

Postnatal period

Dear (future) parents,

You have one of the volumes of the Growth Guide in your hands. The Growth Guide consists of seven practical booklets* and a collection box:

- Planning for Parenthood
- Pregnancy
- Breastfeeding
- Postnatal period
- 0-4 years old
- Primary school age
- Adolescence

In this Growth Guide, you will find a great deal of information about pregnancy and about the development, care and parenting of your child during the various phases of his life. You will also find practical advice for the difficult and troublesome moments you will sometimes encounter in parenting.

The Growth Guide can also serve as a manual to help you out with the many major and minor doubts or concerns which, in practice, all parents will come to face.

The clear table of contents at the front and the conveniently arranged index at the back of the booklet will enable you to go straight to the subject you want to know more about.

* If you would like to obtain any missing booklet, you can order from the printer through www.groeigids.nl/boekenbestellen. The first 5 booklets are available in English.

It is essential to us that the information included in this Growth Guide is reliable. To achieve that goal, we have entered into an agreement with Opvoeden.nl. Our publications are reviewed and validated by the national knowledge institutes. For more information, see the Colophon (page 134).

At the back of each Growth Guide volume, there is room for medical data and information so that you always have these at hand. Each volume offers you space for your own notes and for keeping vaccination records and information from agencies your child will be in contact with.

To make sure that the Growth Guide is easy to read we have decided not to use both 'he' and 'she' when talking about your child. We will therefore consistently refer to a child as 'he' and 'him' whether it is a boy or a girl. And when we use the word 'parent(s)' or 'father' or 'mother', these names can also be used for children with two fathers, two mothers, single parents, adoptive or foster parents.

This Growth Guide contains a number of (registration) forms. At the end of the maternity period, your maternity assistant will transfer the responsibility for your child's care to the Youth Health Service, by handing over a form called

'Overdrachtsformulier Kraamperiode en Borstvoeding' (Transfer Form for Postnatal period and Breastfeeding). This information will inform the health service about your postnatal period and you will be able to turn to them with your questions about breastfeeding. You will find these transfer forms (in Dutch, as that is the working language) on pages 122 – 127.

Every municipality has its own Youth and Family Centre (CJG). Depending on where you live, it may have a different name, like 'Jong-in', 'Oké-punt' or 'OKC', Ouder en Kind Team (Parent and Child Team) or maybe some other name. (Foster) parents, future parents and carers are welcome at the CJG with questions concerning children's health, parenting and development. Usually, your municipality will have a website with information on training courses, opening hours and local news.



If you are giving birth in a hospital or a maternity centre make sure to have this Growth Guide for the Postnatal period with you.

List of contents

This Growth Guide belongs to: _____ (Name of) child:

Date of birth: _____

Parent(s): _____

Midwives/gynaecologists: _____

Telephone: _____

Maternity centre: _____

Telephone: _____

Maternity assistant(s): _____

Family doctor: _____

Telephone: _____

Child Health Care Centre/Youth and Family Centre:

Telephone: _____

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Getting reacquainted

The arrival of a new baby never ceases to be a miracle. You and your baby have got to know each other during your pregnancy, but seeing him in the flesh is something completely different. For the first time, you and your baby will be face to face. Time for re-acquaintance. Wonderful and strange. You will have to get used to it.

At home (or once you get home from the hospital) a maternity assistant will be on hand to help you during the first 8 to 10 days following delivery. She takes care of the woman who has given birth. She helps both parents to be able to take care of their child themselves as quickly as possible. The maternity assistant will also drop by to see the parents are doing. You can reach out if you need her. This volume of the Growth Guide contains information about the first contact with your baby, the recovery process of your own body, about the baby's adaptation to life outside the womb and about caring for your child.

Download the GroeiGids-App (in Dutch) to make your child's own digital booklet with growth curves, vaccinations and other milestones, including your own photographs and videos!



Your baby's arrival

Face to face with your baby

Immediately after birth, the baby is often awake and alert for a while. This is a beautiful moment for a first meeting outside the womb, in the real world. The baby 'knows' where he belongs. He recognises your voice and that of your partner. These were the voices that he heard most often during your pregnancy. They sound a bit different outside the womb but his recognition of the rhythm and intonation of the voices is infallible. It is wonderful for him to be held and cuddled by you and your partner. After all, he has arrived safely and performed very well! He will love the close skin contact with you or your partner.

Immediately after delivery

Straight after birth is a good moment to lay the bare baby on your chest. Usually he will find your breast himself within not more than 1,5 hours. Even when you are not going to breastfeed, it will be good for the baby to establish skin on skin contact with you and your partner. It will allow him to reach the desired body temperature, to restore his body sugars and to break down stress hormones more quickly than without that physical contact.

If you hold your child and stroke him gently, he will feel comfortable in the new situation. Don't forget that.



The first hours with your baby

Your maternity assistant, or the hospital, has given you extensive instructions. Even so, you may still feel uncertain. Is everything going OK?

The following is a list of topics about which new parents usually have questions.

Restlessness

Babies can be very restless and may want to stay close to you. There are several possible causes: birth stress and exertion, all those new impressions, a dirty nappy, a need to suck, feeling hungry, being too cold or too warm.

Skin on skin contact

A baby will love feeling his bare skin against your bare skin or that of your partner (make sure the baby wears a cap and put a blanket over him). He will calm down, because it is a pleasant way of getting to the right temperature, because he smells your scent and because he loves cuddling, caressing and hearing your voice. A great bonding experience.


Nauseous/spitting

If, during the delivery, the baby has swallowed some of his mother's amniotic fluid or blood, he may feel nauseous for the first 24 hours, especially if he has a headache as a result of (prolonged) pushing. Babies may vomit or spit; the colour of the slime can range from clear to a reddish brown. Don't worry if the baby momentarily sees blue. He should recover his normal colour quickly. Turn the baby over on his side and tap his back gently.

Breastfeeding

The baby will want to drink often, up to 12 times a day. But nausea and/or fatigue may reduce the need during the first 24 hours. Try to put your baby to breast at least every three hours. Or it may be that he wants to sleep a lot. Nothing to worry about. You can safely put him to your breast when he wakes up from his deep sleep or makes some noise.

The GrowthGuide booklet on Breastfeeding helps you to recognise feeding signals and explains the different feeding positions. Do not worry if you think he is not getting very much food. Colostrum (the first milk) is highly concentrated and nutritious. A small dose is enough to fill baby's tiny stomach. If breastfeeding does not work immediately, express some milk manually and let your baby lick it off your finger. In the first 24 hours, do not give your baby any formula food or fluids, unless the hospital or the midwife have instructed you otherwise. If you are still worried, contact your midwife. And read the information about the fluid balance on pages 68 and 69. More information is to be found in the Growth Guide on Breastfeeding, where you can read how to recognise when your baby is hungry or thirsty. If feeding is painful for you, it may be that your baby should take a larger part of your nipple into his mouth. Ask for assistance when this is the case.



The maternity assistant will help you to learn to express milk from your breast manually (without a pump). For on-line information and expressing instructions, go to: voedingscentrum.nl/borstvoeding
voedingscentrum.nl/nl/mijn-kind-en-ik/borstvoeding-en-flesvoeding/borstvoeding-geven/kolven.aspx

Dummy or pacifier?

If you are breastfeeding and you want to give your baby a dummy, be aware that this will reduce your ability to recognise your child's first feeding signs. Besides, sucking a pacifier requires a lot of energy. For these reasons, many breastfed babies do not get a dummy until you feel confident that breastfeeding is working smoothly.

Formula

New-born babies want to be fed every two to three hours.. The usual frequency is 6 to 8 feedings per 24 hours. It is not necessary to do this at fixed intervals. Your midwife or maternity assistant will explain to you how often you need to give him a bottle. The baby's stomach is still very small, so every day you will slightly increase the contents of the bottle. The maternity assistant will show you the best body position to allow your baby to drink comfortably.

Too cold or too warm?

The normal temperature for a new-born baby is between 36.5 and 37.5 degrees. Hands and feet are often colder, so they are not the right place to take the temperature. Put your finger in your baby's neck. If it feels warm, your baby's temperature is fine. You can also use a thermometer to take the temperature. The thermometer tip needs to be inserted 1.5 cm into the baby's anus: otherwise the temperature indicated will be too low.

If your baby is not at the right temperature, discuss with your maternity assistant what you can do about it. You can put him to your breast or give him some (expressed) milk. For more info on how to use a hot-water bottle, go to p 21

Your first hours as parents

Whether your delivery went smoothly or not, your first night will probably be sleepless. Delivery has released a large quantity of hormones, making sure you will be wide awake! Be aware that your baby may well be awake during the second night to ask for extra food. So it is advisable to get some extra daytime sleep during those first days.

Your first days as partners/parents

For partners, the change is equally big. The birth of your baby is a very special moment. Do not feel guilty if you, the partner, fall soundly asleep once your child has arrived. You will need the rest and the energy, as you will bear a lot of responsibility in the near future. Maybe you can't sleep. That would be understandable as you are having to deal with so many new challenges.

Make sure to accompany the new mother every time she goes to the toilet, as she may feel dizzy. Try to pick up some useful tips from the maternity assistant and the midwife, who will drop by a number of times in the first week.

Because of the fatigue and the hormones, most young mothers find it difficult to concentrate and to absorb new information. You, as the partner, can be a great help by taking temporary care of most of the cleaning and caring work. But do not neglect yourself and make sure to inform the assistant or the midwife if you are having a hard time.

Afterpains

As the word suggests, afterpains can be painful. Afterpains following a second or subsequent deliveries are often even

First defecation

The baby's first defecation (meconium) is very dark in colour and sticks to the buttocks. It is easier to remove if you dry the buttocks carefully and then apply some creamy ointment. Urine will become more clear every day and the defecation colour will change to ochre yellow. If you are breastfeeding, the defecation may be very thin. When cleaning your baby, keep the nappies and make a note of the time for the maternity assistant. That will allow her to assess whether your child has defecated and urinated enough.

The umbilical clamp

You do not have to do anything. If you see some blood coming out of the stump, inform the midwife.

When to call the midwife?

You may always call with any question or concern.

You **MUST** call if:

- Your baby moans while breathing
- Your baby's body temperature is below 36.50 or above 37.50
- You feel sick yourself
- You have not urinated for 6 hours
- You are losing too much blood

more intense than those after the first delivery. Afterpains are best absorbed in the same way as labour pains during delivery. Urinating regularly may help, as may a warm hot-water bottle. If the pain is serious, you can take paracetamol. Read the instruction leaflet carefully to see how much paracetamol it is safe to take.

Urinating

It is important that you should urinate within 4 to 6 hours after delivery. The fuller your bladder, the more difficult it is for your placenta to contract. As a result, you could lose more blood. It is advisable to urinate every 3 to 4 hours, even when you feel no immediate need. If you are unable to urinate, call your midwife.

Loss of (blood) clots

Losing blood after giving birth is comparable to intense menstruation. It is quite normal for the sanitary pads to be completely soaked every two hours on the first day. One or two orange-sized blood clots are nothing to be afraid of. If you lose more blood, warn your midwife. If you are unable to urinate, call the midwife.

What can the baby do right away?

The first thing the midwife or gynaecologist will look at, is the baby's reflexes. Reflexes are those movements that we humans make instinctively. We are not in control. Some reflexes will persist throughout our lives, others will disappear as soon as the child is able to direct his own movements.

- The **rooting reflex** will be visible when the baby is hungry. His mouth will start looking actively for the place where he knows

he can expect food. If you brush your nipple across his lips, he will open his mouth wide and stick out his tongue a little.

- The **sucking and swallowing reflex** allows the baby to drink from the breast or the bottle and then to swallow the milk;
- The baby's **grabbing reflex** helps him to hold on to your finger tightly when you touch the inside of his hand;
- If you hold the baby upright, with your arms under his shoulders and with his feet resting on the ground, you will notice the walking reflex. His legs will start to make walking motions. This reflex will disappear when he is around 6 weeks old.
- The **Moro reflex** triggers your baby to spread his arms and legs in response to an unexpected movement or unknown sound. The reflex disappears after about four months after birth.

Talking, cuddling and eye contact

All children, especially new-born babies, just love being touched, caressed, held and cuddled. Not only do they love it, they need it too. Cuddling a baby before his feeding will make that feeding easier as it reinforces his instincts. Contact (by touch, by looking and by speech) is just as important as good nutrition and care. It will make a baby feel safe and loved. He needs that feeling of love and care to grow and develop. Contact will help him not only to get to know his parents: he will also discover his own body. For instance, when you caress or rub his legs or feet, he will feel your touch in that part of his body. That will help him become aware of his body and all its parts. He finds out that you are there for him. What is more, he discovers himself.

A 'good talk' with your baby

It will be a while before your baby can communicate with words. That is not to say communication is impossible. On the contrary!

Your baby reacts to your voice, your smell, the rhythm of your breathing and the way you touch him. He himself also 'says' a lot, for instance with the look on his face and his body language. It can be tense, or limp, but also firm and relaxed. Even his arms and legs may tell you how he feels: is he moving in a calm and concentrated manner, is he straining his legs, or is he stamping his feet wildly? You will try to make sure he does not go hungry, but if he does, his crying sounds quite different from the crying sound he makes when he is trying to go to sleep, or when he feels lonely and wants to be held. If you pay attention, you will learn to react to the different signals that your baby uses to express his needs. That is incredibly important, for now and for the rest of his life. In the first days of his life, your child makes an important step towards confidence, in himself ('I can let them know what I need') and in his parents ('they understand me and will take care of me'). Just look at this: your baby listens when you talk to him and he also looks you in the eye; all his attention is focused on you! Talk to him a lot. For example, you can tell him what you are doing. No matter how small he is, it is always good to talk to your baby a lot. You are bonding with him and promoting his development.

Crying

Crying is your baby's primary mode of communication. It is quite normal for you and your partner to need some time to learn to understand your baby. You will actually learn your baby's intentions by trying out different approaches. What does he want? This may pose a bit of a problem if it is not quite clear immediately, but when you and your baby are happy again it will be a wonderful feeling. He wanted to drink; he needed comforting; he was cold; he had a dirty nappy; he was tired... so,

that was the problem! During the first days and weeks after birth, the baby cries when he is hungry, tired, wants physical contact, has a tummy ache or simply does not feel well.

A baby's intestines need further development, which may cause intestinal cramps. There is no medication. Intestinal development is a natural process, the cramps will gradually disappear. Sometimes there is no answer to his crying.

Comfort and rest are the best you can give your baby on these occasions, however difficult it may be to see and hear that you cannot entirely remove the cause of his crying.

The average baby cries for around two hours per day, although some babies cry much longer. Crying time peaks around the age of six weeks and then declines rapidly. As a parent, you can feel fairly powerless and even become angry. It can help to look at your watch and keep track of the length of time your baby cries because it often seems longer than it really is. Never let it get to the point that you, out of sheer helplessness and anger, shake the baby! That could be dangerous. You can always ask for help from the Youth Health Centre if the crying is too much for you. In any case, it is good to know that it is impossible to spoil young babies. Don't let just any little sound make you get him out of bed, but there is no harm in doing so if he goes on crying.

Why is it dangerous to shake a baby?

A baby's head is large and heavy in comparison to the rest of his body. If the head is not supported, it will shake to and fro, because the neck muscles are not strong enough to keep it in position. Shaking the baby exerts serious pressure on the head and may cause tiny blood vessels in the head to burst, possibly leading to blindness, deafness, epilepsy, learning difficulties, brain damage or even death ('shaken baby syndrome').



Important advice

Even if it looks as if the baby has stopped breathing, do not shake him. Medical advice is to give a slight tap on the sole of the foot, to rub his back vigorously, to cradle the cot gently or to pick up the baby (don't forget to support his neck).

The baby's day-and-night rhythm

In the uterus, the baby was often active at night. That was when you were resting and he had enough space to move around. In his new world, the baby will have to change his routine. You can help him a bit by (for example) drawing the curtains at night and leaving them open during the day. You can also talk to him and cuddle him more during the day than at night. Even so, some parents really relish the opportunity of quiet and intimate contact with their baby when the house is quiet. They enjoy these shared moments of peace and quiet, while the rest of the household is fast asleep.

Breathing

New-born babies have an irregular breathing pattern. Quite often, you can hear the baby 'sigh'. That is nothing more than a deep gulp of air. This irregular breathing has to do with the lungs, which are still small and not fully grown. As long as the colour of your baby's skin is normal and healthy, there is nothing wrong with his breathing.

The baby in your bedroom ('rooming in')

For the safety of your baby (the risk of 'cot death'), it is best not to put him in a room of his own for the first six months, but to let him sleep in his own bed in the parents' bedroom. There, he will have less chance of falling into a deep sleep. In this, the

first period of his life, deep sleep is best avoided. As your baby is close by, you will also learn to recognise his hunger signs. For safety reasons, do not take the baby into your bed. If you, or your partner, are a sound sleeper, there is a risk of rolling onto your baby without noticing. There is also a risk of the baby getting under the sheets or the duvet, or that he may get much too warm. His own bed is a much safer place.

Hot-water bottle in bed

Staying at the right body temperature is very hard for a new-born baby. It may be necessary to (pre-)warm his bed with a hot-water bottle. Best buys are electric or metal hot-water bottles, with a screw stopper. Check (especially if the bottle is not new) the quality of the rubber in the stopper, so that there is no leakage. Fill the bottle to the brim with hot water, seal it off and put it in a sack, top down, on top of the blankets in the baby bed. Remove the bottle when the baby is put to bed, unless your midwife or maternity assistant advises otherwise. In that case, make sure there is some space (about the breadth of a hand) left between the baby and the hot-water bottle.

Sleeping safely

For a new-born baby, cots and bedsteads are large. To make sure your baby does not get stuck under the blankets (risk of cot death!), it is best to make up a 'short' bed. This means that you do not use the upper part of the bed and put your baby, on his back, with his feet against the foot end of the bed. Fold the sheets and the blankets in such a way that they reach the baby's shoulders. Tuck the blanket in tightly, so that the baby is stable. Your baby will sleep better if he cannot move his arms and legs all over the place. No cuddlies in the bed.