



Homecare instructions for new parents

## Contents

Life of a newborn.....	4
<b>First days with a newborn</b> .....	4
<b>Skin-to-skin contact</b> .....	4
Breastfeeding.....	5
<b>Different breastfeeding positions</b> .....	6
<b>What if you're not succeeding in breastfeeding?</b> .....	7
<b>Increasing your milk production</b> .....	8
<b>Breast care</b> .....	8
<b>Breast inflammation</b> .....	8
<b>Breast milk surplus</b> .....	9
<b>Hand expressing</b> .....	9
Recovering from labour .....	10
<b>Postpartum discharge</b> .....	10
<b>Wound care</b> .....	11
<b>Recovering from a c-section</b> .....	11
<b>Hygiene</b> .....	12
<b>Pelvic floor muscles</b> .....	12
<b>Mood</b> .....	13
<b>Postnatal Medical Examination</b> .....	13
<b>Contraception</b> .....	14
Family life with a newborn .....	14
<b>Siblings and the newborn</b> .....	14
<b>Visitors and visiting</b> .....	15
Healthy lifestyle.....	15
<b>Exercising</b> .....	15
<b>Nutrition</b> .....	15
<b>Medication, smoking and alcohol</b> .....	15
Taking care of the baby.....	16
<b>Basic care</b> .....	16
<b>Navel care</b> .....	17
<b>Handling instructions</b> .....	17
<b>Going outdoors with the baby</b> .....	18
<b>Pediatric examination</b> .....	18
<b>Jaundice</b> .....	19
<b>A baby who needs special attention</b> .....	19
Contact information.....	20
Useful websites.....	21

## Congratulations!

We all need a lot of warmth, love, intimacy and tenderness in our lives. A baby needs all of these especially from its parents. The baby challenges the new parents to an adventure of searching: you have to look for the baby's real needs, find a care model that is just right for your baby and your family.

The development of the relationship between parent and newborn is individual. Most parents create mental images of their future baby already during pregnancy. However, it may be that the whole pregnancy has felt unreal, and you haven't really dared or been able to get attached to your future child yet, or even consider him real. You can also feel confused and even scared in front of a new life situation. Give your feelings time to awaken towards the child. There is no right way of doing things or a ready-made template that you can apply. You are the best parent for your own child as you are.

The emotional reactions of the father or the other parent can sometimes be strong, often the child becomes real only at birth. He may have a strong need to protect and take care of his family.

From birth, the baby actively participates in the interaction. A newborn is alert immediately after birth. He reacts to sounds, light and touch. With its being and gestures, the



baby evokes feelings and thoughts. A newborn seeks safety first. A baby's cry is his way of communicating. He needs assurance that his needs will be met. Give your child closeness and pampering with words as well. Skin-to-skin contact is a good way to keep the baby close and it promotes successful breastfeeding. Through your touch, your child forms an understanding of himself and the world around him. Your feelings are also transmitted to the baby by touch, the baby senses your mood. The baby also senses your worry and may start to behave restlessly.

If you are alone, the feeling that you can share your worries helps you to cope better. A mother who has given birth can receive support from e.g. her own parents, other relatives and friends. You can always ask for outside help as well. The most important thing is that you don't stay alone, especially when everyday life is tiring and depressing.



**Hold, kiss  
and cuddle!**

## Life of a newborn

### First days with a newborn

The first days after birth are also a time of great changes for the baby. In addition to the changes in the baby's circulatory and respiratory systems, the entire environment has changed. During the first day, the baby often sleeps a lot. However, the baby should breastfeed at least 6-8 times.

Usually, on the second day, the baby enters the so-called period of frequent sucking. Then the baby may want to be eating almost constantly. By frequent sucking, the baby ensures sufficient milk supply. When the milk comes in and the baby is fuller, frequent sucking calms down. If the baby does not wake up to eat every 3-4 hours, it is necessary to wake him up. Waking the baby up is best achieved by, for example, changing the diaper and keeping the baby in skin-to-skin contact. The baby may only do one pee and poop on the first day. Peeing and pooping increases day by day, and on the second day it would be good for the baby to pee at least twice.

### Skin-to-skin contact

The baby enjoys closeness. It is especially important in the first days after birth, when the baby is getting used to life outside the womb. In skin-to-skin contact, the baby listens to the mother's familiar heartbeat, which creates feeling of security and reduces stress. Babies in skin-to-skin contact cry less often and body temperature and blood sugar levels remain more stable. In skin-to-skin contact, babies suck at the breast more regularly and latch onto the breast faster than average babies that are not held in skin-to-skin contact. Skin-to-skin contact makes the baby feel cared for.

When the baby is in skin-to-skin contact, the mother relaxes, the stress level decreases and pain tolerance improves. Skin-to-skin contact also increases maternal self-confidence. When the baby is in skin-to-skin contact, the milk comes in faster in the breasts and the uterus contracts, so recovery from childbirth is faster.



## Breastfeeding

Our actions to support breastfeeding are based on the WHO and Unicef's "Ten steps to successful breastfeeding" recommendation. We try to support the family in feeding the baby, according to their wishes.

The composition of breast milk is perfect nutrition for the baby, it is easily absorbed and is always at the right temperature. The baby receives important antibodies from breast milk and it is an important part of the development of the baby's immune system. Breastfeeding reduces the child's tendency to allergies and falling ill with several national diseases.

Breastfeeding is also beneficial for the mother, it speeds up recovery from childbirth. Breastfeeding reduces the mother's incidence of the most common female cancers and national diseases.

The breastfeeding journey has several stages. Breastfeeding can be challenging at first, it can require practice from both mother and baby. Each mother and baby are individuals and the breastfeeding journey is different for each baby. A baby may have different periods when he sucks more often. Even if the baby sucks a lot, it does not mean that the milk is running out. The purpose of frequent sucking is to increase the amount of milk and can be associated with, for example, growth spurts

If the mother cannot or does not want to breastfeed, we guide and support the family to find alternative ways to feed the baby.

## Signs of a good latch

In order for a good latch to be successful, it would be good for the nipple to be clearly above the baby's mouth (at the baby's nose). Then the baby's head tilts back while reaching for the nipple, and the baby gets a better latch from the breast. When breastfeeding, the baby should be supported by the neck rather than the back of the head, so that the head tilts back is possible.

To get a good latch, the baby's upper lip can be touched with the nipple so the baby starts to look for the nipple.





In a good latch, the baby's mouth is wide open and the nipple is deep in the mouth. The latch is asymmetrical; the nipple area is less visible from the side of the baby's chin than from the side of the nose. The baby's chin should be touching the mother's breast and the lower lip should be facing outwards. The upper lip is either turned outwards or in a neutral position. The baby's tongue is below the breast and the tip of the tongue is on top of the lower lip.

With a good latch, the baby's cheeks remain round and nothing but swallowing sounds are heard. At first, the baby's sucking can be a fast-paced "waking up". When the milk starts to flow, the suction turns into slow and long strokes and swallowing sounds can then be heard. A good latch does not hurt and does not cause flattening, redness or sensitivity of the nipples. However, in the early days of breastfeeding, it is normal to feel at least mild sensitivity at the beginning of breastfeeding sessions. If the baby has difficulty latching onto the breast or the latch keeps coming off, you can use a breast shield for a short time.

### Different breastfeeding positions

When breastfeeding while sitting, it is good to take the baby firmly in your arms so that the baby's body rests straight on the mother's arm while the mother supports the baby's neck. The mother should sit with her back straight and her shoulders relaxed. The hand on the side of the breast supports the baby so that the baby lies on the arm with the neck closer to the mother's wrist than to the elbow.

In *the sitting position*, the baby can also be supported with the hand opposite the breast, so that the mother's palm remains under the baby's neck. In this position, it is easier to guide the baby into the right position and the other hand can be used to support the breast if necessary.

In the sitting position, breastfeeding is also possible so that the baby sits *under the mother's armpit*. In this position, the baby lies on its side against the mother under the mother's arm on a pillow. The hand on the side of the mother's breast supports the baby and the other hand can be used to support the breast at the beginning. In this position, the baby can also be held in a more upright position, where he "sits" supported next to the mother.

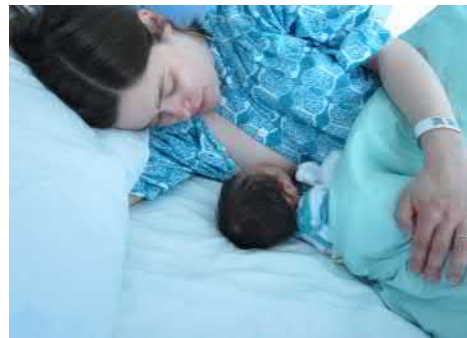


*The lying position* is natural, especially during night feedings and in the early stages of breastfeeding, when the mother is still recovering from childbirth. When the mother is lying on her side, breastfeeding is possible from either the lower or upper breast. When breastfeeding from the lower breast, the baby lies on its side against the mother's body. The mother can support the baby from the back with her hand or, for example, with a pillow.

When breastfeeding from the upper breast, the mother turns towards the baby so that the breast falls against the baby's mouth. The baby can also be supported with a pillow at the level of the mother's breast, so that the mother's position remains the same as when breastfeeding from the lower breast.

Breastfeeding in the lying position is also possible with the baby lying next to the mother with the legs towards the mother's head. When breastfeeding "backwards", the position otherwise corresponds to the lying position described above, but the mother's lower arm is straight up. The position is especially recommended if the nipples are tender or there is a milk duct blockage in the upper part of the breast. In this case, sucking loads the breast from a different side and the breast also empties better from the side of the baby's chin, i.e. in this case from the upper part of the breast.

If necessary, breastfeeding can also be done in *a standing position*, where the baby's position is the same as when breastfeeding in a sitting position. The mother's movement can help, for example, when the baby otherwise rejects the breast or is restless. If the milk comes out by spraying with too much pressure, breastfeeding in *a semi-sitting position* or *lying on your back* reduces the pressure.



### What if you're not succeeding in breastfeeding?

If breastfeeding seems difficult, it is important to find out the cause of the problems before making bigger decisions about breastfeeding. When a mother feels that breastfeeding is important, she has the right to receive support and breastfeeding guidance. In the same way, she has the right to receive support when stopping breastfeeding seems to be the right solution for the mother.

Educated support and guidance can be requested, for example, from the nurse at the parental clinic. A breastfeeding clinic also operates in connection with the maternity clinic of Päijät-Häme Central Hospital. Support for breastfeeding is also available from the Breastfeeding Support Line and application maintained by Imetyksen tuki ry, websites and breastfeeding support groups.

The mother's well-being is the most important thing because it also affects the baby's well-being. Establishing positive contact with the baby can be impossible if successful breastfeeding takes all the mother's resources. Although breastfeeding is important, it still does not define motherhood or the mother's relationship with the baby. There is no reason to feel guilty when breastfeeding ends. Despite this, the baby can be given closeness and affection during feeding moments. More important than breastfeeding is daily loving care.

#### Safety signs of adequate milk supply

- The baby sucks with a good latch at least 8-12 times a day.
- The baby is alert and sucks effectively.
- The baby wets the diapers as many times as his age in days. From the fourth day, there should be at least five heavy wet diapers.
- During the first weeks, the baby poops every day.
- The weight decreases by less than 10% and the birth weight is reached by the age of ten days. The weight of a child under six months increases by about 150g/week.

## Increasing your milk production

In the first days, the baby wants to suckle frequently and for long periods of time. Frequent breastfeeding increases milk production. The best place for the baby is in skin contact. In skin-to-skin contact, milk production is enhanced, because the hormone oxytocin is secreted into the mother's bloodstream. The baby enjoys the closeness and it helps the baby calm down. He stays warm, his blood sugar stays even, and it makes it easier for a colicky baby.

Skin-to-skin contact helps the baby to get to the breast and suckle at its own pace. The breast is easily accessible to the baby. During breastfeeding, the mother can hand express drops of milk into the baby's mouth. It is also good to change the breast during breastfeeding. If necessary, the baby can be woken up by switching from one breast to the other. Massaging the breast with your hands and warming it with a heat pack also boost the letdown reflex.

When the baby is tired or otherwise unwilling to suck, it is good for the mother to milk her breasts. At first, hand expressing is recommended. As the amount of milk increases, you can also milk with a pump. This milk can be offered as "tempting milk" during breastfeeding or as additional milk on top of breastfeeding if necessary.

It is not recommended to give the baby a pacifier for the first two weeks. It is good for the baby to practice getting a good latch and sucking at the breast in peace, because it is different from sucking with a pacifier. It is also good for the baby to be able to satisfy his need for sucking while breastfeeding. It would be good to have breastfeeding sessions 8-12 times a day. Many babies eat more often. In this way, the baby ensures that he receives a sufficient amount of milk in the future.

It is important for the mother to remember to eat and drink regularly and sufficiently. Adequate rest and relaxation are also important. It is good for the mother to take a nap while the baby is also sleeping, because the night sleep is often interrupted due to the baby's feedings.

### The baby's signs of hunger

- Turning head from side to side
- Opening mouth and sticking out the tongue
- Sucking fingers and fist
- The baby is already very hungry if he cries. The baby calms down the best to suckle in skin-to-skin contact.

## Breast care

A shower a day is enough to treat the nipples and squeezing a drop of milk after breastfeeding is enough to protect the nipples. If your nipples are cracked, there's always a reason behind it. The most common reason for this are the baby's poor latch or poor breastfeeding position. These are both things that can and should be fixed. Cracked nipples can be treated with creams, cabbage leaves and air baths. If there is a fungal infection in the nipples, you can treat the nipples with sugar-free lingonberries and vichy-water. Papery nursing pads should be avoided as they easily stick to the cracked nipple.

## Breast inflammation

Plugged milk duct is a situation where milk cannot flow in the milk duct. The blockage spot becomes painful, possibly red and hot, and may be swollen. There may be a slight increase in temperature. If you quickly develop a high fever (over 38.5°C), it may be a sign of a mastitis (breast inflammation).



A bacterium causes mastitis. With plugged milk duct, milk cannot flow well, making it easier for bacteria to attach to the blockage.

In both plugged milk duct and mastitis, emptying the breast is important. You can milk the breast, LIGHTLY massaging the sore spot, and after this, let the baby suck the breast as empty as possible. The baby is always the best emptyer of the breast. Mastitis does not prevent breastfeeding. Before milking and breastfeeding, you can e.g. take a warm shower. Instead, between feedings, keep something cool, e.g. cold cabbage leaves, on your breasts. If the baby is unable to empty the breast sufficiently, you can pump for a while at the end of breastfeeding. Remember to rest and drink well. Good hand washing is important before breast care. Fever reducing medication is necessary. If the symptoms of mastitis do not improve with home remedies in a day, a visit to the doctor is appropriate.

When the milk comes in, the breasts may swell and become packed with milk. This is a normal situation that eases when milk production stabilizes to meet the baby's needs. Baby-paced breastfeeding, skin-to-skin contact and lack of pacifiers can prevent milk from packing. The same methods can be used as in the treatment of mastitis. On average, milk comes in within 3-5 days after giving birth.

### Breast milk surplus

You can freeze your milk for your own baby's needs. Frozen milk can be kept for 6 months. Milk that has been hand expressed or pumped can be stored in the refrigerator for two days and at room temperature for 6 hours. If you plan to give expressed milk to your baby in the next few hours, you can store the milk at room temperature. Milk intended for freezing should be cooled immediately after milking in the refrigerator. Warm freshly milked milk must not be added to chilled milk, but you can combine milk milked during the same day chilled. Preferably freeze the milk on the day of milking.

A healthy and non-smoking mother can hand over abundant extra milk to the mother's milk center of PHKS, tel. 03 819 2655.

#### Breast milk is preserved

- 6 hours at room temperature
- 2 days in the back of the refrigerator (below 6 degrees)
- 6 months in the freezer
- 1-2 weeks in the freezer compartment
- 1 day thawed in the refrigerator

### Hand expressing

If the baby is unable to suckle (sleepy baby, low blood sugar, treated in the neonatal intensive care unit), the mother can hand express milk to the baby. When the baby is separated from the mother, it would be good to start hand expressing the breasts as soon as possible after the baby is born. The most ideal would be to start hand expressing within 6 hours of giving birth.

It is normal that only a few drops of milk come out during the first few times of hand expressing. The drops can be collected in a clean medicine glass or syringe (ask the staff) from which they can be given to the baby. Every drop of milk is important for the baby! Even if milk does not come in at first, breast stimulation is important to increase the amount of milk. Being close to the baby makes it easier to express milk. If the baby is in the neonatal intensive care unit, the mother can do hand expressing while visiting the baby or after returning from the baby. It's worth thinking about the baby, looking at his picture and remembering his sounds during hand expressing.

If the baby does not suck at the breast at all, it would be good to have a hand expressing frequency of about 8 times a day. You should do hand expressing every 2-3 hours during the day and at least once at night when you wake up naturally, for example going to the toilet. Hand expressing is

initially the most effective way to increase milk secretion and get the important drops for the baby. When the amount of milk increases, usually 2-3 days after giving birth, you should start pumping with an electric pump. Hand expressing and pumping shouldn't hurt. You can get additional guidance and support from the staff.



1. Before starting hand expressing, wash your hands thoroughly. When in the hospital, also use hand sanitizer.
2. Stimulate the breasts by massaging the breast with light strokes from the edges towards the nipple. The nipple can also be rolled between the index finger and thumb.
3. Take a slightly forward bent position. Put your hand on your chest in the shape of the letter C, so that the thumb is above the nipple and the index finger below, approx. 3 cm from the nipple, often at the border between the areola and the pale skin or outside the areola. The grip on the chest is loose.
4. Press the index finger and thumb towards the chest and simultaneously squeeze together. The fingers stay in place and the other fingers lightly support the chest. You can vary the position of the hand around the breast so that the entire breast can be emptied.



5. During the first hand expressing sessions, it would be good to milk each breast for 3-5 minutes. If milk drops start to form, continue hand expressing until the formation stops. Then repeat with the other breast. Repeat hand expressing from both breasts. Both breasts can be milked 2-3 times in the same hand expressing session.



## Recovering from labour

### Postpartum discharge

Postpartum discharge comes from the uterus, from the wound surface left by the placenta. Bleeding usually lasts about 3-5 weeks. At first, the discharge is bloody, but as it decreases, it turns into a pale, mucous discharge. The sanitary pad should be changed several times a day and at the same time washing the genital area. It is not recommended to use tampons or menstrual cups during

postpartum discharge. The start of the first period is at least four weeks after giving birth, but it can be six months or longer, depending on e.g. breastfeeding.

The uterus begins to contract immediately after birth. At first, the uterus is often still quite large. Breastfeeding is the best way for a woman's body to recover. After giving birth, especially those who have given birth again feel post-contractions. When breastfeeding, post-contractions are common. Post-contractions usually last three days. They can be alleviated, for example, with a heat pack. Others feel that they also benefit from the TENS device. If this is not enough, pain relievers can be used.

After discharge from the hospital, the postpartum discharge often increases momentarily, however, leveling off within a few days. During the postpartum period, the mother is particularly susceptible to uterine infection. If symptoms of inflammation appear, for example a temperature above 38 C, lower abdominal or lower back pain, or the smell of the discharge becomes unpleasant, contact your parental clinic or your own health center first. Our labour and gynecological emergency clinic will help you during emergency hours.

### Wound care

It takes about 2-4 weeks for a perineal incision to heal. A small tear will heal fairly quickly. The stitches will dissolve on their own in a couple of weeks. The wound is treated with showering and air baths, as well as ice packs. In the beginning, it is good to avoid a lot of sitting. In the first few days, the wound may sting when you urinate. Showering also helps with this. Walking increases blood circulation in the wound area and thus speeds up healing. If necessary, you can use regular painkillers to relieve the pain.

### Recovering from a c-section

The surgical wound is treated with showering and air baths. Showering invigorates the blood circulation in the wound area, which helps the wound to heal. In addition, careful hygiene can prevent the occurrence of possible wound infections. After showering, gently pat the wound dry with a clean towel. The stitches are usually removed after about a week at the parental clinic. Sometimes, the surgical wound may have self-dissolving stitches. You can go to the sauna one day after the stitches are removed. To relieve pain, pain medication is used individually according to the mother's condition. After the c-section, you usually go home after 2-3 days.

Post-operative infections are rare, but possible. Redness of the wound, heat, swelling and purulent discharge from the wound may be signs of an incipient infection. In addition to these symptoms, you may feel increasing pain in the area of the wound, your uterus becomes sensitive and you may have a fever.

Getting out of bed after a c-section is best done through the side, so you can use your hands to help you get up. The upright position promotes recovery from surgery, promotes bladder and bowel function and prevents blood clots. Getting out of bed usually happens on the day of surgery. It is important to start pelvic floor muscle exercises already during bed rest.

At home, avoid heavy housework and lifting and carrying heavy loads for about 6 weeks. The baby's weight is the most you can lift during this time. Relax and get enough rest as well. Get out as much as you can. You can start physical activities that require strength, such as aerobics, ball games, running and swimming after the postnatal medical examination.

## Hygiene

Sweating is often more abundant than usual during postpartum period due to hormonal changes. Taking care of daily cleanliness is best done in the shower, you can also visit the sauna. Baths and swimming are not recommended due to the risk of infection, as long as there is residual discharge. Good hand hygiene is important.

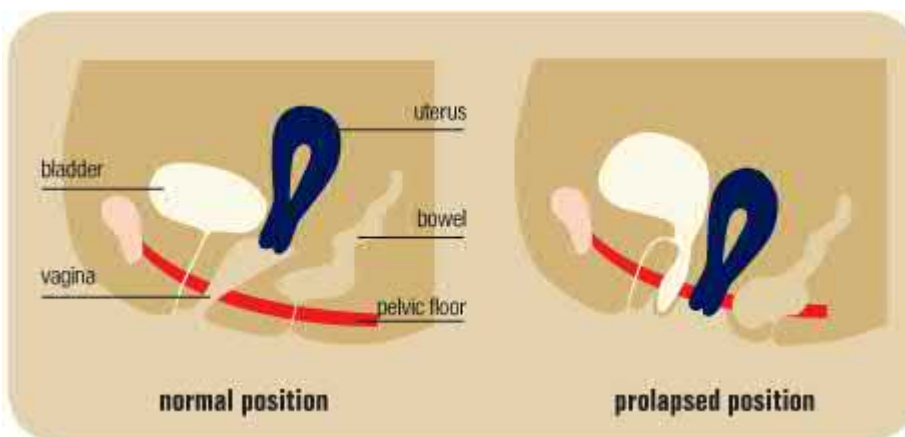
Bowel activity slows down after childbirth. It may take several days before the bowel starts to function normally. You can help your bowel function by drinking plenty of water and eating high-fiber foods and exercising. Hemorrhoids are also a common problem after childbirth. They are bulging veins at the opening of the anus. They can be quite painful after childbirth and especially during defecation. The pain can be eased with hemorrhoid creams or suppositories. Often, however, the pain gets better soon after giving birth.

## Pelvic floor muscles

The muscles of the pelvic floor participate in the closure of the urethra and anus and thus prevent the escape of urine and feces. When the pressure in the abdominal cavity increases, e.g. when coughing, laughing, jumping and lifting, the activity of the pelvic floor muscles increases. This prevents urine and faeces from escaping. In addition, the muscles of the pelvic floor support the bladder, vagina and intestines from below and prevent prolapses from forming. The diaphragm, deep abdominal muscles, and pelvic floor muscles are involved in controlling the core. Good pelvic floor muscles also improve sex life.

The muscles of the pelvic floor weaken with age and pregnancies. Being overweight also affects muscle function, the more pressure on the pelvic floor, the stronger muscles are needed.

The muscles of the pelvic floor are voluntary muscles, the functioning of which everyone can influence.



Weak pelvic floor muscles can contribute to prolapses in pelvic area.

Pregnancy and childbirth have been found to be the biggest cause of pelvic floor muscle strain, because:

- Due to changes in hormonal activity, the tissues and ligaments soften, and the basic tension of the muscles of the pelvic floor also decreases.
- During pregnancy, the weight of the fetus causes long-term pressure on the muscles of the pelvic floor.

- Childbirth stretches the muscles of the pelvic floor and can even cause a nerve to be stretched or damaged.

## EXERCISES

1. Start training in a lying position. When you recognize pelvic floor muscle contraction, exercise also while sitting and standing and while moving.
2. Relax the abdominal, buttock and thigh muscles.
3. Start contracting the muscles around the anus and then continue the contraction forward and up through the vagina to the urethra or vice versa.

Identification (helps in muscle identification, speeds up metabolism and reduces swelling.) Contract the muscles of the pelvic floor lightly a few times. Repeat the short exercise several times during the day. Muscle contraction can be seen when you look in the mirror at the area between the vagina and the anus. Put your finger in the vagina and contract the muscles against the finger, do you feel the contraction? You can also test the contraction by turning off the stream of urine in the middle of urination. If the shower breaks, you're using the right muscles. ATTENTION! This is just a test. If you do this often, urine can remain in the bladder and cause a urinary tract infection.

Speed power (needed in sudden increases in pressure in the abdominal cavity, e.g. coughing, sneezing). Quickly contract the pelvic floor muscles 5–10 times, rest for 2–3 minutes. Repeat the sets according to your muscle condition.

Maximum strength (needed in connection with physical activities). Strongly contract the pelvic floor muscles, hold for a count of three, rest for a count of six. Repeat the sets according to your muscle condition.

Endurance power (always needed and especially in situations where the bladder is full for a long time). Contract the pelvic floor muscles for 5-10 counts and rest for 10-20 counts. When the exercise goes well, increase the duration of the muscle contractions and always rest twice as long as the muscle contraction time.

Start training the day after giving birth. Exercise regularly, but take 1-2 rest days a week. The results of active training are visible within 5–12 weeks. To maintain muscle strength, 1–2 training sessions per week are sufficient.

Actively contract the pelvic floor muscles every time you push, cough and sneeze. With all the exercises, you can also exercise the muscles of the pelvic floor at the same time.

## Mood

Mood swings are common after childbirth. A change in hormonal balance exposes you to mood swings. You may cry easily and it may be difficult to explain why. After giving birth, there may be mild depression that goes away on its own. Talk openly about your feelings. Growing to be a parent takes time and requires work. If the depression lasts or worsens, it is worth seeking help. Then contact the counseling service. Read more on the website *aima.fi*.

## Postnatal Medical Examination

Contact your parental clinic as soon as possible after giving birth to arrange follow-up care. The postnatal medical examination ensures that the body has recovered after childbirth. It is done in your own clinic or by your own doctor within 5–12 weeks after giving birth. The condition for



receiving the last part of the parental allowance is a visit to the follow-up inspection. When you leave the hospital, you will take your maternity card with you.

## Contraception

The possibility of a new pregnancy exists right after giving birth, even if your period has not started and you are breastfeeding. The most recommended method of contraception during post-discharge is a condom. The most commonly used contraceptives during breastfeeding are the mini-pill and the IUD. During the postnatal medical examination, you can arrange the following contraception with the doctor.

## Family life with a newborn

### Siblings and the newborn

The baby's siblings are often excited about the new family member. Sometimes, however, enthusiasm can turn into jealousy and sibling rivalry. The behavior of older siblings can be unpredictable, so supervision of the baby is important. Try to keep the older child's daily life as similar as possible to before. Remember to caress and hold. From parents

patience and ingenuity are required in controlling the emotional upheavals of a jealous sibling. The effort is worth it and over time the jealousy will level off. If the situation seems difficult, contact your own counseling center for expert help.



**You can get pregnant again right after giving birth.**

### Relationship and sexuality

Everyday thoughtfulness and flirting in a relationship maintain the joy and closeness of both. Charm your partner again and again by being interested in their feelings and thoughts. Starting sex after giving birth is individual. Some find it easy to start intercourse after giving birth, while others find it scary. In addition to the pain of intercourse, women think about the looseness of their vagina and their partner's thoughts about the changed body.

Women need tenderness and care from their partners without the obligation of sex. Talk to your partner about postpartum changes and your own thoughts about sex. Lack of communication in a relationship easily causes misunderstandings.



A condom works as a good contraceptive method immediately after childbirth. The lack of hormones thins the mucous membranes and dampens the sexual reaction, as well as individually reduces desire. Before the recovery of your own hormone function, it is good to use lubricants available without a prescription.

## Visitors and visiting

Give yourself time to get to know the new family member in peace. Feel free to share your wishes regarding visitors. People suffering from infectious diseases (e.g. flu, smallpox, eye infection) are not expected to visit the baby's family. With a small baby, you should avoid mass events. He is prone to catching infectious diseases.

We hope that the baby will become a natural part of your family's everyday life, that you will find joy in the baby and dare to enjoy the baby time!



## Healthy lifestyle

### Exercising

After giving birth, you can start exercising by listening to your own body. Regular exercise refreshes and supports endurance and weight control. Moderate exercise does not affect the quantity or quality of a nursing mother's milk. Exercise speeds up postpartum recovery, improves mood and improves sleep. It can prevent back problems, weight gain and varicose veins. Choose familiar and safe forms of movement. At first, avoid strong jumps and quick changes of direction, because the ligaments have loosened due to hormonal changes. Start the abdominal exercises lightly. Prefer primarily deep abdominal muscle strengthening movements. Recovery of the abdominal muscles from pregnancy takes time and the rectus abdominis muscles may be separated. You can find exercising instructions on the internet. After giving birth, you can start physical activities that require strength, such as aerobics, ball games, running and swimming after the postnatal medical examination.

### Nutrition

During breastfeeding, it is important that you eat a variety of foods and choose something from each block of the food circle. You can best ensure the versatility of your diet and your vitamin intake by eating whole grain products, vegetables, fruits and berries, and fish dishes every day. Make sure you get enough soft fats and try to reduce products containing a lot of hard fat and sugar. For breastfeeding mothers, vitamin D is recommended as a dosage of 10 µg per day between October and March. Iron products are only recommended if you have had anemia during pregnancy or have lost more blood than usual during childbirth. Calcium is used for milk production. You can get your daily dose of calcium from food by drinking 3 – 4 glasses of milk or buttermilk and eating a few slices of cheese a day. A breastfeeding mother's weight usually decreases when combined with a healthy diet. During breastfeeding, you should also take care to drink enough. The need of liquids increases because you lose liquids during breastfeeding.

### Medication, smoking and alcohol

If necessary, you can safely use Ibuprofen or Paracetamol as pain medication according to the instructions on the medicine package. If you are prescribed medicine, mention that you are breastfeeding, as not all medicines are suitable for use during breastfeeding. You can ask about the

suitability of the medicine during breastfeeding from the Teratological information service on 09 47176500, on weekdays from 9 am to 12 noon.

Heavy smoking reduces milk secretion and exposes the child to the harmful substances of tobacco. Nicotine can cause restlessness, indigestion and crying. However, smoking does not prevent breastfeeding.

Alcohol is absorbed into breast milk in almost the same concentrations as into blood. It is safest for the mother to avoid drinking alcohol while breastfeeding.

## Taking care of the baby

### Basic care

The baby can be bathed once or more times a week, depending on the condition of the skin. Daily inspection, washing and, if necessary, drying of skin folds, ear lobes and folds is important. An air bath is a good way to treat irritated skin. Basic creams and oils are good for skin care, but unnecessary greasing should be avoided. Taking the baby to the sauna is not recommended because the baby's body has not adapted to large temperature fluctuations.



The baby's diaper is changed as needed. You shouldn't wake up a baby sleeping contentedly at home for a diaper change. It is most convenient to change the diaper during feeding. You should avoid unnecessary diaper changes at night. Baby's meconium poo is black and sticky. Usually washing with water is enough, but if the poo has had time to dry and stick to the skin, it can also be cleaned with oil.

The baby's nails are not cut before the age of two to three weeks. It is difficult to separate the skin of nails and cuticles, the finger can easily get a wound and inflammation. At first, you can use mittens in the baby's hands to prevent scratching.



The tear ducts of the baby's eyes are often narrow and the eyes are "watery". You can clean the eyes with cloths moistened in warm water, from the outer corner of the eye towards the inner corner. Baby's hair should be brushed daily. Brushing can prevent the formation of scabs on the scalp.



### Navel care

In the first days, the umbilical cord starts to shrink and dry out. The umbilical cord comes off individually at the age of one to two weeks after the birth of the baby. It is a good idea to shower the excreting navel when washing the butt of the baby. After washing, the navel is carefully dried with a cotton swab. When the umbilical cord starts to come off, there may be some blood at the root, which is normal. After the umbilical cord comes off, you should continue cleaning the navel, it will still be dirty for a while. A non-stinging wound cleanser can be used if necessary.



### Handling instructions

A newborn baby should be handled with firmness and calmness. The baby should not be left alone on the changing table, even for a moment, he might turn over and fall, even if he doesn't really know how to turn over yet. The neck should be supported during lifts and laps, because the baby does not

yet support its head very stably during the first weeks. On the changing table, you can undress, dress and change the baby by turning the baby from side to side. Holding and carrying the baby in different positions supports the baby's motoric development.

To sleep, the baby is placed on its back, with its head turned in one direction or another. Remember to change the direction of the head at different times, so that the head takes shape as it grows evenly, and the baby does not start favoring one side or the other.

When supervised, the baby can and should also be held on its stomach and side on the mat on the floor. For example, in skin-to-skin contact, the baby can be on its stomach in the frog position or on its side.



**Don't leave your baby on the changing table unattended!**

### Going outdoors with the baby

You can start going outdoors with your baby right away in the summertime. It is good to protect the baby's sleeping place with an insect net and avoid direct sunlight. In winter, it is recommended to wait until about two weeks of age. After that, you can start with short outdoor activities, gradually increasing the time. In winter, the recommended freezing point is -15 degrees

### Pediatric examination

The pediatrician examines the baby at the age of about 2 days. Parents are welcome to follow the inspection. During the examination, the baby is examined from head to toe, e.g. the heart and lungs are listened to and the newborn's early reflexes are checked. Inspections usually start in the morning, sometimes later.





## Jaundice

A baby's mild jaundice is normal and does not require treatment. Jaundice causes fatigue, which can cause the baby to have a poor appetite. The cause of yellowing of the skin is excessive bilirubin. It is produced as a breakdown product of hemoglobin. The liver's job is to change bilirubin into such a form that it can be excreted with pee and poop. A newborn's liver works more slowly or is not developed enough to remove bilirubin from the body. Because of this, bilirubin easily accumulates in the body of babies and especially premature babies. Sometimes jaundice can be caused by the difference in the blood groups of the mother and the child. If the bilirubin value rises quickly or exceeds the limit, blue light therapy is started



## A baby who needs special attention

Sometimes a baby needs special attention in the Neonatal intensive care unit due to prematurity, breathing problems or an infection. The mother's care continues in the maternity ward R2. Together with the family and the neonatal intensive care unit, we support breastfeeding and getting to know the new family member.

The best place for a newborn is in skin-to-skin contact with its own parent, i.e. in kangaroo care. Depending on the baby's condition, the neonatal intensive care unit's staff will help the parents with kangaroo care. Breastfeeding exercises can be started as soon as the baby's condition is sufficiently stable.

The mother is also instructed on hand expressing/pumping and storing milk. The mother can take expressed milk to the baby, so the baby gets the important drops of colostrum. Regular hand expressing or pumping is important because it helps the milk coming in.

The pediatrician checks the baby every day. Parents are welcome to join the doctor's appointments.

## Contact information

With these instructions, we wish your family happy moments together! If something bothers you, you can ask us for advice at any time of the day during office hours, but please contact your own counseling center first.

PHKS Maternity ward R2  
tel. 03 819 2164. (24h)

PHKS Labour and  
gynecological emergency  
clinic tel. 038192357 (24 h)

PHKS Breastmilk center  
tel. 03 819 2655 (Monday -  
thursday from 9 to 13.30)

Teratology information  
service tel.09 47176500  
(Monday - friday from 9 to  
12)



## Feedback

We hope you will tell us what you think of our services. The feedback form can be found at [www.paijat-sote.fi](http://www.paijat-sote.fi).

## Useful websites

Mothers out of postpartum depression Äimä ry: [www.aima.fi](http://www.aima.fi)

Finnish Institute of Health and Welfare: [www.thl.fi](http://www.thl.fi)

Breastfeeding support, Imetysen tuki ry: [www.imetys.fi](http://www.imetys.fi)

The Mannerheim League For Child Welfare: [www.mll.fi](http://www.mll.fi)

UKK – institute: [www.ukk.fi](http://www.ukk.fi)

Terveystalo, Naistalo (in finnish and swedish): [www.naistalo.fi](http://www.naistalo.fi)

Premature Parents Association (in finnish): [www.kevyt.net](http://www.kevyt.net)

Miessakit Association (for men): [www.miessakit.fi](http://www.miessakit.fi)

Sateenkaariperheet - Rainbow Families Finland: [www.sateenkaariperheet.fi](http://www.sateenkaariperheet.fi)

Väestöliitto, The Family Federation of Finland: [www.vaestoliitto.fi](http://www.vaestoliitto.fi)

Finnish Multiple Births Association: [www.suomenmonikkoperheet.fi](http://www.suomenmonikkoperheet.fi)

When going home, it would be good to be aware of the following things related to the baby:

- ☐ Handling of the newborn

(carrying positions, treatment that strengthens and activates motoric skills, burping the baby)

- ☐ Basic newborn care

(cleaning eyes and ears, cutting nails, skin care, changing diapers, outdoor activities, bathing, navel care)

- ☐ Breastfeeding safety signs

- ☐ Good latch

- ☐ Breastfeeding positions



Keskussairaalankatu 7, 15850 Lahti  
puh. 03 819 11, faksi/arkisto 03 819 2308, faksi/hallinto 03 819 4669  
kirjaamo@paijatha.fi, etunimi.sukunimi@paijatha.fi  
[www.paijat-sote.fi](http://www.paijat-sote.fi)

