CLEMENCEAU MEDICAL CENTER
DUBAI

TAKING YOUR **BABY HOME**

A PARENTS' **GUIDE**

This booklet includes useful information for new parents, although there is no one right way to parent, these helpful tips will help guide you.

As new parents, this is meant to ease your worries, but also provide generally agreed upon safety measures.

We hope this journey of parenthood is pleasurable, safe and nurturing. Remember, the nights are so long but the years are so very short.

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FEEDING **YOUR BABY**

BREASTFEEDING

Breastfeeding is a wonderful way to bond with your infant, but it can be challenging those first days. Even though breastfeeding is a natural process, it is a learned skill for both you and your baby. Be patient and practice often. Use the following suggestions to help make your practice sessions easier and more enjoyable.

Breastfeeding Essentials

- Hold your baby skin-to-skin as much as possible, using diaper only and a blanket over both of you for warmth.
- Learn your baby's hunger cues: baby's hand moving to mouth, sucking movements and stretching. Crying is the last sign of hunger.
- Keep your baby in the room with you. Everyone sleeps better when mom and baby are close together.
- Babies need to eat eight to twelve times in a 24-hour period. Babies may cluster feed with several feedings in a row.
- Avoid pacifiers until your milk is fully established, which is usually about three to four weeks.

Waking a Sleepy Baby

In the early sleepy days, you may need to wake your baby for feedings and keep baby interested and awake.

- Unwrap baby from blanket. Place baby skin-to-skin with mom.
- Talk to baby, gently stroke baby's head or gently blow on baby's face.
- Rub baby's back and tummy; tickle feet. Gently stretch baby's arms and legs.
- Change the diaper, even if not soiled; just opening the diaper may wake a sleepy baby.

Getting started

BREASTFEEDING POSITIONS

Cradle Position

Football Hold

Cross-Cradle Positions

Side Lying

Laid Back Positions

- Find a hold that is comfortable, with your arms and shoulders relaxed and baby snuggled against you with baby's whole body facing the breast. Make sure baby's head and body are in a straight line.
- Use pillows and towel rolls to support the baby in your arms.
- Find a comfortable position for feeding, using the cradle, cross-cradle, football or side-lying position. Try different positions to empty all parts of the breast and prevent nipple soreness.
- Tender nipples at the start of a breastfeeding session are normal during the first week or two. Pain, cracks, bleeding and blisters are not. Your comfort depends on where your nipple goes in the baby's mouth and how your baby latches on. The roof of your mouth feels hard. If you go farther back in your mouth, it turns from hard to soft. This is the "comfort zone." Once your nipple reaches your baby's "comfort zone," breastfeeding feels good.
- Line your nipple up to baby's nose with your baby's head tilted slightly back.
- Hold your baby firmly behind the shoulders and back, pulling the hips towards you. Avoid applying pressure to the back of baby's head. Let baby's head tilt back a bit. Try

placing the heel of your palm between the baby's shoulder blades and wrapping your fingers around the base of the baby's head, just behind the ears.

- Use one hand to support your breast. Use a C-hold when positioning your baby in a football or side-lying position. Use a U-hold for the cradle or cross-cradle position.
- To trigger a wide-open mouth, help your baby move toward the breast, touching the mouth lightly, or stroking from nose to mouth with your nipple. Wait for the mouth to open like a big yawn. Quickly bring your baby in to latch onto the breast. Help your infant onto the breast, using a gentle push of the shoulders.
- Sore nipples may result from a poor latch or a baby not sucking correctly.
- To remove your baby from the breast without pain, break the suction first by sliding a clean finger between your nipple and your baby's gums.
- If you have broken skin on your nipples, you can still breastfeed. Some help for sore nipples includes expressing some colostrum or milk onto the nipple and letting it air dry, using breast shells, hydrogel pads, and/or using ultra-purified lanolin creams.
- Seek help from a lactation consultant if your nipples are very sore or feel bruised during a feeding; are very red, blistered or cracked; or look creased, pointed or turn white at the end of a feeding.

Cluster feeding/growth spurts

Your baby's sucking and drinking milk tell your body how much milk to produce. On the second or third day, you may notice your baby wants to nurse frequently or for several hours without much of a break. This is nature's way of helping mom produce the milk baby needs. You may notice an increase in feedings for a few days around two to three weeks, four to six weeks and three to four months old of age.

Signs of good feedings

- Baby will have rhythmic suck/swallow pattern with occasional pauses.
- Baby will have audible swallowing.
- Baby's body and hands are relaxed.
- Baby is steadily gaining weight after the first week.
- Mom may have uterine contractions or increased flow of discharge during or after a feeding for the first few days.
- Once baby latches on to nurse, your nipples do not hurt.

Check with your pediatrician or lactation consultant if:

- Baby is not breastfeeding at least eight times in 24 hours.
- Baby is not having five to eight wet diapers a day after the first week.
- Baby still has black, tarry stools (poop) by day four.
- Baby does not seem satisfied after most feedings.
- Your nipples hurt during feedings, even after the baby is latched on.

Engorgement

A few days after birth, your breasts begin producing mature milk. Some breast fullness is normal. Engorgement usually happens in the first week. Your breasts may become hot, hard and can be painful.

To help prevent engorgement:

- Begin breastfeeding at birth and make sure to breastfeed your baby at least 8 to12 times in a 24- hour period. If your baby is not feeding well, use a hospital-grade pump to frequently drain your breast.
- Avoid bottles and pacifiers. Babies should suck at the breast.

Treatment for engorgement:

- Express some milk to soften the nipple and areola area to make it easier for the baby to latch on.
- Use warm packs or take a warm shower just before feeding to help the milk flow. Don't worry if your breasts leak; this helps relieve the pressure.
- Encourage the baby to breastfeed at least every two hours during the day and at least every three hours at night until the engorgement resolves.
- Massage or compress your breasts during feeding to help fully drain your breasts.
- If you are still uncomfortable after feeding, use a breast pump just enough to provide comfort. You can store this milk for later use.
- If these methods do not provide you relief, seek help from your doctor or lactation consultant.

Breast pumps

Pumps can be used to reduce breast fullness, increase milk supply, save milk for times away from your baby.

For best results:

- Wash your hands well.
- Start with the suction/vacuum setting on the highest setting comfortable.
- Use the cycle setting to start your milk release–high to start, low to drain.
- Pump for about 10 to 15 minutes.
- Pumping in the morning gives more milk.
- Pump 30 to 60 minutes after nursing and at least an hour before a feeding.
- Follow your pump instructions for proper cleaning after each pumping.

Milk storage and warming

You can warm milk by placing a bottle in a bowl of warm water.
Do not warm in a microwave or a pot on the stove. Swirl the milk to mix before using.

Storage Time For Milk	Deep Freeze	Freezer Compartment Of Refrigerator	Refrigerator	Room Temperature
Fresh	12 Months	3–4 Months	Eight Days	4 To 6 Hrs
Thawed	Do Not Refreeze	Do Not Refreeze	24 Hours	1 Hour

Formula Feeding

Breastmilk is the ideal nutrition for babies. Manufactured formulas have yet to duplicate the complexity of breast milk, which changes as the baby's needs change.
They are however the only safe alternative when breast milk is not available. Formula preparation needs to be as instructed on the label unless otherwise specified by your baby's pediatrician. When preparing formula, pour the desired amount of water into the bottle first, then scoop the appropriate amount of formula powder on top.

This will create the perfect fluid concentration and prevent clumping. Never dilute formula with extra water, especially for babies less than six months old. Leftover formula should be discarded within an hour of serving it to your infant to avoid bacterial growth. Make sure to clean bottles and nipples well with soap and warm water after each use.

Nutritional Supplements

- Your baby should receive vitamin K at birth as an injection. This vitamin is essential for the body to produce clotting factors. As baby starts drinking milk, essential bacteria grow in the gut which will produce baby's needs of vitamin K.
- Vitamin D supplementation is recommended for babies from birth to the time they start eating solids.
- Iron supplementation is recommended for exclusively breastfed babies starting at the age of six months. Formula is fortified with iron, so no supplementation is needed.
- Please refrain from giving your baby any herbal supplements or over the counter medicines before consulting with your pediatrician. Many supplements may be harmful for the your little one.

Helpful Tips:

- In the first two days, your infant receives 5 to 10 ml with each feeding.
- Your baby loses weight (up to 10 percent) but regains back to birth weight by about 10 days old.
- For the first six weeks, you can expect 8 to 12 feedings a day, some of them bunched together. Your baby will decide whether one or two breasts are needed for each feeding.
- After six weeks, your baby may feed less often and faster. Your breasts may no longer feel full, even though you may have lots of milk..

SLEEP **TIME**

WHAT CAN I DO TO GET MY BABY TO SLEEP?

Newborns sleep an average of 16+ hours a day, typically for two to four hours at a time. Do not expect a newborn to sleep through the night. They need to be fed every few hours and should be awakened at night if they have not been fed for five to six hours. While your baby does not know what time it is, they are aware of routines.

Try calming routines like bathing, reading, or singing lullabies in the same sequence each evening to help your baby know it is time to sleep. Use dim lighting and a slow, soothing tone of voice to help relax your baby.

During the day:

- Keep the house bright even during nap times.
- Wake baby for feedings about every three hours if they do not wake up on their own.
- Play, sing and talk to your baby.

- Make eye contact and talk to your baby during feedings.
- Do not keep the house quiet; allow normal household noises during the daytime.

At night:

- Keep the lights dim when your baby wakes for feedings.
- Limit distractions and stimulation. Do not play with your baby during the night.
- Keep the room quiet, no TV/radio, etc., as TV light and movement are very stimulating to baby.
- Cuddle and soothe a crying newborn to help them return to sleep.

Safe Sleeping

A safe sleep environment is essential as it has been proven to lower the risk of suffocation.

✔ Always place your baby on their back to sleep for naps and at night.

✔ Place your baby on a firm sleep surface, such as a safety-approved crib mattress covered by a fitted sheet.

✔ Never use pillows, blankets or crib bumpers in your baby's sleep area, and keep all objects away from your baby's face.

✔ Do not allow smoking around your baby.

- ✔ Keep your baby's sleep area close to where you and others sleep but NEVER in the same bed with other adults or children.
- ✔ Do not let your baby overheat while sleeping. Keep the room between 18 and 22°C.
- ✔ Think about using a clean, dry pacifier when putting baby to bed. Start this only when breastfeeding is well established, usually about three to four weeks.

Tummy Time

Provide tummy time for your baby on a firm surface, when baby is awake and someone can watch them. This prevents the development of flat spots on baby's head and helps to strengthen their shoulder and neck muscles. Aim for thirty minutes a day in 2-5 minute intervals. Other ways to minimize flat spots include avoiding too much time in car seats, carriers and bouncy chairs, and varying the end of the crib on which you put baby to bed.

BABY HYGIENE

BATH TIME BASICS

Bath time is a great time to bond with your baby.
Although some parents bathe their babies every day, a bath every 2-3 days may be enough in the first year of life. Yet, it is important to wash the baby's face, hands and neck frequently (at least once or twice a day) and thoroughly clean the diaper area after each diaper change.

Sponge Bath

Newborns need sponge baths only until the umbilical cord falls off. A sponge bath is like a regular bath, except you don't put your baby in the water.

Baby sponge bath safety tips:

Get supplies ready before you begin. Have a basin of water, a damp washcloth rinsed in soap-free water, a dry towel, and anything else you might need within reach before you begin.

Lay baby on a flat surface that is comfortable for both of you–a changing table, bed, floor, or counter next to the sink will do. Pad hard surfaces with a blanket or fluffy towel. If your baby is on a surface above the floor, always keep one hand on her to prevent falls.
Start washing the face first. Use the dampened cloth to wash her face, being careful not to get water into her eyes or mouth. Then, dip it in the basin of water before washing the rest of her body and, finally, the diaper area.

Keep baby warm. During the sponge bath, wrap your baby in a dry towel and uncover only the parts of the body you are actively washing. Pay special attention to creases under the arms, behind the ears, around the neck, and, especially with a girl, in the genital area.

Baby Boys: The uncircumcised penis does not require any special care. Do not force the foreskin back; it is still attached to the glans (head) of the penis and will detach as the baby grows. Clean with mild soap and water. The circumcised penis will need

special care depending on the circumcision method used. Circumcision care is discussed in a separate pamphlet.

Baby girls: Baby girls may have a cheesy film covering the inner folds of the labia. It is not necessary to remove all of this when bathing. It is normal for girls to have some white or pink mucous discharge from the vagina in the first several weeks. Spread the labia and gently wash front to back. Use a clean part of the washcloth for each wipe to avoid the risk of infection. Be sure to rinse well and dry.

Umbilical Cord Care

The umbilical cord usually falls off within seven to 21 days. It is important to keep the area clean and dry. Make sure to fold the diaper down to leave the cord open to air.

Never try to pull the cord off. Watch for any signs of infection, such as redness, green or pus-like discharge, foul odor. If your baby develops any of these, contact your pediatrician.

Do not give your baby a tub bath until the cord falls off and the scab inside the bellybutton heals.

Regular bath

Once the umbilical area is healed, you can try placing your baby directly in the water. His first baths should be as gentle and brief as possible.

Baby bathtub safety tips:

Use an infant tub or sink. We recommend a hard plastic baby bathtub that has a sloped, textured surface or sling that keeps your baby from sliding. Some parents find it easiest to bathe a newborn in a bathinette, sink, or plastic tub lined with a clean towel. Sometimes easiest is best; just be careful.

Sinks are slippery and have all sorts of things sticking out like faucets and handles.

Avoid using bath seats. These seats provide support so a child can sit upright in an adult bathtub. Unfortunately, they can easily tip over. A child can fall into the bathwater and drown. Have a towel and other bath supplies within reach so you can always keep a hand on your baby. Never leave a baby alone in the bath, even for an instant.

Check the water temperature. The water should feel warm—not hot—to the inside of your wrist or elbow. The

American Academy of Pediatrics (AAP) recommends that the hottest temperature at the faucet should be no more than 48°C to help avoid burns. Keep baby warm. Once you›ve undressed your baby, place her in the water immediately so she doesn›t get chilled. Use one of your hands to support her head and the other to guide her in, feet first.

Talk to her encouragingly, and gently lower the rest of her body until she›s in the tub. Most of her body and face should be well above the water level for safety, so you'll need to pour warm water over her body frequently to keep her warm.

Skin Care

Baby's skin is sensitive. You should use mild, unscented shampoo when bathing your baby. Shower baby in warm water for only 3 to 5 minutes. Avoid letting your baby sit or play or soak for long in soapy water. Pat dry instead of rubbing and apply a small amount of fragrance-free, hypoallergenic moisturizing lotion right after a bath to help prevent dry skin or eczema.

Nail Care

A newborn has little control over his flailing limbs and can easily end up scratching his own face or yours. Little fingernails grow so fast you may have to cut them several times a week. Toenails require less frequent trimming. Wait until your baby is sleeping. Make sure you have enough light to see what you are doing. Use a pair of baby scissors or clippers made specially to use on tiny fingers. Then you can use a nail file to smooth out rough edges.

Dressing Baby

Generally, infants should be dressed in the same type of clothing that adults need to be comfortable, plus one additional layer, such as a onesie or light receiving blanket. Feel the back of your baby's neck to see if they are too warm or too cool.

Do not be afraid to go outside with your baby. A short walk is healthy for both of you; although baby should avoid direct sunlight and be kept in the shade or under cover. Babies cannot cool themselves as well as adults, so check your baby often. In addition to a hot and sweaty neck, other signs that your baby may be too warm are bright pink cheeks or skin that is warm to touch.

Diapering

Change your baby's diaper in a safe place. Infants can roll off any raised surface in seconds. Always have all your supplies within reach. Use a washcloth with clean, warm water or alcohol-free baby wipes to clean your baby's bottom. Wipe from front to back and make sure to clean between skin creases.

Wet diapers:
By the end of the first week, baby should wet at least five to eight diapers a day with pale yellow or clear urine. In the first several days, you may see some rusty color in your baby's diaper, this is common.

Stools:
Baby's first stools are black and sticky, called meconium. They become lighter in color and occur more frequently by the third to fourth day of life. By the end of the first week, babies should be passing soft, seedy, brownish-yellow stools. As your baby grows and eats, a typical pattern of stooling will develop.

COMFORTING **YOUR BABY**

WHY IS MY BABY CRYING?

Crying is the only way babies can communicate their needs. Most babies cry between one to five hours in a 24-hour period. The most common reasons a baby cry are:

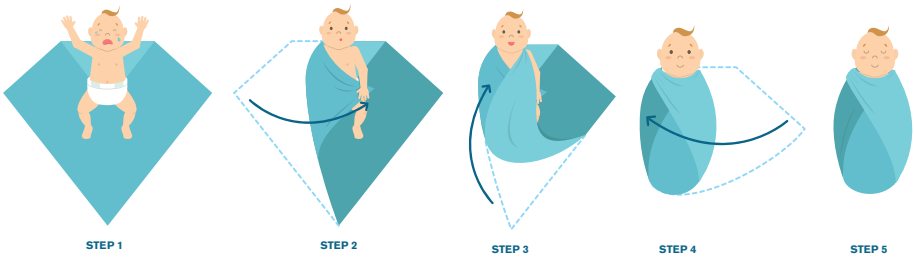
- Hungry
- Dirty/wet diaper
- Too hot/cold
- Pain or illness (fever)
- Overstimulated
- Tired
- Bored
- To relieve stress or tension

Don't worry about spoiling your baby at this age. When you respond to your infant's needs quickly, they develop trust in you and feel more secure. Many babies have a fussy period for several hours about the same time every day for no apparent reason. Sometimes you will be able to comfort your baby easily and at other times nothing will work.

How to comfort my fussy baby?

- Check to see if the baby is hungry or the diaper needs changing.
- Offer a peaceful, quiet area for you and your baby
- Swaddle your baby or wrap them snuggly in a soft blanket or do skin to skin.
- Pat or rub your baby's back to calm them down or to burp them.
- Try rocking, walking, playing soft music or dancing.
- Go for a walk in the stroller or on a car ride.
- Try a calming sound like a "shsss" sound, vacuum cleaner, or a soothing CD with rain or ocean sounds.
- Try giving your baby a clean finger to suck on.

If everything you tried failed, it is ok to feel upset or frustrated. Put your baby down in a safe place and give yourself time to calm down. Take some deep breaths. Try to soothe your baby again when you are calm. Remember, it's never safe to shake or hit your baby and it will not resolve the problem.



How to swaddle:

Swaddling is an effective method to soothe a fussy baby.
Wrapping a soft blanket snuggly around a baby's body can resemble the mother's womb and help calm your newborn baby.
Make sure the baby does not overheat when swaddled.
Swaddling is most helpful during the first four to six weeks of life. As your infant becomes more active, discontinue swaddling.

CAR SEAT **SAFETY**

Engineers are working hard to ensure that cars and car seats are designed to keep kids as safe as possible. But it's up to every parent to make sure car seats and booster seats are used and installed correctly. Here's what you need to know to ensure that your most precious cargo is safe in cars.

Car seat checklist:

- ✔ Right seat: Check the label on your car seat to make sure it's appropriate for your child's age, weight and height. Each car seat has an expiration date, double check the label on your car seat to make sure it is still safe.
- ✔ Right place: keep all children in a back seat until they are 13 years old.
- ✔ Right direction: Infants should ride in a rear-facing child safety seat until they are 2 years old or until they reach the highest weight or height allowed by the safety seat. Rear-facing children are much safer than those who ride facing forward. The most common type of crash is when a car is hit in the front. In a frontal crash, a rear-facing child safety seat cradles and protects your child's spine, neck and head. Move your child to a forward-facing car seat when they are too tall or heavy for a rear-facing convertible seat.
- ✔ Inch test: Once your car seat is installed, give it a good shake at the base. Can you move it more than an inch side-to-side or front to-back? A properly installed seat will not move more than an inch.
- ✔ Pinch test: Make sure the harness is tightly buckled and coming from the correct slots (check car seat manual). Now, with the chest clip placed at armpit level, pinch the strap at your child's shoulder. If you are unable to pinch any excess webbing, you're good to go.

BEYOND THE BASICS...

Jaundice

Jaundice is a yellowing of the skin and whites of the eyes. It is often seen three to seven days after birth. The severity is measured by testing blood level of bilirubin. If the level gets too high, it is treated with phototherapy, which exposes the skin to a special light that helps the baby break down and eliminate the bilirubin. Severe jaundice can cause brain damage.
Call your baby's doctor if your baby shows any of the following signs:

- Yellowing of the skin down to the bellybutton or yellowing of the whites of the eyes
- Poor feeding
- Very sleepy or sluggish infant

Call your baby's pediatrician if your baby has any of the following:

- Temperature more than 38°C rectally
- Vomiting, more than just spitting up
- Refusing to take more than two feedings in a row or unable to arouse for feedings
- No energy, difficulty waking up
- Blood in stools
- Constipation (hard, pebble-like stool)

- Less than five wet diapers in a 24-hour period
- Hard, excessive crying or irritability with no obvious cause
- Redness or foul-smelling, pus-like discharge around umbilical cord or bleeding more than a few drops
- For male babies, any increasing redness or blue or black areas at the circumcision site or bleeding more than slight spotting that will not stop with pressure
- Your infant may have breathing that pauses for up to 10 seconds at a time. This is called periodic breathing. There may be several such pauses close together, followed by a series of rapid, shallow breaths. This irregular breathing pattern is common in babies in the first few weeks of life. Periodic breathing is not the same as apnea when breathing stops for at least 20 seconds. Apnea is a more serious condition that should be evaluated by a healthcare provider.

POSTPARTUM **DISCHARGE INSTRUCTIONS**

General activities

The more you are up and out of bed, the faster your recovery will be. You may gradually resume your normal activities as soon as you wish, beginning with mild exercise, like walking. The benefits of exercise include improved muscle tone, quicker healing and a more positive attitude. Fresh air and sunshine are refreshing for both you and your baby.

Avoid heavy lifting, strenuous exercise and excessive stair climbing. Refer to your doctor's specific activity restrictions given to you when you leave the hospital.

A good rule to follow is that you should not lift anything heavier than your baby in the car seat. It is common for postpartum women to have swelling, especially in their legs and feet. This is the body's way of getting rid of some of the excess fluid accumulated in pregnancy. It can take up to two weeks for the swelling to resolve. Elevate your feet when sitting or lying down and make sure you drink a lot of fluids to help your body get rid of the excess fluid.

Start Kegel exercises immediately after delivery. This movement is like stopping the flow of urine. Squeeze for three seconds and release. Begin with 10 repetitions twice a day, gradually building up to 100 repetitions twice a day. This will help with healing as well as minimize bladder leakage (stress incontinence).Try to get as much rest as you can. Plan to get at least one nap a day as you will be up frequently during the night with the baby. A good time to nap is when the baby sleeps. Lack of sleep can affect your mood and can increase anxiety. Allow friends and relatives to help with housework, cooking and other chores.

Shower as often as you like but avoid tub baths or swimming until after your postpartum checkup. There should be nothing placed in the vagina until after your postpartum checkup. This means no tampons, douching or intercourse (sex). Make your follow-up appointment for about six weeks after delivery.

Driving should be avoided for one to two weeks, or until the operation of an automobile will not be painful or cause undue exertion. Do not drive if you are taking narcotics for pain relief. Refer to the discharge instructions from your physician or call your doctor's office.

Nutrition

Good nutrition and adequate fluids are necessary for tissue repair, healing, breastfeeding and general health. Refrain from any weight-reducing diets until after your postpartum checkup. Most women lose 8 to 10 pounds just from delivery. It takes almost a full year to return to your pre-pregnancy weight. If you are breastfeeding, continue to take your prenatal vitamins. Eat a well-balanced diet that is high in protein (meat, fish, legumes), fiber (fruits, vegetables, whole grains), calcium (milk, yogurt, cheese, green leafy vegetables) and fluids. If you have a family history of food allergies or are concerned about food allergies for your baby while breastfeeding, consult your physician for guidance.

Bowel care

Concern about the ability to have a bowel movement is common after having a baby.

Often mothers fear tearing their stitches or experiencing pain. Bowel function should return to normal three to four days after delivery. A diet high in fiber and fluids can help avoid constipation. Walking promotes bowel movements, passing gas and increased general circulation. Raising your feet onto a stool during a bowel movement can help decrease straining. For constipation, take an over-the-counter stool softener or add prunes, prune juice or bran to your diet. If you have additional questions, please contact your doctor's office.

Uterine changes/bleeding/perineal care

Your uterus should feel firm after delivery. You will feel contractions (afterbirth pains) after delivery as your uterus works to get back to a non-pregnant size.

These pains tend to get more intense with each delivery. Breastfeeding mothers may experience more cramping during and after feeding, especially in the early weeks. These contractions are temporary. Use relaxation/breathing techniques and the pain medications prescribed by your doctor to lessen discomfort.

Continue to use the peri-bottle to clean your perineum, rinsing front to back with warm water until the bleeding stops. Use your sitz-bath as directed; this will help dissolve any stitches and aid in healing the perineum.

The first few days after delivery, your bleeding (also called lochia) is bright red; it changes to dark red, then brown, much like a normal period. This bleeding usually lasts two to four weeks. You may have light bleeding or continue to spot for up to six weeks. In the first day's home, you may notice an increase in bleeding or darkening in bleeding due to increased activity; this may be a sign that you need more rest. You may also notice that you pass some blood clots, especially if you have been sitting or lying down for long periods of time. This is normal. If you are passing frequent clots or clots larger than an egg, please contact your healthcare provider.

If you are breastfeeding, your first period may not start until after you wean your baby. If you are not breastfeeding, your first period will probably start four to six weeks after delivery and may be unusually heavy. Remember, even if you are breastfeeding, ovulation and fertility can return at any time, so it is important to use contraception.

Episiotomy and Perineal Tears:

If you have received perineal sutures due to a tear or episiotomy during labor, the stitches are dissolvable and will heal within one month.

It is common to feel some pain after an episiotomy. Paracetamol can help to relieve the pain and are also safe whilst breastfeeding.

Other good recommendations for easing pain at the perineal site include: Placing an ice pack or ice cubes wrapped in a towel on the incision site.

Using a doughnut shaped cushion or squeezing your buttocks together while you are sitting to help relieve the pressure and pain at the site of the incision. It is unusual to feel pain longer than 2 or 3 weeks and if you do, you should seek medical advice.

Going to the toilet may seem daunting the first time. You may find squatting over the toilet, rather than sitting on it, reduces the stinging sensation when passing urine. Pouring warm water over the outer area of your vagina as you pee may also help ease the discomfort.

Breast care

Wear a well-fitting bra. Nurse the baby as frequently as possible. Make sure your baby is latched properly to avoid sore or cracked nipples. You can express a small amount of breast milk on your nipples after feeding and let it air dry. Refer to the information included in this booklet for assistance with breastfeeding.

If your breasts become engorged (very full/firm and tender), use ice packs for 15 to 20 minutes at a time. You may also use over-the-counter pain relievers. Engorgement usually resolves in two to three days. If you are still experiencing significant discomfort, please contact your doctor's office for an appointment. You may want to contact a lactation consultant for additional support and information. If you have a fever higher than 38°C; a lump; or red, sore or hot area in the breast that does not go away after nursing, contact your doctor.

Care after a C/Section:

It may take up to 6 weeks to recover after your c-section. Gentle exercise such as walking, will help you to recover from your c-section. Avoid anything more active until you have no pain and you feel ready. Avoid driving, carrying anything heavier than your baby, doing heavy housework such as vacuuming. Check with your insurance company when you can start driving again. Insurance companies may differ, but usually it is 6 weeks after your c-section.

C-section wound:

By the time that you have been discharged home, your wound dressing will have been removed. Stitches, Bead or clips will be removed upon your Drs advice usually within 5 days. When the dressing has been removed, inspect, clean and make sure your wound is dry. You may find it more comfortable to wear loose high waisted underwear that covers the wound site. Wear loose clothing for the first few weeks. Inspect the wound regularly in the mirror.

Get in touch with your Doctor:

If you develop a high temperature or feel feverish.
You feel generally unwell – for example an upset stomach with diarrhea.
Or your wound becomes red, swollen, painful or has any discharge.

It is important to take pain relief as prescribed by your Doctor on discharge. Your wound will feel sore and bruised for a few weeks. Take your pain killers regularly and on time so that the pain is well controlled, and you can care for yourself and your baby.

Getting in and out of bed may be a little difficult for the first couple of weeks. You may find it easy to get out of bed by rolling on your side, dropping both of our legs over the side of the bed and then pushing yourself up sideways into a sitting position. Try to stand up as straight as you can. You can do the opposite to get back into bed.

C-section wound may take up to 6 weeks to heal. The scar will fade over time. You may lose feeling in the wound which will come back over time. Some women experience pins and needles sensation at the scar site.
It is normal to feel an itching sensation at the wound site and is a good sign that your scar is healing.

Prevention of Blood Clots:
You may receive blood thinning injections in the hospital to prevent clots. Additionally, you may receive an embolic stocking (like flight socks). You will be advised by your Doctor for how long you should wear them.

Sexuality

There are no rules about when to start having sexual intercourse after you have given birth vaginally. In the weeks after the birth, many women feel sore as well as tired. Do not rush into it. Pain can sometimes be linked to vaginal dryness.
You can try using a water based lubricant available from any pharmacy. Do not use any oil-based lubricant such as Vaseline or moisturizer as this can irritate the vagina and damage latex condoms..

Sexual intercourse after C-Section:

Physical recovery after a c-section takes up to 6 weeks. However, everyone recovers differently and when you decide to resume sexual intercourse will depend on how you feel physically and emotionally. Talking about it together might help to reduce anxiety you are both feeling.

Psychological adjustment

Families go through many changes when a new baby is born. All family members are adjusting. Mothers experience a wide range of emotions. Mild feelings of sadness, depression and anxiety are common and are due to hormonal changes, lack of sleep and the demanding job of caring for a newborn. These are frequently referred to as the "baby blues." These feelings are usually temporary and self-limiting.

Postpartum depression is less common and more serious. It is characterized by feelings of depression, anxiety, worry, hopelessness and lack of self-worth. It may also include thoughts of hurting yourself or the baby. Postpartum depression requires treatment by a therapist and often medication. Please contact your doctor/midwife if you or your family has any concerns about your mental health. Neither of these conditions reflects your feelings for your baby, your partner or your abilities as a mother. You cannot control these feelings, but they can be helped. There are medications that are safe to take while breastfeeding.
Other ways you and your family can adjust to a new baby are:

- Rest/sleep when the baby sleeps.
- Eat a well-balanced diet. Now is not the time for dieting or junk food.
- Be flexible. It takes time to get to know your baby.
- Let others help you. Accept offers to bring dinner, go to the market or do other necessary chores.
- Spend special time with your other children and your partner. A new baby is an adjustment for them as well.
- If you have other young children, put together a box/basket of age-appropriate special snacks, toys and activities that only comes out when you are feeding the baby. Make sure to include a book so you can all read together while the baby is being fed.
- Talk to other parents who are going through some of the same experiences.

When to call the doctor

- Frequent urgency or burning upon urination
- Temperature of 38°C or above
- Unrelieved pain in your back, side or incision
- Bloody or pus-like drainage from your incision
- No bowel movement for four days or longer
- Bleeding stays heavy despite rest

- Saturating a pad an hour
- Passing many clots or passing clots larger than an egg (some clots are normal if you have been sitting or lying down for long periods of time)
- Foul-smelling bleeding
- Social withdrawal or persistent baby blues/depression
- Hot, firm, red area in the breast
- If one leg is much more swollen than the other; you have pain in your leg when walking; or there is a red, hot area, especially in the back of your leg

Resources

www.healthychildren.org
CMC Dubai Nursing Supervisor number: **056 364 8193**

YOUR **BABY'S** FIRST IMMUNIZATIONS

It's important to Keep your baby healthy by making sure he gets all his immunizations. bring this book with you to the doctor to keep track of them. simply write the date in the box when your baby receives the corresponding vaccines.

Your baby's particulars

Baby's name: _____

Baby's date of birth: _____

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دبي