not unusual for babies to bring up quite a lot, but it can be upsetting when it happens and you may be worried that something is wrong.

As long as your baby is gaining weight, there is usually nothing to worry about. But if your baby is violently sick or appears to be in pain, or you are worried for any other reason, talk to your health visitor or GP.

Cover your baby's front when feeding and have a cloth or paper towels handy to mop up any mess. Check too that the hole in your baby's teat is not too big, as giving milk too quickly can cause sickness. Sitting your baby upright in a baby chair after a feed can also help. The problem usually stops after six months when your baby is starting on solid foods and drinking less milk.

If your baby brings up a lot of milk, remember that they are likely to be hungry again quite quickly. Don't force your baby to take on more milk than they want during a feed. Remember, every baby is different. Some prefer to feed little and often.

Constipation

Always stick to the recommended amount of infant formula milk powder. Using too much can make your baby constipated or thirsty. Breastfed babies don't usually get constipated. If your baby is under eight weeks old and has not passed a stool for a few days, talk to your health visitor or GP.

Water

In very hot weather, babies fed on infant formula milk can get thirsty. If this happens, you can give them cool boiled tap water if they seem unsettled between feeds. Talk to your health visitor or GP if you have any concerns.

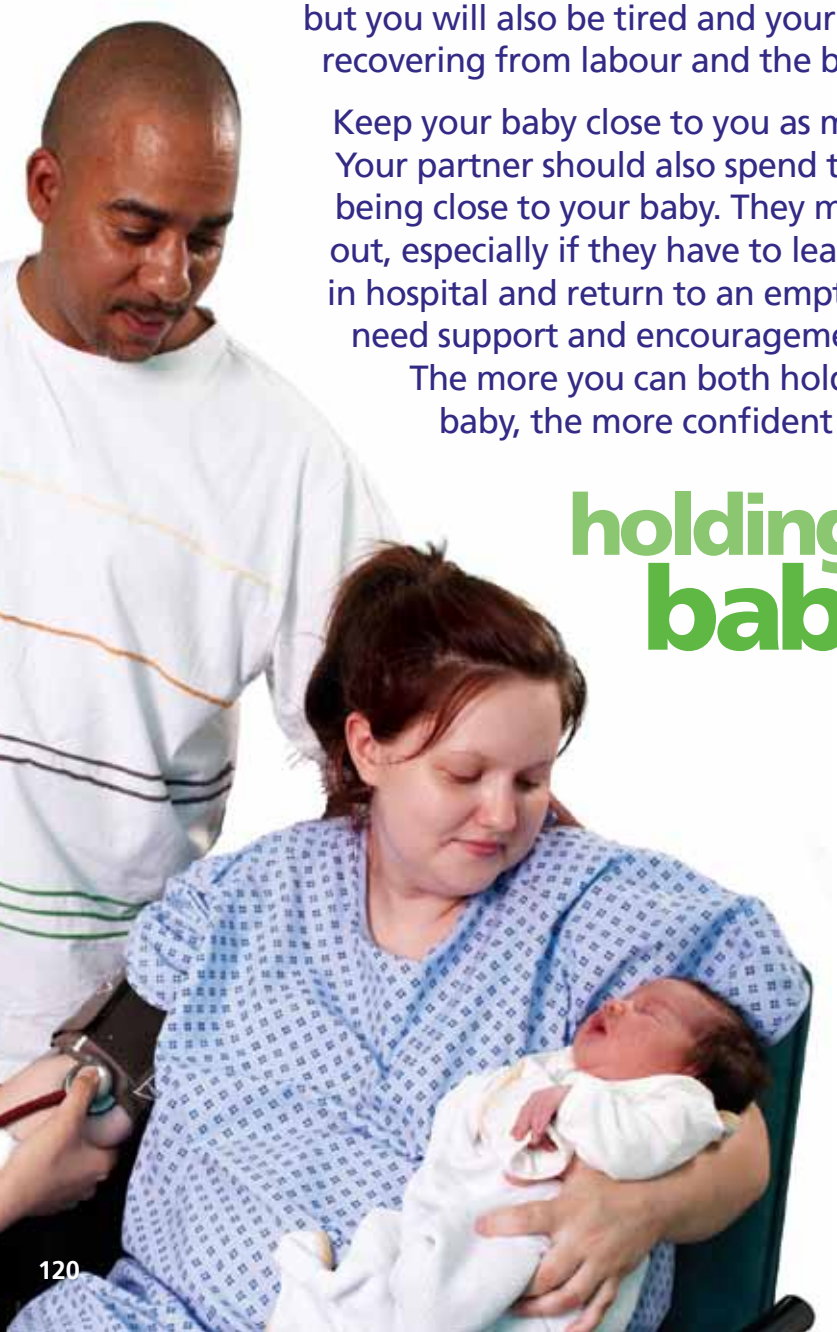
Breastfed babies do not need any water. Instead, you may notice that they have shorter, more frequent feeds if the weather is hotter.

THE FIRST DAYS WITH YOUR BABY

10

The first few days with your baby can be a very emotional time for you and your partner. There is a lot to learn and do. There is the excitement of getting to know your baby, but you will also be tired and your body will be recovering from labour and the birth.

Keep your baby close to you as much as you can. Your partner should also spend time holding and being close to your baby. They may feel a little left out, especially if they have to leave you and the baby in hospital and return to an empty home. They may need support and encouragement to get involved. The more you can both hold and cuddle your baby, the more confident you will all feel.



holding your baby close

HOW YOU FEEL

You may feel tired for the first few days, so make sure you get plenty of rest. Even just walking and moving about can seem like hard work.

For a lot of mothers, the excitement and the pleasure of the new baby far outweigh any problems. But you can begin to feel low or rather depressed, especially if you are very tired or feel you cannot look after your baby in the way you would like.

Giving birth is an emotional and tiring experience and your hormones change dramatically in the first few days. Some women get the 'baby blues' and feel rather weepy around three to five days after giving birth (see page 136). This can be worse if your labour was difficult, you are very tired or you have other worries. Some women worry because they don't love their baby immediately. It is not always love at first sight. You may just need to give yourself time – you can still care for your baby and provide all the warmth and security they need.

POSTNATAL CARE

If you have your baby in hospital, you may be able to return home with your baby straight from the labour ward or you may be moved to a transfer lounge or a postnatal ward where you will be with other mothers and babies.

You should discuss your postnatal care with your midwife during pregnancy so you know what to expect.

You are likely to need quite a lot of help and advice with your first baby. Whether you are in hospital or at home, the midwives are there to guide and support you as well as to check that you are recovering from the birth. Don't hesitate to ask for help if you need it. A midwife will be available in your community to help you look after yourself and your baby.

STITCHES

If you have had stitches, bathe the area often in clean warm water to help it to heal. Have a bath or shower with plain warm water. Afterwards, dry yourself carefully. In the first few days, remember to sit down gently and lie on your side rather than on your back. Pelvic floor exercises can also help you to heal (see page 35).

If the stitches are sore and uncomfortable, tell your midwife as they may be able to recommend treatment. Painkillers will also help. If you are breastfeeding, check with your midwife, GP or pharmacist before you buy over the counter products like ibuprofen or paracetamol.

Usually stitches just dissolve by the time the cut or tear has healed, but sometimes they have to be taken out.

Going to the toilet

The thought of passing urine can be a bit frightening at first if you are sore or cannot feel what you are doing. Drinking lots of water dilutes your urine, but if it is difficult to pass urine, tell your midwife.

You probably will not need to open your bowels for a few days after the birth, but it's important not to let yourself become constipated. Eat fresh fruit, vegetables, salad and wholemeal bread, and drink plenty of water. Whatever it may feel like, it's very unlikely that you will break the stitches or open up the cut or tear again.

BLEEDING

After the birth you will bleed from your vagina. This will be quite heavy at first, which is why you will need super-absorbent sanitary towels. Do not use tampons until after your postnatal check, as they can cause infections. While breastfeeding you may notice that the discharge is redder or heavier.

You may also feel cramps like period pain, known as 'after pains'. These are both because feeding causes the uterus to contract.

Gradually, the discharge will become a brownish colour and may continue for some weeks, getting less and less until it stops. If you find you are losing blood in large clots, you should save your sanitary towels to show the midwife as you may need some treatment.

SEX AND CONTRACEPTION

Soon after your baby is born, a midwife or doctor will talk to you about contraception. If this doesn't happen, ask. You can become pregnant straight away, even if you are breastfeeding or have not had a period.

Make sure you are using a reliable form of contraception before you and your partner have sex again, unless you want to get pregnant (see page 135 for your different contraceptive options). If you are breastfeeding, you may not have another period until you stop feeding, or even for some weeks or months after that. If you are not breastfeeding, your first period might start as early as a month after the birth, or it might be much later.

recovery and healing

YOUR BODY

Your body will have gone through some major changes over the past few days.

Your breasts

Many women experience changes in the size of their breasts during pregnancy and breastfeeding. See Chapter 9 for more information about this.

If you don't intend to breastfeed from the start, you need not do anything. But on the third or fourth day, your breasts may be tender as the milk is still being produced. Wearing a firm, supportive bra may help. Your breasts will reduce in size in a week or so.

Speak to your midwife if you are very uncomfortable.

Your abdomen

Your abdomen will probably be quite baggy after delivery. Despite having delivered your baby plus the placenta and a lot of fluid, you will still be quite a lot bigger than you were before pregnancy. This is partly because your muscles have stretched. If you eat a balanced diet and exercise, your shape should soon return to normal.

Breastfeeding helps because it makes the uterus contract. Sometimes, because this is happening, you may feel a quite painful twinge in your abdomen or period-type pain while you are breastfeeding.

Your bladder

It's quite common after having a baby to accidentally leak urine if you laugh, cough or move suddenly. Pelvic floor exercises (see page 35) will help with this. If the problem persists after three months, see your doctor, who may refer you to a physiotherapist.

Your bowels

Piles (see page 63) are very common after delivery but they usually disappear within a few days. Eat plenty of fresh fruit, vegetables, salad, brown bread and wholegrain cereals, and drink plenty of water. This should make it easier and less painful when you pass a stool. Try not to push or strain as this will make the piles worse. Let the midwife know if you feel very uncomfortable. They will be able to give you an ointment to soothe the piles.

Helpful tips

Postnatal exercises

Postnatal exercises (see page 133) will help to tone up the muscles of your pelvic floor and abdomen. They will also get you moving and feeling generally fitter. You may be able to attend a postnatal exercise class at your hospital. Ask your midwife or physiotherapist to help you organise this.

Personal child health record (PCHR)

You will be given a PCHR for your baby within a few days of their birth. This book records important information about your child. Take it with you whenever you see anyone about your child's health or development. This is **your** record, so do add information yourself. This could be a note of when your child does something for the first time or advice given to you by a healthcare professional.

Rhesus negative mothers

If your blood group is rhesus negative and your baby's father's is rhesus positive, blood samples will be taken after the delivery to see whether your baby is rhesus positive. You may need an injection to protect your next baby from anaemia. This should be given within 72 hours of delivery.

YOUR BABY'S HEALTH

When your baby is born, they will have a quick physical examination to check that there are no major problems that need urgent treatment. Within 72 hours of birth, another more detailed examination will be carried out. You can find more information at www.screening.nhs.uk

Your baby will also have some other routine health checks and care.

Cord care (belly button)

Shortly after birth, the midwife will clamp the umbilical cord close to your baby's navel with a plastic clip. They then cut the cord, leaving a small bit of cord with the clamp attached. The cord will take about a week to dry out and drop off. Keep the navel clean and dry until this happens. If you notice any bleeding or discharge from the navel, tell your midwife, health visitor or doctor.

Vitamin K

We all need vitamin K to make our blood clot properly so that we will not bleed too easily. Some newborn babies have too little vitamin K. Although this is rare, it can cause them to bleed dangerously into the brain. To prevent this, your baby should be offered vitamin K. You will be offered an injection of vitamin K for your baby, as this is the most effective way of helping to prevent a rare bleeding disorder (haemorrhagic disease of the newborn). If you prefer that your baby doesn't have an injection, oral doses of vitamin K are available. Further doses will be necessary.

Newborn hearing screening programme

A small number of babies are born with hearing loss. Your baby will be given a quick and simple test to check their hearing. Finding out about hearing loss early means that babies and parents can get the support they need. This can help the development of the child's language and social skills. See www.hearing.screening.nhs.uk for further information.

Newborn blood spot screening (heel prick test)

When your baby is between five and eight days old, your midwife will ask to take a sample of blood from their heel. This is used to test for rare but potentially serious illnesses. All babies are tested for phenylketonuria (PKU – a metabolic disorder), cystic fibrosis, sickle cell disorders and congenital hypothyroidism (CHT – low thyroid hormone). Some babies are also tested for MCADD, an inherited problem with the metabolism.

YOUR BABY'S APPEARANCE

You will probably spend the first few days looking at your baby. You will notice every detail – the colour and texture of their hair, the shape of their hands and feet, and the different expressions on their face. If you notice anything that worries you, however small, ask your midwife. Your baby will be examined by a midwife, paediatrician or neonatal nurse practitioner to make sure everything is all right.

The fontanelle

On the top of your baby's head, near the front, is a diamond-shaped patch where the skull bones have not yet fused together. This is called the fontanelle. It will probably be a year or more before the bones close over. You may notice the fontanelle moving as your baby breathes. Don't worry about touching it or washing the area. There is a tough layer of membrane under the skin.

More information

For more information on blood spot screening: http://newbornbloodspot.screening.nhs.uk

For more information on sickle cell screening: www.sct.screening.nhs.uk

Bumps and bruises

It is quite common for a newborn baby to have some swelling and bruises on its head, and perhaps to have bloodshot eyes. This is just the result of the squeezing and pushing that is part of being born and will soon disappear.

Birthmarks and spots

Once you begin to look closely at your baby, you will probably find lots of little marks and spots, mainly on their head and face. Some babies have larger marks. Most of them will go away eventually. Ask the doctor who examines your baby if they will disappear completely.

Most common are the little pink or red marks some people call 'stork marks'. These V-shaped marks on the forehead and upper eyelids gradually fade, though it may be some months before they disappear altogether. Marks on the nape of the neck can stay for much longer, but they will be covered by hair.

Strawberry marks are also quite common. They are dark red and slightly raised. They sometimes appear a few days after birth and gradually get bigger. They may take a while to go away.

Spots and rashes are very common in newborn babies and may come and go. You should tell your doctor or midwife immediately if you also notice a change in your baby's behaviour, for example if your baby is not feeding properly or is very sleepy or very irritable.

Your baby's skin

At birth, the top layer of your baby's skin is very thin and easy to damage. Over the first month (longer in premature babies) your baby's skin matures and develops its own natural protective barrier.

Vernix (the white sticky substance that covers your baby's skin in the uterus) should always be left to absorb naturally. This is nature's own moisturiser and gives added protection against infection in the first few days.

Premature babies' skin is even more delicate. Staff in a specialised neonatal area will advise you on skin care.

If your baby is overdue, their skin may well be dry and cracked. This is to be expected, as the protective vernix has all been absorbed. Don't be tempted to use any creams or lotions as they may do more harm than good. The top layer of your baby's skin will peel off over the next few days, leaving perfect skin underneath. Wash your baby with plain water only for at least the first month.

Breasts and genitals

A newborn baby's breasts can be a little swollen and ooze some milk, whether the baby is a boy or a girl. Girls also sometimes bleed a bit or have a white, cloudy discharge from their vagina. These are a result of hormones passing from the mother to the baby before birth and are no cause for concern. The genitals of male and female newborn babies often appear rather swollen, but they will look in proportion to their bodies in a few weeks.

Jaundice

When they are about three days old, many babies develop mild jaundice. This will make their skin and the whites of their eyes look a bit yellow. This usually fades within 10 days or so. But more severe jaundice may need treatment (see page 149).

getting to know each other

Rubella

If you were not immune to rubella (German measles) when tested early in your pregnancy, you will usually be offered the MMR (measles, mumps and rubella) immunisation. You should get this before you leave hospital, or shortly afterwards from your GP. If it is not offered, speak to your doctor or midwife, as it's a good opportunity to get it done. You should not get pregnant again for one month after the injection. For more information about rubella, visit www.immunisation.nhs.uk

Tests for hepatitis B and C

All babies born to mothers who are infected with hepatitis B should receive a course of immunisation to prevent them getting hepatitis B. Your baby will be offered immunisation soon after birth and at one, two and 12 months old. Your baby should be tested at 12 months to check that immunisation has worked. For more information about hepatitis B immunisation, refer to page 37.

If you are infected with hepatitis C when your baby is born, there is a small risk that you could pass on the infection. Your baby will be tested at an appropriate time.

WHAT YOUR NEWBORN BABY CAN DO

There is one important skill that your baby will not have to learn. They are born knowing how to suck. During the first few days they learn to co-ordinate their sucking and their breathing.

Newborn babies also automatically turn towards a nipple or teat if it is brushed against their cheek, and they will open their mouths if their upper lip is stroked. They can also grasp things (like your finger) with either their hands or feet, and they will make stepping movements if they are held upright on a flat surface. Apart from sucking, these automatic responses will go, and your baby will begin to make controlled movements instead.

Newborn babies can use all of their senses. They will look at people and things, especially if they are near, and particularly at people's faces. They will enjoy gentle touch and the sound of a soothing voice, and they will react to bright light and noise. Very soon they will also know their mother's special smell.

11 WHAT YOU NEED FOR YOUR BABY

It can be easy to get confused about what you really need for your baby. You can always ask your midwife or health visitor for advice on what to buy, and you may be given a list of essentials at your antenatal classes or by your maternity service. There are some essentials that every new mother needs, as well as extras that you might want to think about. You may be able to borrow some items, and then pass them on later to another mother or keep them for a second child.

NAPPIES

Disposable nappies

Disposable nappies are convenient to use and are available from supermarkets and other retail outlets.

Cloth nappies

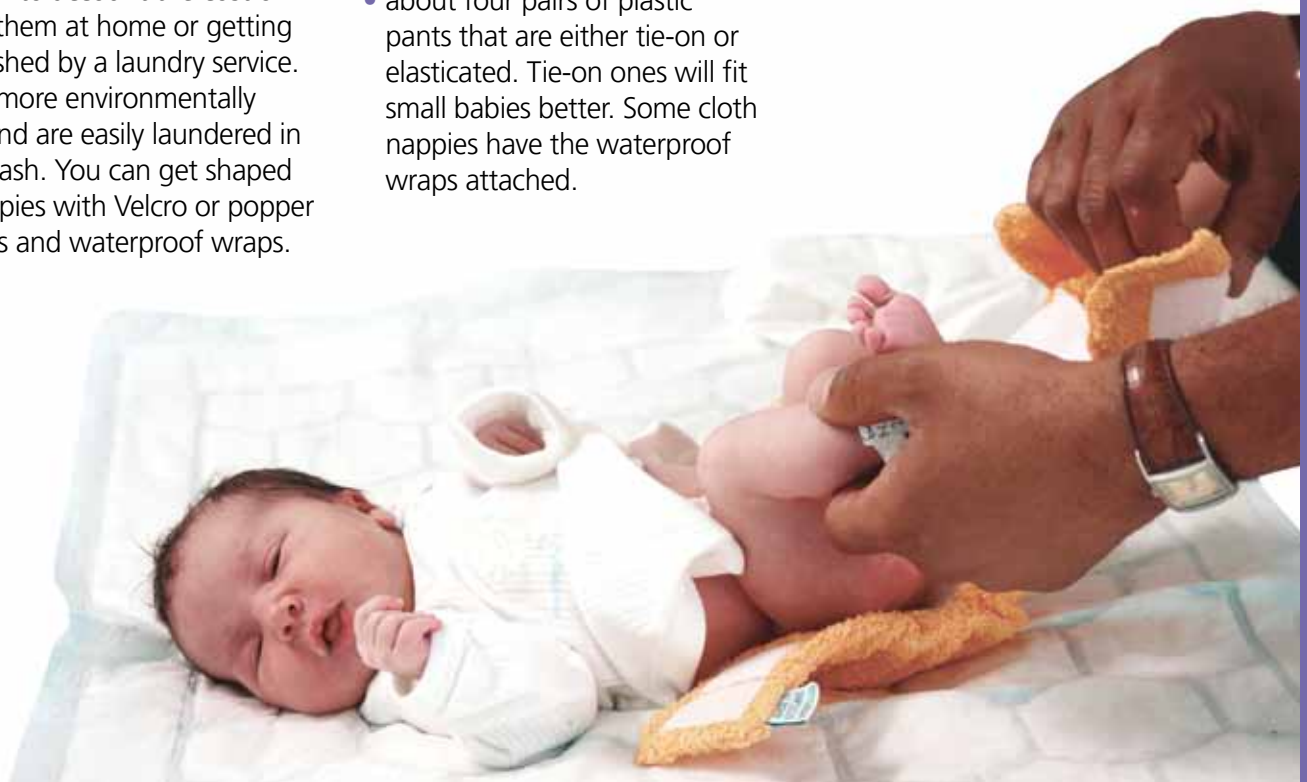
Washable cloth nappies are cheaper than disposable nappies, even when you take into account the cost of washing them at home or getting them washed by a laundry service. They are more environmentally friendly and are easily laundered in a 60ºC wash. You can get shaped cloth nappies with Velcro or popper fastenings and waterproof wraps.

For cloth nappies, you will need:

- nappy pins for nappies without Velcro or fasteners
- nappy liners – either disposable or cloth, which you can wash and use again
- a bucket with a lid and nappy sterilising powder or liquid for sterilising nappies, and
- about four pairs of plastic pants that are either tie-on or elasticated. Tie-on ones will fit small babies better. Some cloth nappies have the waterproof wraps attached.

More information

For information about choosing and using cloth nappies, visit www.wen.org.uk, or visit www.goreal.org.uk to find local suppliers.



Nappy services

Nappy laundry services deliver freshly laundered nappies to your home and take away the soiled ones to wash each week. They supply everything you need – wraps, liners and storage bins.

Nappy changing

To change nappies, you will need:

- cotton wool. Always choose white. Rolls are usually cheaper than balls
- a changing mat
- baby lotion or wipes
- baby barrier cream to help prevent nappy rash, and
- a bag to carry all the nappy-changing equipment when you go out. A carrier bag will do but you can get special bags that include a changing mat.

BATHING

It is a personal choice how frequently you bathe your baby; a wash will often be enough to keep your baby clean and ensure they are comfortable. A warm bath may help your baby to sleep.

You will need:

- a baby bath or any large, clean bowl, such as a sink, as long as it's not metal. Remember to wrap a towel round the taps for safety
- two towels, the softer the better. Keep them only for your baby's use. There is no need for special baby towels, unless you want them
- unperfumed soap – although washing your baby with just water is fine.

See page 144 for how to bathe your baby.

whose turn?

Safety

The safest place to change a nappy is on a mat on the floor. If you use a higher surface, keep your hand on your baby at all times to stop them rolling off.

See page 144 for how to change your baby's nappy.

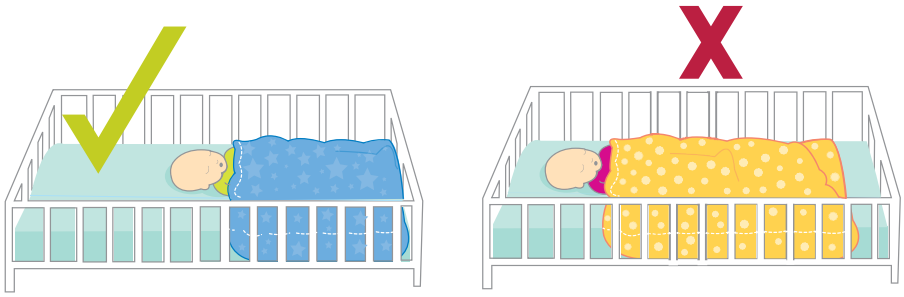
SLEEPING

For the first few months, you will need a crib, a carry cot or a Moses basket (a light, portable bassinet). Your baby needs somewhere to sleep that is safe and warm and not too far away from you. If you are borrowing a crib or cot, or if you have one that has been used by another of your children, you will need a new mattress. See the section on reducing cot death on the right.

You will also need:

- a firm mattress that fits the cot snugly without leaving spaces round the edges so that your baby cannot trap their head and suffocate
- sheets to cover the mattress. You need at least four because they need to be changed often. Fitted sheets make life easy but they are quite expensive. You could use pieces of old sheet
- light blankets for warmth.

Pillows and duvets are not safe for babies less than a year old because of the risk of suffocation. Duvets can also make the baby too hot.
Baby nests and quilted sleeping bags are not suitable for your baby to sleep in when you are not there because of the danger of suffocation.



The baby on the left is sleeping in the **'feet to foot' position** (also see page 140). This means that the baby's feet are right at the end of the cot to prevent the baby wriggling under the covers and overheating.

Cot safety

Your baby will spend many hours alone in a cot, so make sure it's safe.

- The mattress must fit snugly with no space for your baby's head to get stuck.
- The bars must be smooth and securely fixed, and the distance between each bar should be not less than 1 inch (25mm) and not more than 2 ½ inches (60mm) so that your baby's head cannot become trapped.
- The cot should be sturdy.
- The moving parts should work smoothly so that fingers or clothing cannot get trapped.
- Cot bumpers are not recommended as babies can overheat or become entangled in the fastenings.
- Never leave anything with ties – for example, bibs or clothes – in the cot in case they get caught around your baby's neck.
- If you are buying a new cot, look for the British Standard mark BS 1753.

Reducing the risk of cot death

The Foundation for the Study of Infant Deaths (FSiD) has developed important key messages for parents to help 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 – and place your baby in the 'feet to foot' position.

OUT AND ABOUT

Spend some time looking at what is available for getting around with your baby. Think about what will suit you best. You could always ask other mothers what they have found useful.

Baby carriers (also called slings) carry your baby in front of you. Most babies like being carried like this because they are close to you and warm. The back part of the carrier must be high enough to support your baby's head. Check that the buckles and straps that attach the carrier to you are secure. Older babies who can hold up their heads and whose backs are stronger (at about four months) can be carried in backpacks.

Pushchairs are only suitable for young babies if they have fully reclining seats that let your baby lie flat. Wait until your baby can sit up before using any other type of pushchair. You should also consider the weight of the pushchair if you use public transport as you might have to lift it onto trains or buses.

Prams give your baby a lot of space to sit and lie comfortably, although they take up a lot of space and are hard to use on public transport.

If you have a car, look for a pram that can be dismantled easily. Buy a pram harness at the same time, as you will soon need it.

Carrycot on wheels. Your baby can sleep in the carrycot for the first few months and the cot can be attached to the frame to go out. It can also be taken in a car with appropriate restraints.

Three-in-one. This is a carrycot and transporter (set of wheels) that can be converted into a pushchair when your baby outgrows the carrycot.

Shopping trays that fit under the pushchair or pram can be very useful when you are out.

Checks

Before buying a pushchair or pram, check that:

- the brakes are in good working order
- the handles are at the right height for pushing, and
- the frame is strong enough.

IN THE CAR

If you have a car, you must have a car seat. This is also called a safety restraint. Your baby must always go in their seat, including when you bring them home from the hospital. It's very dangerous – and illegal – to carry your baby in your arms.

The best way for your baby to travel is in a rear-facing infant car seat, on either the front or back seat. This is held in place by the adult safety belt.

If you have a car with air bags in the front, your baby should not travel in the front seat, even if they are facing backwards, because of the danger of suffocation if the bag inflates.

To keep your baby as safe as possible:

- Make sure the car seat is fitted correctly.
- Do not place a rear-facing infant car seat in the front passenger seat if your car is fitted with an air bag.

- Don't buy a second-hand car seat as it may have been damaged in an accident.
- Look for United Nations ECE Regulation number R44.03, or a later version of this standard, when you buy a car seat. This is the standard for new seats. However, if you have car seats that conform to a British Standard or to an earlier version of R44, you can continue to use them.

FEEDING

If you are going to breastfeed, you will probably want:

- nursing bras that open at the front and have adjustable straps. Cotton is best because it allows air to circulate. If you try on bras at about 36–38 weeks, they should fit when you need them
- breast pads. You put these into your bra to prevent milk from leaking onto your clothes.

If you are going to formula feed, you will need:

- six bottles with teats and caps
- sterilising equipment
- a bottle brush
- infant formula milk. Avoid buying this too far in advance, as instant formula milk has a 'use by date' printed on the package.

See Chapter 9 for how to feed your baby.

CLOTHES

Babies grow very quickly. All you need for the first few weeks are enough clothes to make sure that your baby will be warm and clean. You will probably need:

- six stretch suits for both day and night or four stretch suits and two nighties for the night. Use socks or bootees with the nightie if it's cold
- two cardigans. They should be wool or cotton rather than nylon, and light rather than heavy. Several light layers of clothing are best for keeping your baby warm
- four vests
- a shawl or blanket to wrap your baby in
- a wool or cotton hat, mittens and socks or bootees for going out if the weather is cold. It's better to choose close-knitted patterns for safety
- a sun hat for going out if the weather is hot or the sun is bright.

Washing baby clothes

If you use a washing machine, don't use washing powders with enzymes (bio powders) or fabric conditioner, as they may irritate your baby's skin. Always rinse clothes very thoroughly.

12 THE EARLY WEEKS: YOU

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.

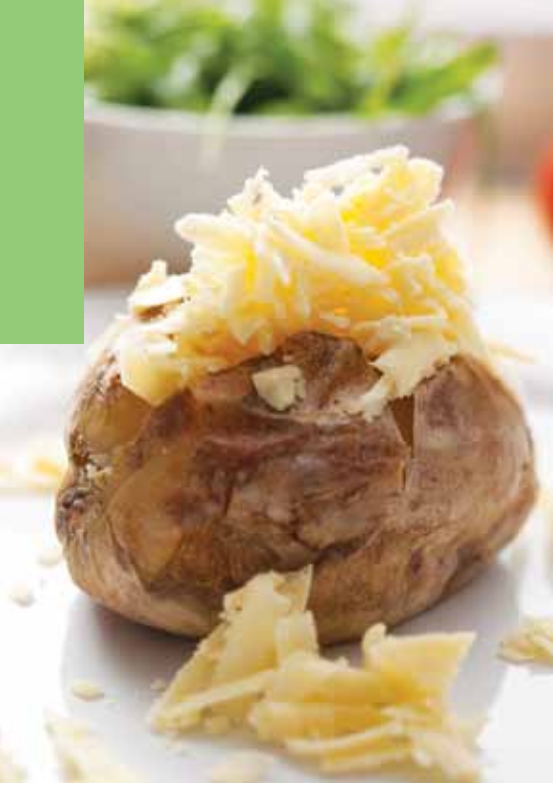
Exercise

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.

13

THE EARLY WEEKS: YOUR BABY

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.

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.

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.

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.

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.

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.

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 60ºC 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.

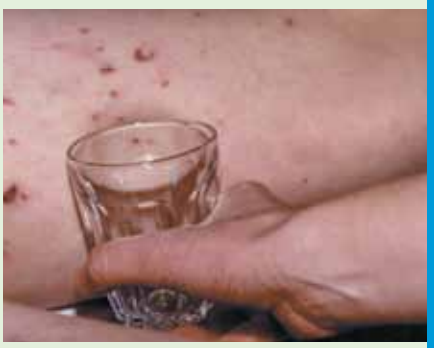
- If your baby cries in an unusual way or for an unusually long time or seems to be in pain.
- If you notice any bleeding from the stump of the umbilical cord or from the nose, or any bruising.
- If your baby keeps refusing feeds.
- If your baby keeps vomiting a substantial part of feeds or has frequent 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.