



# Maternity

You and your baby at home



**ST VINCENT'S  
PRIVATE HOSPITAL**  
MELBOURNE

A FACILITY OF ST VINCENT'S HEALTH AUSTRALIA

# Contents

<b>Care of Perineal Sutures</b> .....	2	Blocked ducts or Mastitis .....	10
Normal vaginal bleeding.....	2	Sick or premature infant.....	10
Perineal care.....	2	Method of storage .....	11
Vaginal loss .....	2	Milk supply .....	11
<b>Care of your Wound Post Caesarean Section</b> .....	3	A decreased supply of milk.....	11
Post-Caesarean wound infection .....	3	Increased supply .....	11
Signs and symptoms of a C-Section wound infection or complication .....	3	Sleep patterns .....	11
<b>Epidural Site</b> .....	4	Feeding frequency .....	11
<b>Bowels and Nutrition</b> .....	4	<b>Tips for Coping with Your Sleepy Baby</b> .....	12
Bowels .....	4	Crying.....	12
Nutrition.....	4	Wakeful infants .....	12
Fluid .....	4	Blocked ducts .....	12
Rest .....	4	Mastitis.....	12
<b>A Guide to Postnatal Exercise and Recovery</b> .....	5	<b>Myths and Facts of Breast Feeding</b> ....	13
Recovery of your perineum and pelvic floor muscles .....	5	<b>Wet Nappies</b> .....	13
Pelvic floor muscles .....	6	<b>Formula Feeding</b> .....	14
Pelvic floor muscle training After Delivery .....	6	Bottles.....	14
Emptying your bladder after delivery .....	7	Teats .....	14
Emptying your bowels after delivery .....	7	Guide to preparing infant formula.....	14
Tips for back care and correct lifting technique .....	7	Sterilising equipment .....	14
Return to exercise .....	8	<b>Cord Care</b> .....	15
<b>Post-natal Mental Health</b> .....	8	<b>Settling your Baby</b> .....	15
<b>Family Planning</b> .....	9	How to Sleep your Baby Safely.....	15
If you are breast feeding .....	9	Safe sleeping checklist.....	16
If you are not fully breast feeding, or are formula feeding.....	9	<b>Signs of Illness in the Newborn</b> .....	18
Frequently asked questions .....	9	<b>Maternal and Child Health Services</b> .....	19
<b>Expressing and Storing Breast Milk</b> ....	10	How to find a service .....	19
Hand Expressing .....	10	More information .....	19
Expressing with a pump .....	10	Your Maternal and Child Health Service visits.....	19
		My Health and Development Record .....	20
		<b>Additional Reading</b> .....	20
		<b>Community Resources</b> .....	11
		Acknowledgements.....	12



## Congratulations

### On the birth of your baby

You are likely to feel pride, wonder and exhilaration mixed with exhaustion on the birth of your baby.

The birth of your new born will usher you into a new phase of your lives. Maturity and wisdom will envelop your behaviour and personalities forever. Now you have become a loving mother and father.

## Care of Perineal Sutures

### Normal vaginal bleeding

- For the first two to three days after the birth, your blood loss may be like a heavy period. Over the next week the amount will gradually lessen and the colour will change from red to brownish/pink. Spotting can continue for four to six weeks after the birth and a small number of women may have a scant loss up to twelve weeks.
- It is normal to experience period like cramps and slightly heavier blood loss during breast feeding in the first few days.
- The loss of small blood clots during the first few days is normal and may happen at home after discharge as a result of increased activity.
- If you have a sudden increase in blood loss once you are home you need to see your doctor as soon as possible.
- Do not go swimming until your bleeding has stopped.
- Do not use tampons until after your six week check.

### Perineal care

The perineum is the area of skin and muscle between the vagina and anus. At the very end of your labour these skin and muscle layers thin and stretch to allow your baby to be born. If you have had some form of perineal or vaginal tearing, or an episiotomy (a cut made into your perineum to enlarge your vaginal opening), the following recommendations will assist you to heal and become comfortable.

- Use ice regularly, leaving on for 10 minutes at a time, and reapplying each hour as necessary for the first few days, or while it still feels helpful. Ice should be wrapped in a thin piece of dampened cloth and then placed on the perineum, or ice packs can be placed in the inside lining of a sanitary pad.
- Keep the perineum clean by showering each day.

- Salt baths once or twice daily to assist healing.
- Change sanitary pads at least every four hours—this can help reduce the risk of infection.
- Lie down for approximately 20–40 minutes in each hour for the first 24 hours, if you can, as this reduces any swelling and assists healing. Lying on your side is often more comfortable than on your back if you have any low back ache.
- Resist sitting with crossed legs, or any sitting position that allows your labia to gape open, if you have a tear or stitches. This assists to reduce strain on your perineum or stitches.
- Practice several very gentle pelvic floor “pulses” each hour without trying to “hold”. This helps to reduce swelling and promotes healing.
- Move smoothly and carefully, avoiding any straining, holding your breath or lifting anything heavy—especially toddlers!
- Be careful to draw in the pelvic floor before you go to move, lift, cough or sneeze—this will protect the perineum.
- If you have stitches, they are dissolvable and will fall out between one to three weeks after the birth. You may find some stitches on your toilet paper or in the shower.

### Vaginal loss

- There will be a vaginal loss after you have a baby, this is called lochia. Initially it is bright red, then becomes pinky brown and finally a whitey cream colour.
- The white discharge may be present for up to 6 weeks; you may only need to use a panty liner.
- If your lochia increases and it becomes bright red, you are soaking pads and also passing clots, you need to contact your obstetrician. If your lochia smells offensive you will need to contact your obstetrician.

## Care of your Wound Post Caesarean Section

Once your wound dressing has been removed:

- During your shower gently wash your wound with water.
- Gently dry around your wound with a towel. It is best to leave it uncovered to ‘air dry’.
- If your clothes are rubbing the wound, place a fresh sanitary pad between the wound and your clothing.

You may wish to purchase underwear and clothing that have a high waistband to prevent rubbing.

- Staples/stitches will be removed as instructed by your doctor or after approximately 96 hours.



Healthy C-Section Scar

### Signs and symptoms of a C-Section wound infection or complication

If you have had a caesarean section, monitor the appearance of your wound and follow postoperative instructions closely. If you are unable to see the wound, try to view it with a mirror, or have a loved one check the wound every other day to watch for warning signs of a wound infection. In addition to a surgical site infection, having a C-section puts you at risk of other problems, such as blood clots. Do not ignore any signs of illness.

### Post-Caesarean wound infection

A post-caesarean wound infection is a bacterial infection in the surgical incision. This infection can develop after an abdominal (caesarean or C-section) delivery.

The infection occurs in about 3-6 percent of women who have a caesarean delivery. Women who develop a post-caesarean wound infection usually have a slight fever 37 to 37.5°C, wound sensitivity, and lower abdominal pain.



Unhealthy C-Section Scar

Call your doctor for advice or seek medical care if you have any of these symptoms after your release from the hospital:

- severe abdominal pain, redness, or swelling of the wound
- pus and discharge from the incision site
- pain at the incision site that does not go away or gets worse
- fever higher than 38°C
- painful urination or foul-smelling vaginal discharge
- bleeding that soaks a feminine pad within an hour or that contains large clots
- leg pain or swelling.

## Epidural Site

- If you have had a spinal/epidural anaesthetic while in hospital, get your partner to check the puncture site for redness and tenderness after discharge. If there are changes please contact your Doctor.
- If you experience a headache which is not relieved by treatment such as Panadol, or the headache is more prevalent when you sit up, please contact your Doctor.
- Should you develop any weakness, numbness or pins and needles in your legs which is persistent for 48 hours please contact your Doctor.

## Bowels and Nutrition

### Bowels

We suggest you eat a diet high in fibre with plenty of fruits and vegetables and drink 2 to 3 litres of water a day. If there is a problem, a stool softener (available from your chemist) is suggested.

### Nutrition

A healthy diet is always important, but it's especially important if you are breast feeding. Breast feeding uses a lot of energy and nutrients. It is important that your diet supplies the nutrients you need during breast feeding, such as protein, calcium, iron and vitamins. You need these nutrients for your own health and wellbeing. Try to eat regularly and include a wide variety of healthy foods. Breast feeding uses up a lot of calories (kilojoules) and some of this energy will come from the fat you have laid down during your pregnancy. You will find that you will also need to eat regular snacks to keep up your energy, so don't attempt to lose all the extra weight too quickly, it is there for a reason.

There is little evidence that certain foods upset babies or give them diarrhoea or colic. Caffeine passes into breast milk, so large amounts of tea, coffee and cola drinks are best avoided. Drinking small amounts of drinks with caffeine (three or less drinks a day) should not be a problem.

A vegetarian diet can meet the nutritional needs of a breast feeding mother as long as it includes a variety of foods, such as:

- Legumes
- Eggs, milk, cheese and yoghurt
- Whole grain breads and cereals
- Fruit and vegetables.

Check with a dietician to make sure your diet contains the right amount of kilojoules and nutrients. This is especially important if you follow a vegan diet.

### Fluid

Many women are very thirsty during breast feeding, so organise yourself with a big drink for when you sit down to feed. Two to three litres a day is recommended. All fluids count but water is the best source of fluid.

### Rest

New babies can interrupt your sleep which can make you feel tired and depressed. Suggestions that may be useful:

- Have rest periods during the day when baby is asleep.
- Allow partner to assist you with care of the baby.
- Restrict visitors.



## A Guide to Postnatal Exercise and Recovery

Your body has undergone incredible changes over the past 9 months. As well as looking after your new baby, this is an important time to look after yourself too. The information in this brochure will help to optimise your recovery.

### Recovery of your perineum and pelvic floor muscles

During pregnancy, hormones and the weight of your baby can result in the weakening of your pelvic floor muscles. The birth process can lead to stretching of the muscles and swelling. In addition you may have stitches.

**It is important after delivery that you apply the RICER principles to help maximise your healing and recovery**

#### Rest

Lying horizontally or resting on your side will help to reduce the pressure and swelling around your perineum and your pelvic floor muscles. For the first 4-6 weeks, you should aim for at least 2 hours a day of horizontal rest. It is also important to minimise lifting and heavy household chores and activities, as these all place extra pressure on your pelvic floor muscles and can delay their healing.

#### Ice

Ice packs can be applied externally to the perineum to help reduce pain and any inflammation that has developed after childbirth. Ice packs should be used for 15-20 minutes every 1-2 hours and should be continued until all the swelling and pain has subsided. The use of ice may need to be continued after your discharge from hospital.

#### Compress

Compression helps to maximize tissue healing and prevent further swelling of your perineum and pelvic floor. You can insert two maternity pads, wear a second pair of high brief undies or shapewear to provide additional vulvar compression which is needed after birth.

#### Elevate

Elevating your pelvic floor and perineum by lying down will help promote a faster recovery.

#### Rehabilitate

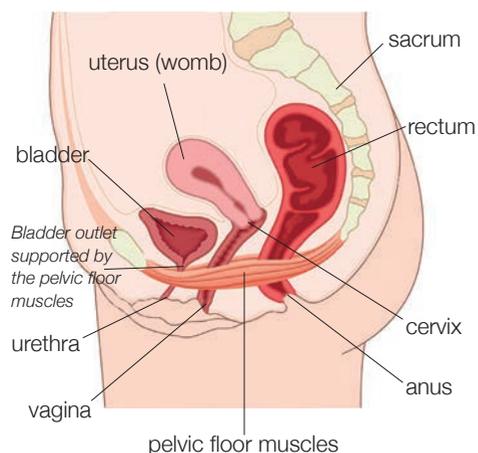
After pregnancy and childbirth it is important to activate and rehabilitate your pelvic floor muscles. Even if you did not have a vaginal delivery it is still important to rehabilitate your pelvic floor muscles as they have been stretched and weakened during the pregnancy.

# A Guide to Postnatal Exercise and Recovery

## Pelvic floor muscles

Your pelvic floor muscles are a sling-like group of muscles located at the bottom part of your pelvis. These muscles, along with dense connective tissue form the pelvic floor which supports the pelvic organs (bladder, bowel and uterus) and help to maintain continence.

Pregnancy, childbirth, chronic straining and heavy lifting all place extra stress on these muscles and connective tissue and can cause weakening, which can lead to pelvic organ prolapse or incontinence (bladder, bowel or wind).



## Pelvic floor muscle training after delivery

Pelvic Floor Muscle Retraining occurs in stages. This is due to the fact that everyone's muscles will heal differently after delivery. Only progress your exercise as you feel that your muscles can undertake stronger, challenging squeezes.

### Stage 1: Gently Re-Activating Your Pelvic Floor Should Start Immediately After Delivery

- Try activating your pelvic floor muscles in side lying or lying on your back.
- Try a gentle squeeze, activating your muscles in a gentle pain free range.
- Immediately after delivery, complete 10 contractions lying down, every 2 hours.

### Stage 2: Day 3-5 onwards: Progressing Your Muscle Training

- You should complete 10 squeezes 3–4 times a day (holding for as long as you feel comfortable)
- As you get more comfortable activating these muscles, it is important to start stronger and longer muscle contractions.
- Start your exercises in lying, and progress to sitting and standing if you feel like you are getting stronger, as it is harder to activate these muscles against gravity.
- It is important to focus on a good strong contraction.
- Make sure you completely relax your pelvic floor between each contraction. You should feel a 'letting go' sensation.
- Once your strength improves you can gradually progress these exercises by adding in holds. Start with 2 seconds and over time gradually increase up to 10.

### Functional Pelvic Floor:

- It is also important to try and incorporate your pelvic floor exercises with everyday tasks, such as lifting, changing nappies, coughing and sneezing.
- Try to complete 5–10 quick squeezes while completing these tasks.

## Emptying your bladder after delivery

After the birth of your baby, you may initially find it difficult to empty your bladder completely or have no sensation to urinate. If your bladder isn't emptied properly, the remaining urine builds up over time which is known as Urinary Retention. This can cause damage and overstretching of the bladder.

### Urinary retention may be caused by:

- Swelling, bruising and pain in the pelvic area, particularly surrounding the urethra
- Pressure on the bladder and pelvic floor during delivery

### Symptoms of urinary retention include:

- Difficulty passing urine.
- No sensation to empty your bladder.
- Bladder pain or discomfort.
- A slow or intermittent stream of urine.
- A sense of not completely emptying your bladder.
- A need to strain to urinate.
- Leakage from an overfull bladder.

**Please tell your Midwife, Obstetrician or Physiotherapist if you experience ANY of these symptoms.**

### Helpful hints to ensure full bladder emptying

- It is important to drink 2 to 3 litres of fluid every day. Slowly sip your fluids throughout the day to avoid suddenly overloading your bladder and preferably drink water, as caffeine and carbonated soft drinks can irritate your bladder.
- Go to the toilet every 2.5-3 hours to prevent your bladder from overfilling.

- Try double bladder emptying if you feel you have not completely emptied your bladder. You can do this by rocking your pelvis backwards and forwards on the toilet seat or stand up and rock your pelvis backwards and forwards before attempting to urinate again.
- To help initiate the flow you can try to urinate in a warm shower, have water running in the background or place your hand in cold water.

## Emptying your bowels after delivery

### To avoid constipation:

- Drink plenty of fluids to help soften your stools.
- Eat fruits and vegetables and other high fibre foods.
- Try to get moving by going for a gentle walk and exercising as appropriate
- Don't ignore the urge to empty your bowels.

## Tips for back care and correct lifting technique

- Bend your knees, keep your back straight and always tighten your pelvic floor and abdominal muscles before lifting.
- Avoid sudden and repetitive bending and twisting movements.
- Make sure your working surfaces are at waist height, especially when changing and bathing your baby.
- Ensure you are well supported when feeding. Make sure your bottom is at the back of the chair and your feet are supported. Use cushions to help lift the baby up to your breast.

# A Guide to Postnatal Exercise and Recovery

## Return to exercise

Safe exercise will help you to recover after pregnancy. Regular exercise will increase your fitness, help you to regain muscle strength and has a positive effect on how you feel.

Walking is a great form of exercise. Start gently (10-15 mins slow walking) once you leave hospital and gradually build up your distance and pace.

Low impact exercise, like swimming, Pilates, yoga, light weights and bike riding are recommended after 6 weeks, but always check first with your obstetrician at your post natal visit.

A specific post natal exercise class taught by a physiotherapist is a good option, as these classes will include safe exercises and progressions, and will offer professional advice. Often you will be able to take your baby with you too, and it's a great way to meet other new mums in your area.

Strenuous exercise, including high impact sports like netball, aerobics, running and lifting heavy weights should be avoided for at least 3 months while your pelvic floor and abdominal muscles are recovering from the effects of pregnancy and childbirth. Wait longer if you are experiencing any bladder symptoms or pelvic floor problems.

## Post-natal Mental Health

Some women find they cry easily after they have had a baby especially at 48 hours, many things can make you feel like this:

- Birth was not as you had planned
- Feeling upset when baby cries
- Insufficient sleep
- Disappointed if breast feeding is difficult or a sense of failure for bottle feeding your baby.

Changes in hormones can keep affecting your emotions even after the "Baby Blues" have passed.

**If you have sleep disturbances, changing in sleep patterns, find yourself crying for no apparent reason, have feeling of guilt or inadequacy, a fear of being alone, loss of confidence and self esteem are worsening, it is necessary to seek assistance from your GP.**

*Please find a list of community resources at the end of this booklet.*

# Family Planning

## If you are breast feeding

Breast feeding is nature's way of allowing you, the mother, to nourish your newborn baby in the best way possible before another pregnancy makes demands on you. In simple terms, sucking on the breast sends signals to the brain which block the release of hormones which stimulate the ovary and cause ovulation. Research has shown that if you are successfully breast feeding you are unlikely to fall pregnant if all of the following conditions are present:

- You are fully breast feeding successfully
- Your periods have not returned (ignore bleeding in the first eight weeks)
- Your baby is less than six months old.

## If you are not fully breast feeding, or are formula feeding

It is possible that a pregnancy could occur any time after you resume intercourse if you:

- Are not fully breast feeding
- Need to express milk for many weeks for your premature or sick baby
- Have chosen to formula feed your baby from birth
- Have decided to wean your baby in the early weeks after birth and are formula feeding.

In the above situations your periods may return approximately six to eight weeks after your baby was born, although for some women it may be as long as 12 weeks.

Ovulation, the release of the egg from the ovary, may happen as early as four weeks after the birth so a small number of women may become pregnant before their first bleed. The longer it takes for your period to return, the more likely it is that you will ovulate before your period and so pregnancy could occur before having a period.

If your baby is formula fed you will need to consider family planning soon after birth, speak with your Doctor.

## Frequently Asked Questions

*Could I become pregnant before my first period?*

If you are fully breast feeding – it is much less likely for adequate ovulation to occur before the first bleed in the early months after birth. However the longer your period is postponed by breast feeding the greater the possibility of adequate ovulation, and hence the chance of pregnancy, will occur prior to the first period (statistically 2% at six months and 8-9% at 12 months).

If you are formula feeding, after resuming intercourse, it is possible to become pregnant before your first period.

*Will my cycle be regular after the first period?*

With breast or formula feeding, the first few cycles may be shorter or longer than usual. Normal cycles have usually returned by the time you have had four to six cycles.

*When is it appropriate to resume having intercourse?*

This may depend on customs and culture. If you feel comfortable, you may choose to start having gentle intercourse after your heavy bleeding has eased. If you are sore or bruised, it may take some time (about six weeks) for you to feel ready for intercourse. If medical problems are, or have been present, such as haemorrhage or infection, intercourse may need to be delayed. Please discuss any such issues with your doctor or midwife.

Remember:

- You need to be comfortable and experience no pain or you may be fearful the next time. Use a position which is comfortable for you. A pillow under your hips may be helpful.
- Looking after a new baby can be tiring so enjoying intercourse may be difficult.
- It is common for the natural lubricants produced by the vagina before intercourse to be lacking in the first few months after birth. Use of a water-based lubricant can be helpful.

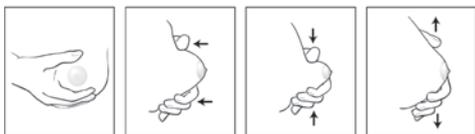
# Expressing and Storing Breast Milk

You may need to express milk if your baby is:

- Sick
- Premature
- Sleepy and not attaching and sucking effectively
- Not with you
- You may express by hand or pump – ask your midwife to help you hand express – it is important to learn this prior to discharge
- Also important to express regularly whether by hand or pump.

## Hand expressing

- Wash your hands with soap and warm water
- Gently massage your breast
- Cup your breast with your hand and place the thumb and forefinger opposite each other at the edge of the areola, then gently press them back into your breast tissue and squeeze rhythmically
- Rotate the position of your fingers to work on all the milk collecting ducts.



## Expressing with a pump

There are two types of pumps – manual or hand pumps and electric pumps. The type used is a matter of personal choice. Manual pumps and small electric pumps can be bought from pharmacies and baby care shops. Hospital grade electric pumps can be bought or hired from some pharmacies. The plastic parts of hospital grade electric pumps must be purchased as they are not recyclable. Hand pumps are effective for long term use.

## How Much Do You Need To Express?

The amount you need to express depends upon the reason for expressing: Express just enough to make you feel comfortable, taking care not to express too much to ensure infant has enough for the feed and to prevent over stimulation.

## Blocked ducts or Mastitis

After your infant has fed on the affected side, express to ensure complete drainage. Please see more on page 12 regarding mastitis.

## Sick or premature infant

Express every three or four hours during the day and at least once overnight, taking into account your infant's breast milk requirements. The Special Care Nursery midwife will guide you with the volume required.

## Method of storage

It is desirable to refrigerate breast milk immediately, as it deteriorates at room temperature after 6 hours (safe at room temperature of 26°C or lower for 6-8 hours).

## Storing Breast Milk

- In the coldest part of the fridge (at the back) for 3-5 days
- Three months in a fridge freezer
- 6 – 12 months in a deep freezer
- 9–18 months to -23°C
- If you wish to add milk to frozen milk – chill first and return the container immediately to the freezer
- Use thawed milk within 24 hours if thawed in fridge
- Never refreeze thawed breast milk
- Use warmed milk within one hour
- It is dangerous to thaw or heat milk in a microwave oven. The milk can overheat in the centre (core) and can scald your baby's throat.

## Milk supply

- Initial supply gradually settles to meet your baby's needs (breasts soften)
- The more you feed your baby, the more milk you will make
- When your baby has a 'growth spurt', his appetite will increase and he will feed more frequently to increase your milk supply
- Commonly this can happen at 3 weeks, 6 weeks, 12 weeks and 6 months
- Breast milk provides all of your baby's nutritional needs for the first 4-6 months

## A decreased supply of milk

- Correct attachment is crucial to milk production
- If your baby is not attached correctly from the first day of feeding, the colostrum will not be removed effectively and this will delay the production of mature milk
- Interrupted feeding and not feeding 'to appetite' will also affect the milk supply
- Using dummies or giving formula in between breast feeds will reduce the amount of sucking at the breast and thus hinder the establishment of breast milk

## Increasing supply

- Ensure correct attachment/seek guidance
- Frequent feeding and/or expressing will help to increase your milk supply.

## Sleep patterns

There are a number of normal behaviours for babies. Immediately after birth, most babies are alert and seeking a breast feed. Some babies are sleepy for the first day or two following birth. Then most babies are wakeful and need frequent feeding. When your milk comes in, your baby may sleep for longer periods between feeds. Soon after you arrive home, it is quite normal for the baby to be more wakeful.

## Feeding frequency

Babies need to have at least 6–8 feeds in a twenty-four hour period; it is still normal to have more frequent feeds, if you find your baby is feeding less, it is important to discuss this with your Maternal and Child Health Nurse/Lactation Consultant. Infants are individuals and variations in feeding are normal.

## Tips for Coping with Your Sleepy Baby

- Changing your baby's nappy may encourage him to feed
- Unwrapping, cuddling, touching your baby may also be useful
- Holding your baby close to you and running your nipple over his lips may encourage him to attach to the breast
- Skin-to-skin contact can stimulate sucking at the breast. Babies will not become cold as your body heat will warm them
- If your baby continues to be sleepy, it may be helpful to express some breast milk and offer it to your infant via a cup, spoon or bottle
- It is important not to use a dummy as a replacement for a feed.

### Crying

Crying is baby's only means of communication and consequently they may cry for various reasons. Time and experience will ensure that you are able to interpret these cries. Settling techniques can be obtained from the midwife or Maternal Child Health Nurse.

### Wakeful infants

It is normal for infants to have wakeful periods and this can be day or night. This can be challenging for new parents. Babies can never be spoilt. Responding to his needs and comforting him is important to his well-being and development of trust. It is normal for infants to have wakeful periods, when they are content and exploring.

### Blocked ducts

Blocked ducts occur when milk is not flowing well from one area of the breast. You may feel a hard, painful lump in your breast.

#### Treatment

- It is important to clear the blockage to prevent mastitis.
- Warmth and gentle massage prior to the feed may help. Massage from behind the blockage down toward the nipple with the flat of your fingers or hand.
- Start feeds on the affected breast until the lump clears.
- Change feeding positions to help drain the blockage.
- Cool packs on the affected area after a feed may help.
- If you begin to feel unwell (i.e. flu like symptoms) mastitis may be developing. It is important to seek medical advice.

### Mastitis

Mastitis is an inflammation of the breast which may be due to a blocked duct that hasn't cleared or a bacterial infection. Mastitis is generally characterised by a red, hot, tender, wedge shaped area on the breast and you may feel unwell with flu-like symptoms. Mastitis requires immediate and appropriate treatment from your Doctor.

Factors which may lead to mastitis are:

- Poor breast drainage due to poor attachment of the baby at the breast
- Oversupply of breast milk in the early weeks
- Limiting time at the breast
- A sudden change in feeding pattern thus allowing breasts to overfill
- Pressure on breasts due to tight clothing e.g. an ill-fitting bra.

## Myths and Facts of Breast Feeding

Myth	Fact
Skin and hair colouring make some women more susceptible to nipple damage and pain.	No evidence supports this. Nipple damage is due to incorrect positioning and attachment.
You will get sore nipples if you don't prepare them by toughening them up.	Preparation has no effect on the occurrence of sore nipples.
Leaving your baby on the breast too long gives you sore nipples.	If your infant is attached correctly, the time spent at the breast will not cause pain or damage.
In the evenings there seems to be less milk, or it has dried up.	Infants may be unsettled in the evening and want to feed regularly (cluster feeding) for the next few hours. This encourages milk production, and is partly due to the normal fluctuation of fat levels in breast milk.
You must drink extra fluids to increase your milk supply.	Research does not support this. Drink simply to satisfy thirst.
The infant uses your breast as a dummy.	Infants need to suck to aid digestion, for security and growth. Even if you feel that your infant is sucking for comfort, his needs are being met, and milk production is still occurring.
In hot weather your baby needs to drink water as well as breast feed.	Your infant will be thirsty and demand more feeds. Breast milk is a drink as well as food. Extra feeds will provide any extra fluid that is needed.

## Wet Nappies

Babies usually have 2-3 wet nappies in a 24 hour period. Once the milk comes in for breastfed babies, the baby should have between 4-5 heavily wet nappies in a 24 hour period.

# Formula Feeding

If you choose to bottle feed with formula you will need bottles with caps and teats, infant artificial formula and sterilising equipment. Although breast milk is the best feeding choice for babies, artificial formula is readily available and nutritionally adequate.

## Bottles

- You will need 3 large bottles with leak proof caps, discs and teats that are BPA free.
- Choose a bottle that is smooth on the inside with no rubbing or indentation on the inside surface. These bottles are easier to clean properly.

## Teats

- Make sure the teat is right for your baby's age.
- Test the flow by holding the bottle upside down – Milk should drip out at a constant rate, if drops too slowly, the baby will get tired before the feed is finished, if it pours out in a stream, the baby may dribble and splutter during the feeding.

## Guide to preparing infant formula

Always wash hands with warm soapy water and dry them before preparing formula.

Wash bottles carefully, using a bottle brush and hot soapy water. Teats, caps spoons and all feeding equipment need to be washed thoroughly and rinsed in clean running water.

## Sterilising equipment

### Boiling

Put bottles in saucepan with lid on, bring to the boil and boil for 5 minutes.

### Microwave

Read instructions. Do not use metal inside these sterilisers.

- Wash your hands again before preparing formula.
- Boil fresh drinking water for 5 minutes. It is important to boil the water for at least 5 minutes, especially if you are using poor quality town water or water from a tank or borehole.
- Allow water to cool until lukewarm.
- Read the instructions for preparing the formula.
- Different brands of formula may require different amounts of water and powder.
- Add water to bottle first, then the powder.
- Place the teat and the cap on the bottle and shake well until powder dissolves.
- Test the temperature of milk with a few drops on the inside of your wrist, it should feel just warm.
- Feed baby.
- Any formula left should be discarded.
- A feed should take no longer than 1 hour.
- Keep can of powder closed and store in a cool dry place.
- Do not carry warm prepared formula. Warm water in bottle, then add powder just before baby's feed.

### Important statement from maternity staff at St Vincent's Private Hospital:

Breast milk is best for babies and provides ideal nutrition.

Infant formula should be prepared and used as directed or it could be a health hazard for the infant.

For further information contact your Maternal and Child Health nurse, GP or health care professional.



## Cord Care

Your baby's cord will drop away from the belly button in one or two weeks, before that clean the cord daily after baby's bath. Clean around the base with clean cotton bud. Fold the baby's nappy down so it does not cover the cord to keep it dry.

## Settling your Baby

Try and determine why your baby is crying, check each of the following:

- Baby unwell
- Wet or dirty nappy
- Hungry
- Over- stimulated too much handling
- Too hot or cold.

### Once you have eliminated each of the above

There are different ways to settle babies. You need to find a way that works for your baby and for you. Settling techniques may not always send the baby to sleep straight away. Instead, settling aims to make babies feel relaxed enough to go to sleep by themselves. Some things that make settling easier are:

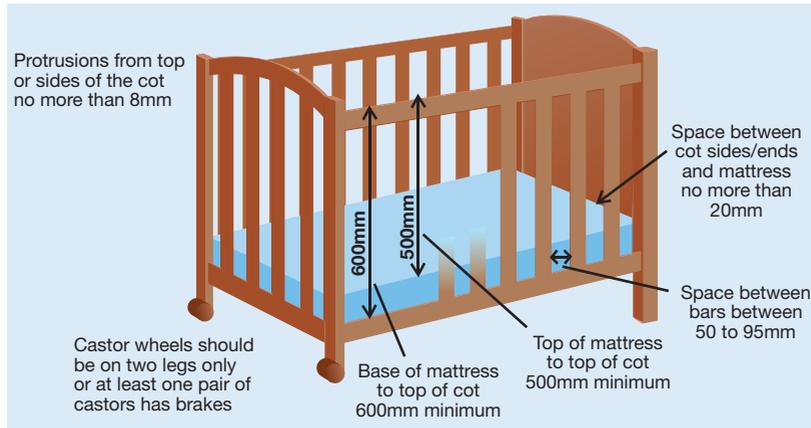
- Staying calm (though this is sometimes easier said than done).
- Settling your baby in a quiet place away from other people or distractions.

- Using the same way of settling each time if possible. When the same familiar things occur before each settling time, the baby learns that it's time to sleep. However, if one method doesn't work, you may need to try another.
- Swaddling the baby in a light cotton wrap. This helps some babies in the first few months. Wrap the baby so that he can still move his hands to his face for comfort.

## How to Sleep your Baby Safely

1. Sleep baby on the back from birth, not on the tummy or side.
2. Sleep baby with head and face uncovered
3. Keep baby smoke free before and after birth
4. Provide a safe sleeping environment night and day.
5. Sleep baby in their own sleeping place in the same room as an adult care giver for the first six to 12 months.

# Maternal and Child Health Service: Safe Sleeping Checklist



For further information about cots and safe nursery products: [www.productsafety.gov.au](http://www.productsafety.gov.au)

Source: *Keeping baby safe*. Australian Competition and Consumer Commission, Dickson ACT, 2006

**PLEASE CHECK:** ✓ close match to statement ✗ does not match N/A not applicable

- Baby is placed on his/her back to sleep with head and face uncovered (no bonnet, no hat, no hooded clothing).
- Cords hanging from blinds, curtains, electrical appliances and mobiles are out of reach of a child inside the cot.
- Heaters or electrical appliances are well away from the cot to avoid the risk of overheating. No electric blankets.
- Cot (new or second hand) meets the mandatory Australian Safety Standards (AS 2172).
- Portable cot complies with the mandatory Australian Safety Standard (AS 2195).
- Locking pin is firmly in place in bassinets/cots that rock whenever baby is unsupervised.
- Mattress is firm, clean, well fitted and flat (not elevated or tilted), with less than 20mm gap between mattress and cot sides and ends.
- Plastic packaging is removed from the mattress before use.
- Cot is made up with baby's feet positioned at the bottom of the cot.
- No loose bedding, quilts, doonas, pillows, cot bumpers, sheepskins or soft toys in the cot.

## Topics for discussion with parents

- Sleep baby on the back from birth, not on the tummy or side
- Healthy babies placed on the back to sleep are less likely to choke on vomit than tummy sleeping infants
- The chance of babies dying suddenly and unexpectedly is greater if they sleep on their tummies or side
- Tummy play is safe and good for babies when they are awake and an adult is present
- Older babies can turn over and move around the cot. Put them on their back but let them find their own sleeping position and make sure that the sleeping environment is safe for baby for when they can roll on their tummy. The risk of Sudden Infant Death Syndrome (SIDS) in babies over six months is extremely low.
- Bouncinettes, rockers and prams should not be used as a sleeping environment unsupervised and restraints should be done up properly when in use
- Hammocks can be dangerous and are not considered a safe sleeping environment for infants
- The risk of an accident is increased if baby or toddler is left unsupervised and alone on an adult bed or a bunk bed.

**Sleep baby in their own Safe Sleeping place in the same room as an adult caregiver for the first six to twelve months**

- Sharing a sleep surface with a baby increases the risk of SIDS and fatal sleep accidents in some circumstances
- Sleeping a baby in a cot next to the parent's bed for the first six to twelve months of life has been shown to lower the risk of SIDS.
- There appears to be no increased risk of SIDS whilst sharing a sleep surface with a baby during feeding, cuddling and playing providing that the baby is returned to a cot or a safe sleeping surface before the parent goes to sleep
- Babies who are most at risk of SIDS or sleeping accidents whilst sharing a sleep surface, are babies who are less than four months of age and babies who are born premature or small for gestational age.

**Sleep baby with head and face uncovered**

- All head coverings including hats, bonnets, hooded clothing, are all removed before baby is placed for sleep
- Baby's feet are positioned at the bottom of the cot
- Bedclothes are tucked in securely so bedding is not loose, or place baby in a safe sleeping bag.

**Keep baby smoke free before birth and after**

- The risk of SIDS is increased if parents are smokers, both during the pregnancy and after the baby is born
- If the mother smokes the risk of SIDS doubles and if the father smokes too the risk doubles again.

**Provide a Safe Sleeping Environment night and day. Adding to the key messages on the front of this Safe Sleeping Checklist**

- Soft bedding, such as soft mattresses, or folded doonas, pillows and cushions and sheepskins should not be used as substitutes for mattresses
- Do not sleep baby or sleep with baby on a sofa or couch, chair, water bed or bean bag. There is a very high risk of a sleeping accident occurring.

- Portacots:
  - Use the mattress that is supplied with the cot (AS2195)
  - Never add a second mattress or additional padding under or over the mattress supplied with the portacot
  - Portable cots are only intended for temporary use and convenience when travelling and should not be used on a long-term or permanent basis
  - A bassinet should be used for a short period only. Once baby becomes active and starts to roll, it is best to place baby into a safe cot

**Breastfeed baby if you can**

- There is strong evidence that breastfeeding baby reduces the risk of SIDS.

**Carers and baby sitters**

- Carers and baby sitters need to know the recommendations to reduce the risk of SIDS and how to create a safe sleeping environment for babies and infants. This includes grandparents, family day care, early development education and care services and the homes of family and friends.

Authorised by:  
Department of Education and Training

Revised April 2013

**Useful Contacts**

Toy & Nursery Safety Line 1300 364 894  
[www.consumer.vic.gov.au](http://www.consumer.vic.gov.au)

Maternal and Child Health Line 132229  
[www.education.vic.gov.au/childhood/parents/mch/](http://www.education.vic.gov.au/childhood/parents/mch/)

Information Statements available at:  
<http://www.sidsandkids.org/safe-sleeping/>

**sids<sup>and</sup>kids<sup>®</sup>**  
VICTORIA

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



## Signs of Illness in the Newborn

Any signs of illness in a newborn you need to seek medical assistance:

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

## Maternal and Child Health Services

The Maternal and Child Health Service supports your family in the areas of parenting, health and development and give you referrals to other professionals and link you with other families in your local community. You and your child will have regular appointments with the free service from birth until he reaches school age.

The Maternal and Child Health Service offers:

- ten Key Ages and Stages consultations for you and your child, including a home visit and then consultations at two, four and eight weeks; four, eight, twelve and 18 months; and two and three and a half years of age. At each consultation, you are given the chance to discuss your concerns, talk about your parenting experiences and learn how to improve your child's health, growth and development.
- an opportunity for you to meet other parents and access community groups in your area.
- further support, assistance and referrals if you need it.

### How to find a service

There are Maternal and Child Health centres staffed by qualified Maternal and Child Health nurses and other health professionals in every local government area in the state.

To search for your closest Service, see:

*Find an Early Childhood Service or School*

To make an appointment with your local Maternal and Child Health Service contact your local council, see: *Find Your Local Council*.

### More information

#### Maternal and Child Health Line

Qualified Maternal and Child Health nurses offer a 24 hours a day, 7 days a week telephone information and support service. Call 13 22 29.

### Your First Contact with the Service

The hospital is required to notify your local council that you have given birth and will give them your contact details. This information is then passed onto a Maternal and Child Health nurse in your area.

The Maternal and Child Health nurse will make contact with you within a few days of your arrival home from hospital. This contact will be to arrange a visit to your home.

During your home visit, the Maternal and Child Health nurse will give you information about upcoming consultations and services, where your nearest centre is, and how to contact the Maternal and Child Health line, a 24-hour, 7 day a week telephone service is available to families with children, from birth to school age, throughout Victoria.

All Maternal and Child Health consultations are free.

Following the birth of your baby the hospital will give you your child's My Health and Development Record. This record is designed so that you can keep all your child's health, growth and development information, doctors and Maternal and Child Health appointments and immunisation records in one place.

### Your Maternal and Child Health Service visits

When you visit a Maternal and Child Health centre, the nurse will review your child's health, growth and development. The nurse will also talk to you about your own health and how your experience as a parent of a new baby has been so far.

The Maternal and Child Health Service offers 10 free Key Ages and Stages consultations. At each of these consultations you can discuss your concerns, talk about your

## Maternal and Child Health Services

parenting experiences and any ways to improve your child's health, growth and development. You can also access the Maternal and Child Health Service at other times by telephone. All Maternal and Child Health consultations are free.

Information about your baby's health and development is recorded in your child's My Health and Development Record. At particular stages there will be more specific assessments, including those related to hearing and vision.

Most Maternal and Child Health centres offer scheduled appointments, open consultation sessions and some after-hours appointments. The Service is provided 52 weeks of the year, and is supported by the 24-hour Maternal and Child Health Line (13 22 29).

### My Health and Development Record

When a baby is born all parents receive an important book to record their child's health, growth, development and immunisation throughout their childhood, known as My Health and Development Record.

My Health and Development Record allows you to add in personalised details about your child's development and provides space for photos and plastic sleeves for important documents. Information will be added to My Health and Development Record, at each of your Maternal and Child Health consultations and other appointments.

Important information will be given to you by a range of medical professionals, so please remember to take the book with you when you go to:

- the maternal and child health nurse
- immunisation appointments
- the local doctor or other health professionals
- the hospital or emergency department
- the dentist
- a community health centre
- a childcare centre, kindergarten, or school.

If your family needs help with English, contact a telephone interpreter on 13 14 50.

## Additional Reading

Australian Breastfeeding Association Booklets

*Baby Magic – Planning For A Lifetime Of Love* – Sue Cox

*Expressing And Storing Breast Milk* – Australian Breastfeeding Association

*Settling Your Baby – A Survival Guide for Parents for the First 12 Months* – Child & Youth Health, Govt of S.A.

*Breast Feeding Booklet* – St Vincent's Private Hospital Melbourne

WHO Booklets – [www.who.int.com](http://www.who.int.com)

*The Best Start* – Report ON the Inquiry Into The Health Benefits of Breast Feeding, 2007  
[www.who.int.com](http://www.who.int.com) – WHO

*Breast Feeding Booklet* – Mercy Hospital for Women (MHW)

## Community Resources

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

Community Contacts	
Emergency Services: Fire, Ambulance, Police	<b>000</b>
SVPHM Maternity Unit (24 hours)	<b>(03) 9411 7400 / (03) 9411 7440</b>
SVPHM Lactation Clinic	<b>(03) 9411 7797</b>
Obstetrician	
Paediatrician	
Maternal & Child Health Nurse (M&CHN) Local Council Appointed	
M&CHN Hotline	<b>13 2229</b> – 24 hour line
Australian Breast Feeding Association (ABA)	<b>1800 mum 2 mum</b> (1800 686 268) – 24 hour line <a href="http://www.breastfeeding.asn.au">www.breastfeeding.asn.au</a>
Post & Ante Natal Depression Association (PANDA)	<b>1300 726 306</b> – 9.00 am to 7.00 pm
Australian Multiple Birth Association	<b>1300 886 499</b> <a href="http://www.amba.org.au">www.amba.org.au</a>
Child Safety Centre	<b>(03) 9345 5085</b>
Beyond Blue	<b>1300 224 636</b>
Mensline	<b>1300 789 978</b>
Parentline	<b>132 289</b> <a href="http://www.beststart.vic.gov/phone.htm">www.beststart.vic.gov/phone.htm</a>
RACV: Restraints, Fitting Stations	<b>(03) 9790 2190</b> <a href="http://www.racv.com.au">www.racv.com.au</a>
Royal Children's Hospital (RCH)	<b>(03) 9345 5522</b> <a href="http://www.rch.unimelb.edu.au">www.rch.unimelb.edu.au</a>
RCH Emergency Advice Quick Access	<b>(03) 9345 7060</b>
RCH – Poisons Line (24 hour helpline)	<b>13 11 26</b>
Queen Elizabeth Centre: Mother and Baby Unit	<b>(03) 9549 2777</b>
Private Lactation Consultant	<a href="http://LCANZ.org">LCANZ.org</a> or <a href="http://lactation.org.au">lactation.org.au</a>
Nurse On Call	<b>1300 30 1300</b>

### Acknowledgements

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*Developed in consultation with our patients*

**St Vincent's Private Hospital Fitzroy**

59 Victoria Parade Fitzroy Vic 3065

Phone: (03) 9411 7111

Facsimile: (03) 9419 6582

**St Vincent's Private Hospital East Melbourne**

159 Grey Street East Melbourne Vic 3002

Phone: (03) 9928 6555

Facsimile: (03) 9928 6444

**St Vincent's Private Hospital Kew**

5 Studley Avenue Kew Vic 3101

Phone: (03) 9851 8888

Facsimile: (03) 9853 1415

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

[www.facebook.com/StVincentsPrivate](https://www.facebook.com/StVincentsPrivate)

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**ST VINCENT'S  
HEALTH AUSTRALIA**

UNDER THE STEWARDSHIP OF MARY AIKENHEAD MINISTRIES

21Dec2015