

Baby journey

- Guide to a new mother



Editorial staff *Heta Kolanen, Katja Koskinen, Niina Kauppinen, Mirkka Kujala*

Photographs *Tero Hanski, Mikko Hinkkanen, Jarmo Nummenpää, Heta Kolanen*

Layout *Mirkka Kujala*

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Congratulations, you're a new parent!

A new and fascinating stage in your life has started. You will never stop learning as a parent.

This guide contains important basic information about a newborn and the mother, and some useful information for the partner, too. It focuses on the first days after the baby is born, and you can start reading it as soon as you feel you have the energy to do so. We have included information that is good to know when caring for a newborn.

After you have read the guide, please bring up any thoughts or questions with your nurse. This guide is for the parents and others who participate in caring for the baby.

Every child and family is unique, and this guide is not intended to be an exhaustive resource for baby care instructions. A newborn has three basic needs: to be fed, loved and cleaned. Once you get to know your baby, you will find the best ways to meet these needs in your family.

Mother, father, family

Having a baby is a major change in your life. The first few weeks after the baby is born are filled with learning: you get to know your baby, learn to take care of the baby and familiarise with your new role and yourself as a parent. Even if the baby is not your first, a new baby will change your family dynamic. Considering the needs of the baby's siblings and encouraging them to participate in the care of the baby is an added challenge.

Some parents fall in love with their baby in the delivery room; the newborn immediately feels like their baby. For others, this may take a bit longer, and they start to bond with the baby gradually over the next few days. After difficult childbirth, or if the baby has been taken to the pediatric ward immediately after birth, it may take longer for these feelings to evolve. Caring for the baby and holding him or her close to you will help you bond with each other.

Birth of a child awakens strong feelings: joy, love, affection, fear and even anxiety. Your feelings may go through the entire range and back again, in particular a few days after the childbirth when your body's hormone balance changes. You may feel overwhelmed by the responsibility of providing for

this new person, and you may find yourself crying easily. This is a normal part of caring for your new baby, and usually passes quickly. If you feel blue for a prolonged period after childbirth, please discuss this with your public health nurse.

Tiredness is also part of the picture. You will be deprived of sleep during childbirth and when caring for your baby. Newborns do not have a regular day-night rhythm; their needs need to be filled immediately. Hormones help the new mother cope with sleep deprivation. However, you should try and rest whenever the baby gives you a chance to do so – also during the day. If you find it difficult to fall asleep, hold the baby skin to skin so that you can rest together. Relaxing and dozing off is good for you, even if you do not actually fall asleep.

To the partner

Congratulations, you're a new parent! Your life has undergone a significant change. It may be that the birth of the baby makes you feel a new kind of responsibility. Your baby is completely dependent on you and the mother.

At first, the mother and the baby have a very close bond because she has carried and breastfeeds the

baby. But your role is significant, too, and you are important to the baby from day one. Participate in the care of the baby and assume your role as a parent. Hold the baby in your arms and talk to him or her. Having heard your voice in the womb, the baby will recognise it. Skin to skin contact relaxes both you and the baby, and helps you bond with each other. This will also give the mother some time to rest.

After the baby is born, part of your duty as the partner is to look after the mother. Recovering from childbirth and learning to breastfeed will take her some time. If the mother seems very tired, you can help by restricting the number of visitors at the hospital and later at home. You will also most likely need to see that the mother gets enough to eat and drink. Mothers often get thirsty while breastfeeding, so offer her a glass of water to drink when she is nursing.

It is important that you support the breastfeeding mother. She will need positive feedback and might also need some practical help. This is why you should know the basics of breastfeeding, too. To support her, tell the mother that you think it is great that she is breastfeeding.



A newborn has three basic needs: to be fed, loved and cleaned.



The first days with your baby

The first days with the baby are very interesting. Every day is different, and the baby's behaviour keeps changing. It does not take long before you start to see your baby's characteristics and way of reacting to the environment.

By keeping the baby close to you and taking care of the baby yourself, you will get to know your baby faster, and find the best ways to care for him or her.

A newborn may seem very helpless, but can do a lot. All of the baby's senses work already, just not quite as an adult's. The baby is very receptive to interaction with the parents.

Babies hear voices already in the womb and recognise the voice of their mother and other family members. As a result, a fretful baby often calms down when hearing the mother's or father's voice. The baby also turns his or her head towards a familiar voice.

Newborns cannot see very far. The distance is optimal when you hold the baby at chest-height and the baby can see your face. Newborns like to look at faces, and can imitate expressions. See for yourself: when the baby is alert and is looking at your face, stick your tongue out and see what happens!

The baby can also smell and taste. Babies quickly learn to recognise their mother by her individual smell. This is why we do not recommend using strong perfumes during the first few days after childbirth. Babies are especially fond of sweet things. Breast milk contains a lot of lactose, which makes it sweet.

During the first days, sense of touch provides the most information about the surroundings to the baby. The baby enjoys calm handling and being

held close. Both parents can offer these sensations to the baby.

The baby is usually alert immediately after being born, and is ready for the first breastfeeding at age one hour or thereabouts. After feeding, the baby falls asleep and may well sleep for several hours. Most newborns are calm and satisfied during the first day, especially if they can spend a lot of time skin to skin.

Skin to skin contact is natural for the baby. The touch and closeness remind the baby of the time spent in the womb. The baby can hear a familiar heartbeat and the warmth of the adult helps the baby keep the body temperature just right. The baby's pulse and breathing are calm. Simply put, the baby feels good – and secure.



Skin to skin contact is natural for the baby.

Skin to skin contact

- *Take off the baby's clothes (you can leave the nappy on).*
- *Expose your chest. Take your bra off if wearing one.*
- *Sit in an elevated position or lie down on your back. Place the baby on his or her stomach on your chest.*
- *Cover the baby with your nightgown or a blanket. Do not cover the baby's head.*
- *Relax and enjoy.*



If you need advice in breastfeeding, the nurses are there to help.

Skin to skin contact relaxes the mother, too. It makes her more receptive to the baby's messages. It also encourages milk let-down and helps the mother recover from childbirth by contracting the uterus.

Skin to skin contact helps the baby become interested in sucking. The baby starts to seek the breast and prepares the breast for feeding. The baby may rub the breast with his or her hands, as well as lick and peck it. If you do not interfere, the baby usually latches on and starts to suck without help. Skin to skin contact encourages the baby to breastfeed.

The first day

During the first 24 hours, the baby should be breastfed at least six times. Keep in mind that babies eat irregularly. The baby may sleep several hours after being born, and then require feeding every couple of hours. Skin to skin contact is a good way to get the baby started with breastfeeding. If you need advice, the nurses are there to help so please ask them.

During the first day, the baby does not produce much urine or stools. But it is a good idea to check the nappy every now and then. The stools of the

first few days are called meconium. It is almost black, viscous and has no odour. You can clean the baby with water. If meconium has dried on to the baby's skin, you can remove it with oil. The baby's umbilical stump does not need any special care during the first day.

The second day

The baby usually starts feeding frequently towards the end of the first 24-hour period of its life. Eating may be sporadic; the baby may eat almost non-stop for a few hours and then sleep for an hour or two. By doing so, the baby helps the milk come in and ensures that he or she will be taken care of. To avoid getting too exhausted, try to make breastfeeding as relaxing as possible. Find a position that allows you to rest while you breastfeed. You can ask your nurse to help you find a suitable position. Remember to rest when the baby is sleeping.

During the second day, the baby should be breastfed at least eight times. Skin to skin contact is a good way to get the baby started with breastfeeding. If the baby does not wake up to eat within three to four hours after last feeding, it is time to wake up the baby. This will be the easiest during a

light sleep phase, i.e., when the baby is moving or making sounds while asleep. You can wake up the baby by taking off some clothes or changing the nappy. If you need advice, the nurses are there to help so please ask them.

During the second day, the baby should urinate at least two times. There may not be much urine and it may be difficult to see any in a disposable nappy. The urine may also contain uric acid crystals, which appear as red-tinged color in the nappy. Stools continue to be dark meconium.

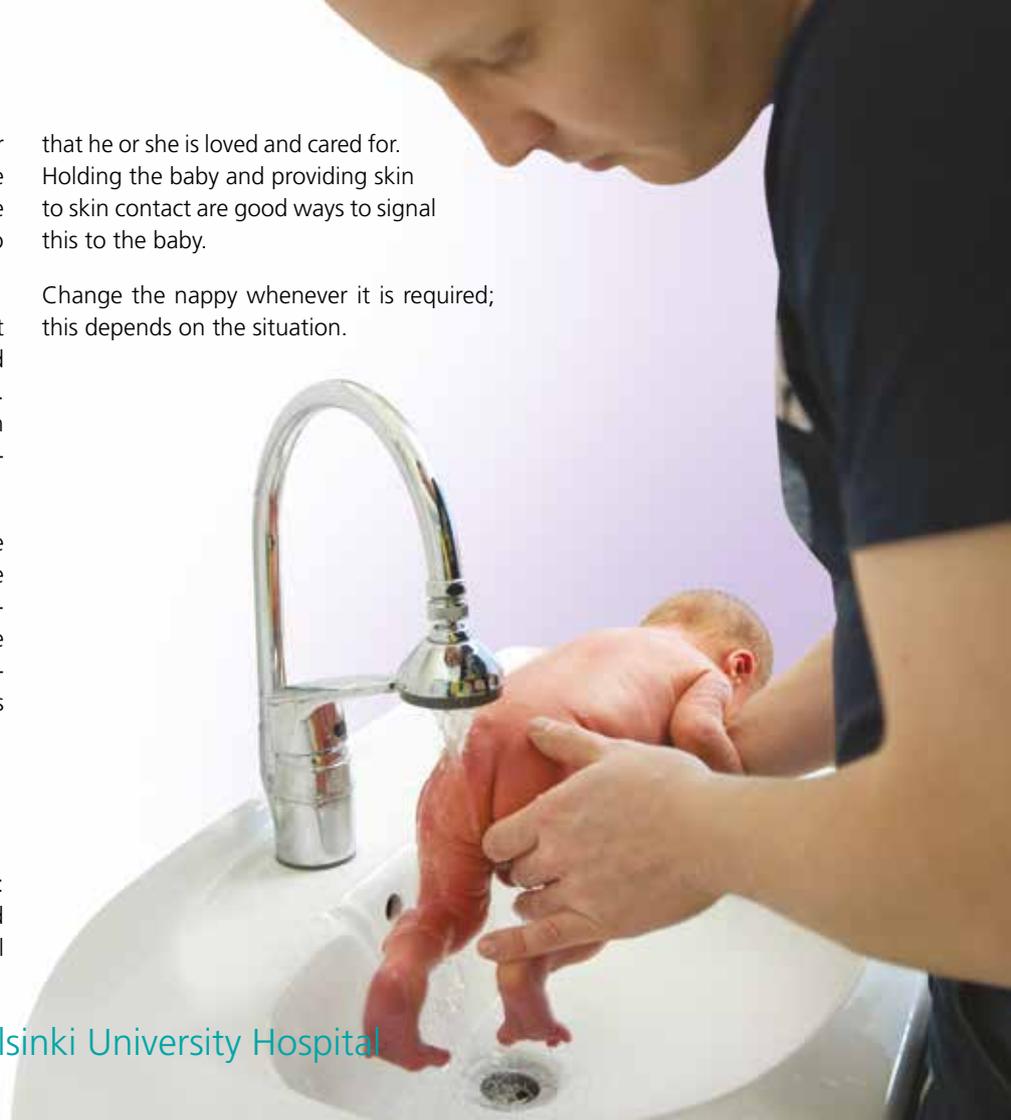
Very frequent breastfeeding usually stops after the second day. The mother will start to produce more milk, and the baby's stomach will get full quicker. At the same time, the baby will start to urinate more, and the stools will become loose and lighter in color. These changes indicate that the baby is getting enough milk.

Basic baby care – nappy-changing and washing

Basic baby care consists of three main elements: plenty of closeness, sufficient nourishment and keeping the baby clean. A newborn needs to feel

that he or she is loved and cared for. Holding the baby and providing skin to skin contact are good ways to signal this to the baby.

Change the nappy whenever it is required; this depends on the situation.





Basic baby care consists of plenty of closeness, sufficient nourishment and keeping the baby clean.

If the baby is sleepy but it is time to eat, nappy-changing is a good way to wake up the baby. If the baby is awake and clearly signals being hungry, it might be better to feed the baby first and then change the nappy. You can wash the baby's bottom with water. Creams or baby powder are usually not required.

When you change a nappy, check and clean the belly button area. Clean the belly button with a cotton swab if necessary. Take care to clean the fold of the skin at the base of the belly button. You can hold the umbilical stump and lift it up a bit to make cleaning easier. If the stump becomes smelly or weepy, clean it with an antiseptic. The stump usually drops off about one week after the baby is born. The belly button may bleed a bit when the stump drops off. This is normal.

Clean the following folds of skin once a day with a wash cloth: back of baby's ears, neck, underarms and groin area. You can bathe or shower the baby as required and as is usual in your household. If the baby enjoys the baths and the baby's skin is not dry, you can bathe the baby as often as once a day, but once a week is sufficient. It is important to dry all the folds of skin after the bath or shower. You can give the baby a bath even if the umbilical stump

has not dropped off yet. Just remember to dry the base carefully (with a cotton swab for example).

The newborn's eyes may appear crusty because the baby's tear ducts are still narrow. Dip cotton wool pad in water and clean the eyes as required. If the eyes appear sticky and red even after you have cleaned them, the baby's eye may be infected. In this case, a swab is usually taken for bacterial culture, and the eye is treated with antibiotic eye drops.

Basic baby care

- *Plenty of closeness*
- *Breastfeeding at least eight times in a 24-hour period*
- *Change nappies as required*
- *Placing the baby to sleep on his or her back*
- *Daily checking and cleaning of folds of skin (back of ears, neck, underarms, groin)*
- *Washing as required either with a damp wash cloth or towel or by giving the baby a bath*
- *Belly button care*

Newborns often have long nails. Because of risk of infection in nail wall, you should not clip the nails until the baby is two weeks old. If the nail is partly torn off, it is usually possible to pick the loose part off.

We recommend that you place the baby to sleep on his or her back. This reduces the risk of cot death, also known as sudden infant death syndrome (SIDS). When awake or in skin to skin contact, the baby can lie on his or her stomach.

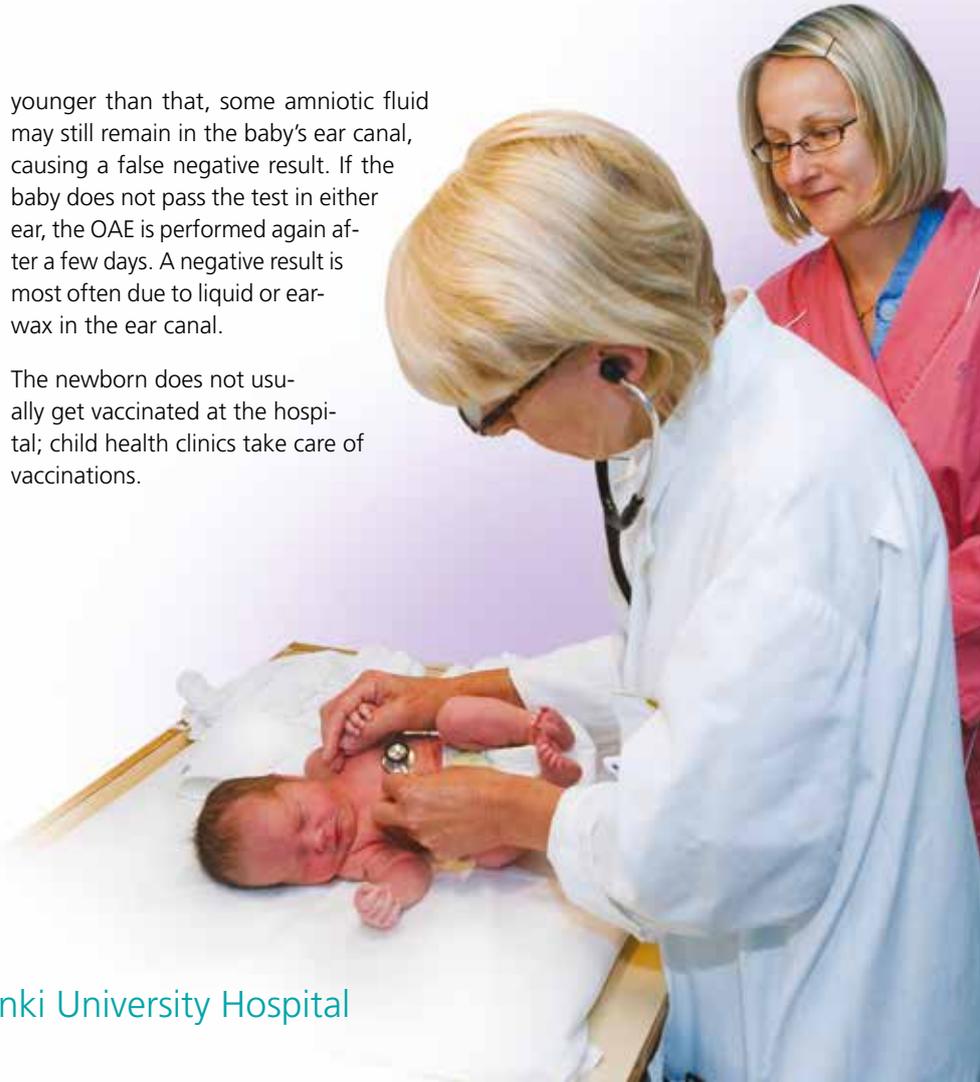
Examinations at the hospital

A pediatrician examines the baby before you are discharged from the hospital. The doctor examines the baby's general condition and infant reflexes (e.g. the palm grasp reflex), auscultates the lungs and heart and checks the baby's hips.

The baby will also undergo an otoacoustic emissions (OAE) test before being discharged. It is performed at an early stage to identify babies that have hearing problems so that their normal development can be supported. OAE test is done for one ear, because a child only needs one hearing ear to learn to speak. This test is usually performed when the newborn is more than two days old. If the baby is

younger than that, some amniotic fluid may still remain in the baby's ear canal, causing a false negative result. If the baby does not pass the test in either ear, the OAE is performed again after a few days. A negative result is most often due to liquid or ear-wax in the ear canal.

The newborn does not usually get vaccinated at the hospital; child health clinics take care of vaccinations.





Breastfeed the baby every time the baby seems willing to suck.

Breastfeeding

In addition to nourishing the baby, breastfeeding encourages bonding and makes the baby feel secure. The baby enjoys being held at the mother's breast; once the mother and baby get the hang of it, the mother also gets a chance to relax while breastfeeding.

The mother's breasts prepare for breastfeeding already during pregnancy. Some women's breasts will leak during the last stages of pregnancy. Even though the breasts do not produce much of milk immediately after childbirth, it is enough for a newborn because his or her stomach is very small.

First milk is also known as colostrum. It is often quite thick, and the colour may vary from creamy yellow to transparent. Colostrum is very high in nutrients and contains many antibodies that protect the baby from infections.

As the baby is feeding often, the milk production quickly increases. Typically, the mother's breast milk comes in two to five days after childbirth. Once milk production starts, it does not suddenly stop. The number and intensity of feedings define the amount of milk produced. The more the baby breastfeeds, the more milk he or she will get.

Breastfeed the baby every time the baby seems willing to suck. The baby signals this by opening his or her mouth, making licking movements, putting a hand to the mouth, turning the head to one side (searching the breast) and finally, by making small sounds. If the first signals get no response, the baby will resort to crying. Breastfeeding will be easier if you respond to the early signals of the baby. To ensure that the baby gets enough milk from day two onwards, the baby should be breastfed at least 8 to 12 times during a 24-hour period.

Signs of hunger

The baby is ready to be breastfed when he or she is doing some or all of these things:

- *opens the mouth and turns the head to one side*
- *makes licking movements*
- *takes a hand to the mouth*
- *sucks his or her fingers or fist*

Crying is the last sign of hunger, don't wait for it!

During the first few days, you can sit in an elevated position and let the baby seek the breast in skin to skin contact. If you wish, you can also breast-feed lying on your side or sitting up. Place the baby on his or her side facing you and close to your body so that your nipple is positioned above the baby's upper lip, almost level to the baby's nose. It may seem that the place is not optimal, but once the baby's mouth opens, you will see that the nipple is exactly where the baby's mouth is.

Let the nipple lightly touch the area between the baby's top lip and nose. This will encourage a hungry baby to start rooting. The baby will open his or her mouth, move his or her tongue and lick. The baby will also bring his or her hands to the breast and may suck his or her fist. This is perfectly normal for a newborn before latching on. Let the baby take its time, as the baby is learning how to latch on and suck the breast.

After rooting for a while, the baby will open wide and latch on to the breast. The baby will then start sucking the milk. You will feel a good latch strongly in your breast, but it should not hurt. During the first few days, when the baby latches on, your nipples may feel tender, but this should ease in about ten seconds. If the pain continues, remove the nipple from the baby's mouth and try again so that the baby gets a better latch. If necessary, please ask

your nurse to help you find the breastfeeding position that works the best for you and your baby.

How to tell whether the baby is getting enough milk?

Parents often wonder whether the breastfed baby is getting enough milk. It is hard to estimate how much milk the baby gets from the breasts. However, there are some signs which tell that the baby is getting milk.

During the first days, before the milk comes in, the most important thing is that the baby is breastfed frequently, i.e., at least eight times in a 24-hour period. The baby should have a good latch and the mother should feel the baby sucking, but not so much that it hurts. During the second day in particular, the baby may want to be breastfed almost constantly but this does not indicate that the baby is not getting enough milk. The baby may want to feed very frequently at times, even if getting enough milk. The baby's feeding frequency is not an indication of the amount of milk the baby gets.

From the third day forward, the amount of milk the baby gets can be estimated from the baby's urination, frequency and stools.





Weight increase is the best indication that the baby is getting enough milk.

The baby should urinate at least three times in a 24-hour period, and the stools should gradually become lighter in color and start having an odor.

During the fourth day the amount of urine increases further so that the baby urinates at least four times in a 24-hour period. The urine is light in color and does not have a strong smell. At the same time, the baby's stools turn yellow because the baby is getting milk.

Until the baby reaches the age of one month, he or she will produce stools once a day even though the amount may be small. Once the baby grows older, the frequency may decrease. This does not mean that the baby is not getting enough milk. The ba-

by should urinate at least five times in a 24-hour period. The amount of urine should be sufficient to make the nappy feel heavy.

Weight increase is the best indication that the baby is getting enough milk. The baby's weight is closely monitored at the hospital. A newborn will lose some weight during the first two days after birth, but the weight loss must be less than 10 per cent of the baby's birth weight. The weight loss will stop during the third day, and the baby will start gaining weight on the fourth day. The baby will usually be back to the birth weight by the time he or she is 10 days old, but sometimes this may take up to two weeks. After the baby is discharged, the child health clinic will continue monitoring the baby's weight.

Signs of a good breastfeeding position and a good latch

- *The mother is comfortable (you can use pillows to support your position)*
- *The baby is turned towards the mother; the baby's head and the body form a straight line*
- *The baby's nose is next to the nipple before the baby latches on*
- *The baby tilts the head backwards and opens wide before latching on*
- *In addition to the nipple, part of the areola is in baby's mouth*
- *The baby has a good latch and the baby's lips are not pursed*
- *The baby sucks the breast rhythmically*
- *Breastfeeding does not hurt*
- *Breastfeeding does not change the form of the nipple*

Signs of successful breastfeeding

The baby is getting enough milk when the baby:

- *has a good latch and sucks the breast energetically, at least eight times in a 24-hour period*
- *produces stools at least once in a 24-hour period (meconium during the first two days)*
- *urinates at least five times in a 24-hour period from the fourth day onwards*
- *produces stools at least once a day; milk makes them yellow in color from the fourth day onwards*
- *loses less than 10 percent of birth weight during the first days*
- *starts gaining weight at the age of four or five days*
- *reaches the birth weight again at the age of 10 days*

If you are unsure whether you are producing enough milk, please contact your child health clinic and make an appointment for weighing the baby.

Complementary feed at the maternity ward

A healthy, full-term baby of normal weight does not need any food in addition to breast milk, not even during the first days. However, sometimes babies need complementary feed for medical reasons. For example, a baby that has an increased risk of low blood sugar during the first few days, or whose weight drops over 10 per cent of the birth weight, may need more milk. Premature babies (pregnancy lasted less than 37 weeks), babies that are either small or large for the gestational age (birth weight is less than 3 kg or over 4.5 kg) or babies whose mother has gestation diabetes or diabetes that requires insulin treatment have an increased risk of

low blood sugar. If the baby is in the risk group, the baby's blood sugar levels are monitored by taking blood samples during the first few days.

If your baby has a risk of low blood sugar, provide the baby with plenty of skin to skin contact and breastfeed the baby frequently: at least once in every three hours and whenever the baby indicates willingness to suck. Skin to skin contact saves the baby's energy because it keeps the baby warm and calm. Frequent, small doses of breast milk are the best way to help the baby maintain a normal blood sugar level. If the baby is not sucking the breast, or the suck is not effective, you can express by hand or pump some breast milk to a spoon or a cup once every two to three hours. The decision



Breast milk is the best way to keep the baby's blood sugar level normal.



Good position and a good latch help prevent breastfeeding problems.

on complementary feed is made based on the baby's blood samples.

Even if the baby requires complementary feed, you can also breastfeed the baby. Complementary milk is often given at regular intervals, usually every three to four hours. You can breastfeed your baby as often as the baby wants, or at least before the complementary feed. If the baby does not suck the breast, express milk by hand at least eight times in a 24-hour period. This helps the milk come in faster, and you can start feeding your baby with breast milk.

The required amount of complementary feed depends on the baby's weight and the situation. Complementary feed is usually not required once the mother's milk comes in. This usually happens within three to four days of giving birth.

If your baby is fed with a lot of complementary milk (over 40 ml/feeding), reduce the amount of complementary feed gradually. For example, reduce the amount of complementary milk by 10 ml/feeding for 24-hour period, until the amount in a 24-hour period is less than 100 ml. At the same time, it is important to increase the frequency of breastfeeding. If the baby seems happy after breastfeeding, and does not want the complementary feed, you

can stop the supply of complementary milk faster. Monitor the baby's condition as well as urine and stools. Make an appointment with your child health clinic for weighing the baby. The clinic will instruct you on reducing the amount of complementary feed and increasing the efficiency of breastfeeding.

Most common breastfeeding problems

When they first start breastfeeding, some mothers get sore nipples that also crack. Most often, this is caused by the breastfeeding position or the way the baby latches on. Observe the signs of a good breastfeeding position and a good latch in this guide. They should help you make breastfeeding less painful. Ask your nurse for help, or if you are already at home, contact the nurse at your local child health clinic. If your nipples are sore or have wounds, you can squeeze a drop of milk on them after breastfeeding. Let the nipples air bath between feeds. You can also use creams and ointments, such as purified lanolin, that are available from pharmacies. If breastfeeding is too painful, you can express some breast milk for the baby. Blood on the milk is not harmful for the baby, but you should not store any milk that has blood in it.

Some mothers experience strong symptoms when their milk comes in day or two after giving birth.

Their breasts can be swollen and red. The mother's temperature may also be slightly elevated. To prevent these symptoms, breastfeed frequently before your milk comes in. Frequent breastfeeding is also the primary care for the symptoms. Using cold compresses on the breast, such as a cold cabbage leaf or a bag of frozen vegetables wrapped in a towel, can help reduce the swelling and ease the pain. If the baby cannot latch on to the swollen breast, you can make the areola softer by expressing some milk by hand before starting breastfeeding. However, expressing milk regularly is not recommended, because this can cause over-production of milk. The symptoms usually ease within a day or two. When necessary, you can use anti-inflammatory drugs, such as ibuprofen.

Later on during breastfeeding, the breasts may become red, hot and painful. The mother's temperature may also become elevated. This may be due to a blocked duct. A block is caused when the breast does not get properly drained. This may be due to less frequent breastfeeding or something pressing into the breast (e.g., a bag strap or a bra that is too small).

The best way to treat a blocked duct is to breastfeed frequently and rest. If the baby's suck is not good, you should milk the breast. Remember to

drink enough, especially if you have a temperature. Cold compresses may also help (similar to those used treating breasts when milk comes in). When necessary, you can use anti-inflammatory drugs, such as ibuprofen, to get the temperature down. If you still have a fever after 24 hours, or if the symptoms are very strong, contact your health center, as this may be a sign of mastitis. Mastitis is treated the same way as a blocked duct, but you will also need a prescription of antibiotics. You must breastfeed the baby frequently while taking the antibiotics. The breast may remain red and tender for a few days after the block is gone.





Baby in the pediatric ward

Some newborns require treatment at the pediatric ward. This may be due to a premature birth, an infectious disease or the baby having trouble breathing. The mother remains at the maternity ward. However, the parents can spend time with the baby during the day, and participate in the care of the baby.

Parents are important even if the baby requires special care at the hospital. You may feel intimidated by the thought of handling a premature or a sick baby, but practise makes perfect. Skin to skin contact is beneficial also when the baby is in the pediatric ward. It helps keep the baby's vitals stable and the baby is happy being close to you. The baby feels secure when held by a parent. You can also breastfeed the baby, once the baby's condition allows this. The pediatric nurses will be happy to help with baby care and ways of getting to know your baby.

Expressing breast milk by hand

Breast milk is especially important for a sick or premature baby. It contains lots of antibodies. Start expressing milk as soon as possible after giving birth, preferably within six hours. If you cannot start this quickly, you can start later on. Ask your nurse to instruct you on how to express milk by hand.

Before your milk comes in, we recommend expressing milk from 8 to 12 times in a 24-hour period. The times do not have to spread evenly throughout the period; you can express milk more frequently during the day. Do it once during the night, though. This will help start milk production.

It is important to remember to wash your hands before you express milk. While in the hospital, disinfect your hands, too.

Expressing milk

- *Always wash your hands carefully before expressing milk.*
- *Start expressing milk as soon as possible after giving birth (preferably within six hours).*
- *You can help milk let-down before expressing milk by using warm compresses, gently rubbing the breast or touching your nipples.*
- *Place your thumb on the opposite side of the nipple than rest of your fingers; approximately 3 cm from the nipple.*
- *First, push inwards (towards your chest) and then press your fingers together. Note that the fingers should not move on your skin.*
- *Rotate your fingers to another part of the breast when you get no more milk.*
- *Change breasts when milk ejection decreases. Express milk from both breasts two to four times.*
- *Starting out, express milk 8 to 12 times in a 24-hour period.*
- *Express milk once during the night.*
- *When your milk comes in, try to maintain the amount of milk in over 500 ml in a 24-hour period.*
- *Keep a record of pumping times and amount of milk expressed.*





Breast milk is especially important for a sick or premature baby.

Starting the milk let-down may be challenging when expressing milk. Usually, anything that helps you relax will help you eject milk. You can keep a warm compress (grain bag or a towel dipped in warm water) on your breasts before starting. Good ways to encourage milk let-down include being close to the baby, looking at pictures of the baby or simply thinking about the baby. You can also stroke or rub the breast and touch the nipple and areola. Try different methods to find the one that works for you.

During the first days, you are not ejecting much milk, sometimes only a few drops. Expressing milk by hand is the best way to collect small amounts of milk. You can squeeze out a drop and collect it to a syringe. Even if you can only manage a few small drops, they will be very beneficial for the baby because they contain a lot of antibodies which help protect the baby from infections and grow strong.

Once the amount of milk increases a few days after giving birth, you can start using an electric breast pump. Using a pump that has double-pumping capability to express milk from both breasts at the same time saves time and may help increase milk production. There are companies that rent elec-

tric breast pumps. Ask your nurse for more information before you are discharged if you are interested in renting.

When your milk comes in, try to maintain the amount of milk in over 500 ml in a 24-hour period. The frequency of expressing milk required to maintain milk production is individual, but milk typically needs to be expressed from five to eight times in a 24-hour period.

Keep a record of the times and volumes to find a suitable pumping frequency. If you keep pumping milk for a prolonged period, the amount of milk can fluctuate. To increase the amount of milk, you should increase the pumping frequency for a few days.

Your body after pregnancy and childbirth

The mother's body goes through a lot during pregnancy and childbirth. They will leave their marks. During the first weeks after giving birth, you should focus on recovering and getting to know your baby. Forget everything else and just concentrate on spending time with the baby.

Your uterus will start contracting immediately after childbirth. Some mothers feel uterine contractions, especially when breastfeeding. You can alleviate these with a warm grain bag or by massaging the uterus before breastfeeding. If this does not help, you can take painkillers. These after-pains should go away within a few days. Mothers who have given birth before often experience more severe and prolonged after-pains than first-timers.

Postpartum leak is called lochia. During the first days after giving birth, the discharge is bloody and heavier than your period. After the first days, the

amount of discharge will quickly start tapering off, first turning brown and then whitish in color, resembling normal but heavy vaginal discharge. The discharge originates from the wound left by the placenta. Postpartum leak usually lasts for about one month.

Moving around more actively may temporarily increase lochia. This is not dangerous if the volume is not heavy and the discharge decreases within one or two hours after the activity. However, heavy and bloody discharge may be a sign of a piece of placenta remaining in the uterus. If the bleeding is heavy, call the maternity hospital's emergency services.

Risk of uterus infection is the greatest during postpartum leak. You should pay special attention to hygiene to reduce risk of infection. Change sanitary pads often. Use of tampons is not recommended. You may have uterus infection if your lochia



During the first weeks after giving birth, focus on getting to know your baby.



It takes about one month to recover from a C-section.

has a foul odor, or you have abdominal pain and fever. If the symptoms are mild and your temperature remains under 38°C, please contact your local health center. If your temperature rises to 38°C or above, please contact your maternity hospital's emergency services.

Wounds in the perineum and vagina usually heal well and rather quickly. An incision through the perineum is often more sore than a natural tear in the perineum. When necessary, you can use anti-inflammatory drugs to ease the pain. To treat the wound, rinse it after you go to the toilet. During the first few days, the wound may sting when you urinate. Rinsing the wound helps. Walking increases blood flow in the area and speeds recovery. The stitches used will dissolve within a few weeks.

Your digestive system slows down after giving birth, and it may take a few days before it picks up again. Eating high-fibre foods (such as fruits and wholegrain products), drinking plenty of fluids and walking are usually enough to start normal bowel movement. If necessary, you can also use laxatives.

Postpartum haemorrhoids are relatively common. Haemorrhoids are swollen varicose veins that show in the rectal area. They can be quite painful after giving birth and especially during a bowel move-

ment. You can use creams or suppositories for hemorrhoids. They usually heal quite quickly after giving birth.

Recovering from a Caesarean section

C-section patients typically recover quickly. Recovery takes about one month. During this time, avoid heavy household work, especially heavy lifts or quick twists of the body which cause pain in the wound. Do not carry anything heavy, such as shopping bags; let others do it for you. You can lift and care for your baby, however.

The wound may be sore after the C-section. Taking pain medication regularly during the first few days after surgery will promote recovery, as will resting.

The wound is treated by rinsing the wound and by letting the wound air bath. A wound that is healing does not require any other treatment; creams, salves or dressings are not required. Start rinsing the wound daily the day after the surgery. Spray water to the wound once a day for 5 to 10 minutes. This increases the blood flow around the wound, which promotes healing. Keeping the wound clean will also prevent infection in the wound. After showering the wound, tap the wound dry with a clean towel and let the wound air bathe.

The area around the wound may have bruises caused by superficial bleeding, and the area around the wound may be numb. There is no need to worry, these symptoms will gradually go away. Keep an eye on the wound and you can see how the healing progresses. The ligature or hooks will be removed at your local health center. Make an appointment for the removal.

The easiest way to get out of bed is first turning to your side and then pushing with your hands; avoid twisting your body. Pay attention to how you walk: keep your back straight and relax your shoulders. You can start the following exercises that improve the flexibility of tissue in the incision area two to three days after the surgery:

- Lay on your back, bend your knees and lift your pelvis up slowly, then bring it slowly back down.
- Lay on your back, rotate your knees slowly to the right and then to the left.

Repeat both exercises 10 times twice a day for the first month after the C-section.

Infections are rare, but possible. Signs of infection include redness, inflammation, swelling or discharge in the wound area. In addition to these

symptoms, you may experience increasing soreness around the wound or your uterus and get a temperature. Postpartum leak may also have a foul odor. If the symptoms are mild and your temperature remains under 38°C, please contact your health center. If your temperature rises to 38°C or above, please contact your maternity hospital's emergency services.





Healthy pelvic floor muscles are very important for a woman's quality of life.

Recovery after pregnancy and childbirth

How the body recovers after pregnancy and childbirth is specific to each individual. You should focus on improving abdominal control and establishing good posture. Beginning on the first day, start activating the muscles of your pelvic floor on a regular basis.

Strong pelvic floor muscles help to control urine flow, support pelvic organs and the lumbar region, and enhance sexual pleasure. Give yourself time to recuperate, as it will take months to strengthen your muscles and you may be more tired while caring for your baby, thus requiring more rest.

Make getting out of bed a daily workout

During the first weeks, get out of bed by rolling from your side. This will help to support your lumbar region and reduce the amount of strain on your outermost abdominal muscles. When getting out of

bed, bend your knees one at a time and turn onto your side. Push yourself up into a sitting position with your hands and swing your legs over the side of the bed. When rising up into the sitting position, keep your gaze forward and exhale slowly. Do this in reverse order when getting into bed.

Finding the pelvic floor muscles

First, learn how to find the right muscles while lying down. Keep your superficial abdominal, buttock and thigh muscles relaxed and breathe normally.

Begin by tightening the muscles around your anus and vagina lightly, in and up. Contract the muscles and count to two, and then relax and count to two. Do this for 1–2 minutes 3–4 times a day. Take 1–3 rest days a week.

When you feel that the exercises are working well while lying down, begin doing them while sitting or standing. Once you can find your pelvic floor

muscles in all the beginning positions, you may proceed to the next level of exercises. A good way to remember to do the exercises is to incorporate them into your daily routine, such as when breastfeeding or watching television.

Use your pelvic floor muscles in daily activities

In addition to the above exercises, learn how to use the pelvic floor muscles whenever you need them. Link the conscious and proactive contraction of the pelvic floor muscles with various daily activities, such as lifting the baby, raising from the sofa, coughing or laughing as well as with various calisthenics.

Establishing good posture

Correct your posture several times each day. The goal is that your back will find its way back to the correct position automatically, even when moving about.

Stand with your legs slightly apart. Point your toes forward. Distribute your weight evenly on the ball of your foot, from the big toe to the little toe and back to the heel. Ensure that your knees are not overextended. By keeping your hips in a neutral position, you can use your hands to ensure that the pubic and iliac crests are vertically aligned. Align your

ribcage over your hips and do not let the middle of your spine lean back. Keep your neck fully extended and the top of your head pointed at the ceiling while looking straight ahead.

Progressing to the next level of strength training for pelvic floor muscles

For the first few weeks or even months, give your full attention to the above exercises. When they become consistently easy to do in various positions and you feel like you can do more, increase the difficulty of exercises gradually and in small increments. Increase the duration and force of contractions little by little. As you make progress over a number of weeks, increase the level of difficulty once again. When increasing the duration and force of contractions, you can reduce the number of repetitions. The goal is to make 8–12 rather strong contractions for approx. 10 seconds each in 1–3 sets a day. Take 1–3 rest days a week.

Strengthening the abdominal muscles

The following exercises will improve abdominal muscle strength and posture: Do 8–12 repetitions of each movement in 1–3 sets 2–3 times a week. Also look after your general level of fitness by doing some form of light endurance exercise, such as walking.



Bad posture



Good posture



1.



2.



3.



4.

1. Oyster

Start position: Lie on the floor in a fetal position. Support yourself with your upper arm, with the elbow pointing to the ceiling. You can lean on a ball. Straighten your spine by lifting your lower waist off the floor and pushing your upper hip toward your heels.

Movement: First, activate your pelvic floor muscles and then rotate your upper hip by bringing your upper knee level with your hip. Raise your knee while exhaling and return to the start position while inhaling. Focus on keeping your hips and spine still.

2. Alternating arm stretches

Start position: Lie on your back with your knees bent. You can put a ball between your knees, with your knees pointed at the ceiling and toes pointing straight forward. Keep your hips firmly on the floor, with the small of your back slightly raised and your mid-back on the floor. Raise your arms toward the ceiling, with the palms of your hands facing each other.

Movement: First, activate your pelvic floor muscles and focus on keeping your hips still while stretching one arm up toward the ceiling, lifting the shoulder blade from the floor. Stretch while exhaling and return to the start position while inhaling. Alternate sides.

3. Foot slide

Start position: Lie on your back with your knees bent and your spine in a neutral position, as described in the exercise above.

Movement: First, activate your pelvic floor muscles. Press the sole of your right foot into the floor while sliding your left foot straight out along the floor. Make sure that you keep your hips still the whole time. Slide your foot out while exhaling and bring it back up while inhaling. Repeat with both feet.

4. Abdominal muscle exercise

Start position: Lie on your back with your knees bent and hands clasped behind your neck. You can hold a ball between your knees. Try to find a neutral spine position, so that your tailbone is on the floor, the small of your back is slightly raised and your mid-back is on the floor.

Movement: First activate your pelvic floor muscles and then lift your head and shoulders off the floor. Also focus on keeping your hips and the small of your back still. Lift up while exhaling and return to the start position while inhaling. Avoid this exercise, if you notice that the middle line of your abdomen bulges out between the straight abdominal muscles.

Baby care at home

Allow yourself enough time to get settled. Do not plan too many activities or invite too many guests.

Caring for a newborn is a 24-hour job. You will be awake several times a night and taking care of the baby fills your days, too. You will need some peace and quiet whenever the baby gives you the chance. To make your life easier, reduce all other obligations. Ask others to help you with cleaning, laundry, cooking and looking after your other children. If help is not available, do only what is absolutely necessary. Once you are settled and have a daily routine, it will be easier to find time for other activities.

If this is not your first baby, you are of course already familiar with baby care. Elder sisters and brothers

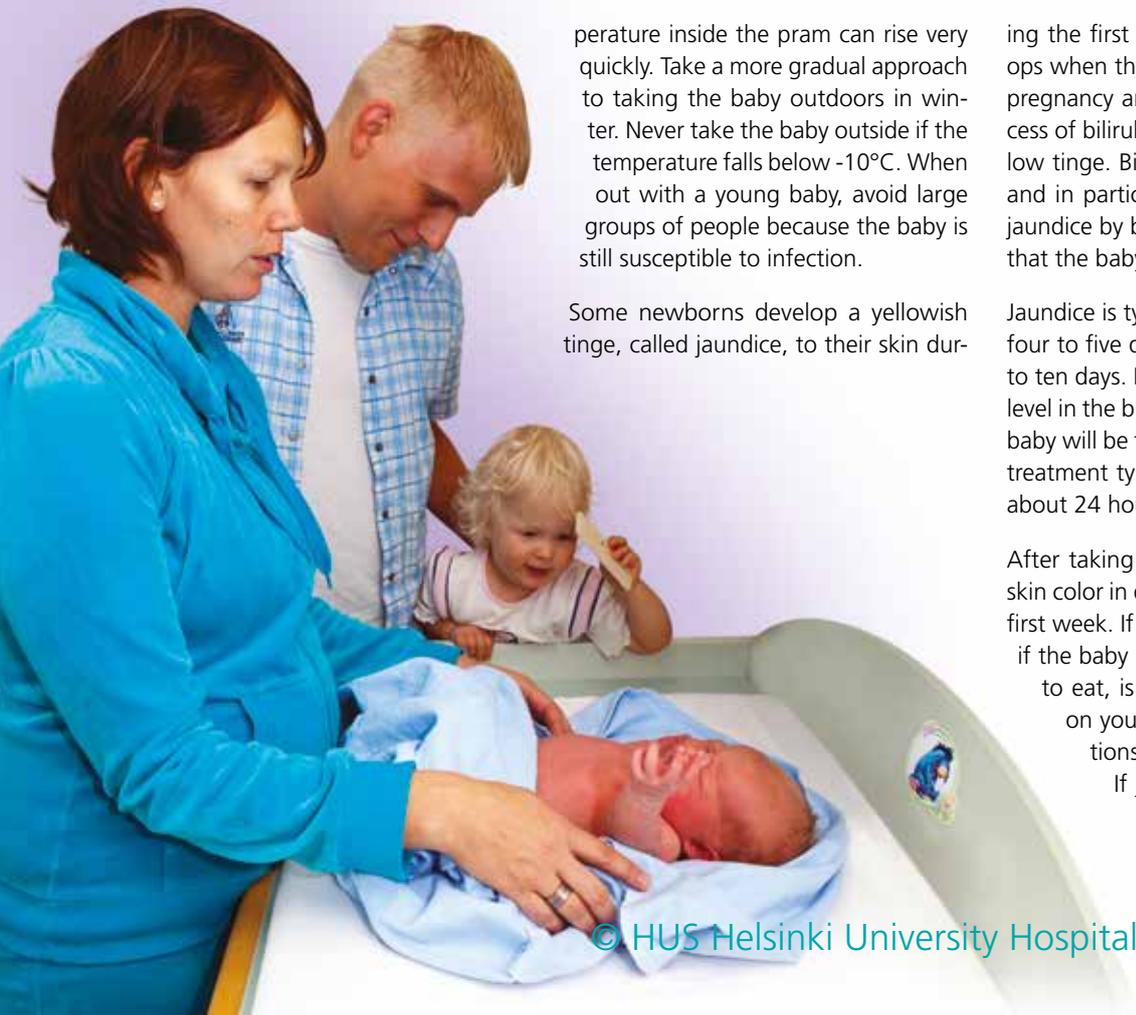
do, however, add some challenges. Remember to show the baby's siblings that you have time for them, and that you love them. Letting them participate in caring for the baby is a good way of reducing any jealousy they may feel. You can also remind relatives and visitors that the baby does not know how to show appreciation for their time and presents yet, but the older siblings do.

Basic baby care at home follows the same basic formula as in the hospital: plenty of closeness, frequent breastfeeding and daily hygiene. Clean the following folds of skin once a day with a wash cloth: back of baby's ears, neck, underarms and groin area. The umbilical stump requires some treatment at home, too. Keep the belly button dry and clean. The umbilical stump usually drops off when the baby is about one week old, and there may be a little bleeding. This is completely normal. You can bathe the baby even if the umbilical stump has not dropped yet, just remember to dry base of the belly button carefully afterwards with a cotton swab, for example.

Start taking the baby out gradually. In summer, when it is warm, you can start right away, and can quickly increase the time you spend outdoors. It is important to protect the baby from sunshine and never leave the pram in the sun because the tem-



Once you are settled and have a daily routine, it will be easier to find time for other activities.



perature inside the pram can rise very quickly. Take a more gradual approach to taking the baby outdoors in winter. Never take the baby outside if the temperature falls below -10°C . When out with a young baby, avoid large groups of people because the baby is still susceptible to infection.

Some newborns develop a yellowish tinge, called jaundice, to their skin dur-

ing the first few days after birth. Jaundice develops when the extra red blood cells needed during pregnancy are breaking down. This causes an excess of bilirubin in the blood which causes the yellow tinge. Bilirubin passes from the body in urine and in particular in stools. You can help prevent jaundice by breastfeeding your baby frequently so that the baby passes stools often.

Jaundice is typically brightest when a baby is from four to five days old, and disappears at age seven to ten days. If the baby is very yellow, the bilirubin level in the blood will be measured. If it is high, the baby will be treated with ultraviolet light. The light treatment typically helps bring down the levels in about 24 hours.

After taking the baby home, monitor the baby's skin color in daylight at least once a day during the first week. If the baby is very yellow and especially if the baby appears very tired (does not wake up to eat, is difficult to wake up and falls asleep on your breast after only a few sucking motions), please contact the pediatric ward. If jaundice is not excessive and the baby eats well and seems healthy, you can ask a public health nurse to assess the baby's situation at the child health clinic.

Relationship and sexuality

Birth of a child is usually a happy and positive thing, but it will also change your relationship with your partner.

With the arrival of a new baby the situation in the family changes. Now you are a family of three, four etc. It may be difficult to find “couple time”, but do make the effort and try to plan ahead with your partner. Keep in mind that in addition to being parents, you are also a couple and sexuality is part of your relationship. A balanced and healthy relationship between parents adds to the security and happiness of the baby.

Sexuality is an important part of a relationship in every stage of life. It is only human to feel less passionate when you are caring for a newborn; during

the first months, the baby will need your undivided attention and your sex life often takes a back seat. You may crave cuddles and tenderness even more than usual, though. Be caring and loving even if you are not having sex.

A healthy relationship between the parents is the backbone of the family. Children learn from their parents how to be a man or a woman, how to show their feelings, express themselves, be close to someone and touch someone – in other words, how to be sexual beings. You can take care of your relationship simply by doing everyday chores together, such as household work.

The birth of a couple’s first child in particular strains the relationship. As a new parent, you see yourself and your partner in a new light. For some, parenthood comes easily, for others, it develops gradually over time. Men can sometimes find it hard to combine the image of a mother and a woman. Women in turn may find it challenging to combine the roles of a mother, a woman and a partner.

The woman’s body undergoes many changes during pregnancy. Women are typically more critical towards how their body changes because of preg-



As a new parent, you see yourself and your partner in a new light.



Physical recovery after childbirth is individual.

nancy and childbirth, whereas men tend to have a more positive view. A woman needs to hear encouraging feedback about her body and the changes that have taken place. It is easier to start sexual relations again once the woman is happy about her body. Physical recovery is different for each individual and can sometimes take several months.

The woman's breasts also change during pregnancy. After childbirth, breasts may feel tender and the man may see them as a "food storage" for the baby. After weaning the baby, it may take months before the erogenic sensitivity of the breasts returns.

Childbirth itself is a sexual experience, and many women feel liberated and more self-confident after it. A positive childbirth experience may also have a positive impact on your sexuality. As an experience, childbirth typically enforces your womanhood and sexuality. If childbirth has been a difficult or traumatic experience for the mother or the partner, it is important to discuss this with the hospital personnel before going home. You can contact them later on, too. Talking about the issues often helps.

Sex drive may vary after giving birth. It is perfectly normal for your sex drive to be different at differ-

ent stages of your life. Reluctance after childbirth is very typical, and is caused by hormonal changes. Men may feel reluctant, too. Looking after the baby takes a lot of time, and may cause sleepless nights. If you are tired, you are not easily aroused. A woman may find it hard to feel sexy while immersing herself in looking after the baby. A new mother has a very strong urge to meet the needs of the baby, and keep the baby close to her. To make sure both parents can cope, it is important to divide the household work and chores equally between the partners. Do not make too much of your libido being low, this usually passes. Talk about sexuality and your relationship with your partner to avoid conflicts over the fact that one or both of you are feeling reluctant or uninterested.

Every couple is different: some feel ready for intercourse a day or two after childbirth; some need months to get there. You can resume your sex life when both of you feel ready and willing. Note that it may take a few weeks for tears or episiotomy incisions to heal. A woman can gently touch herself to see if there is any pain. You may experience vaginal dryness and sensitivity, which is due to low levels of estrogen and thinned mucous membrane.

To avoid pain and discomfort, go very gently and cautiously about the first intercourse after childbirth. A lubricant can be a big help. C-section wound will also be sore at first; healing typically takes a few weeks. If you had a Caesarean, choose a position that does not put too much pressure on the wound. There are thousands of ways to give and receive pleasure; intercourse is just one of them. You can use your hands and mouth to please your partner, or masturbate. Postpartum leak typically lasts for four to six weeks after giving birth. This does not prevent intercourse, but you should use a condom to prevent infections.

Contraception is discussed at the child health clinic, typically during the check-up that takes place 6 to 12 weeks after childbirth. If you do not wish to become pregnant again, you need to use contraception even if you are breastfeeding. In some women, hormone levels and periods return back to normal very quickly after childbirth. Unprotected intercourse and the related fear of pregnancy may be one reason for reluctance.

While you breastfeed, you can use condoms or mini-pills; they do not affect milk production and do not raise the hormone levels to the milk to harm-

ful levels. Once you stop breastfeeding, you can start taking combination pills. A hormone or copper IUD is also a suitable method of contraception for women who have given birth. IUD is an effective contraception method. A hormone IUD mainly affects the cervical mucus. A doctor will implant the IUD about three months after childbirth. An IUD is worth considering if you do not plan to get pregnant in the near future; it will need to be replaced within three to five years. Sterilisation is a permanent contraception method, and possible for both men and women. You need a doctor's recommendation for sterilisation. Fallopian tubes are blocked when women are sterilised, for men it is vas tubes – hence the name vasectomy.

Bring up any problems or questions during the check-up. Making love may be painful after childbirth, for example due to a tear, episiotomy incision or thinned mucous membranes. Remember that all of these can be treated. The check-up is also a good opportunity to ask the doctor about the condition of your pelvic floor muscles, and get motivated about strengthening them.



It's good to talk about your relationship with your partner.



When the umbilical stump starts to come off, there may be some bleeding.

FAQ - frequently asked questions and answers

Why are there spots on the baby's skin?

During the first days, most babies develop so-called baby acne or hormonal spots. These harmless spots can appear anywhere on the baby's body. They do not typically require any treatment, and clear away by themselves. If spots on your baby's body look more like blisters, contact the child health clinic or the hospital ward that discharged you.

Why is my baby's skin dry?

A greasy coating called vernix caseosa protects the baby's skin in the womb. If the pregnancy is post-mature, this coating may have "worn out", and the baby's skin may be dry. This is harmless, and does not indicate future skin problems. There is no need to treat the dry skin. You can add some basic lotion or baby oil to the driest parts, such as the wrists and ankles.

Why do the baby's eyes get crusty?

This does not necessarily indicate an eye infection. A newborn's tear ducts may be narrow, and this causes the eyes to become crusty-looking. Clear the crust away at least twice a day or as required. If the crustiness is prolonged, contact the child health clinic.

Why are the baby's nipples swollen?

Mother's hormones affect the baby too, and the nipples of a newborn may sometimes get swollen after birth. Sometimes they may even excrete some milk, although this is rare. There is no need to treat the nipples, they will go back to normal by themselves.

Why is there blood in the nappy?

A baby girl may have some blood in the nappy because of a little vaginal “period” discharge. This is normal and is caused by the mother’s hormones that affect the breastfeeding baby. The discharge typically stops quickly.

If the red substance in the nappy has a more of a maroon color and is powder-like, it is uric acid crystals. The baby’s urine may contain these crystals during the first few days. Once the baby produces more urine, they will disappear. If the nappies keep containing uric acid crystals, it is usually a sign of the baby not getting enough fluids. Observe the signs of successful breastfeeding and contact the child health clinic or the hospital ward that discharged you.

Why is the umbilical stump bleeding?

When the umbilical stump starts to drop off, some bleeding may occur. This is normal. Clean the belly button carefully and monitor the bleeding. If it does not stop, contact the child health clinic or the hospital ward that discharged you.

My baby sneezes all the time. Did the baby catch a cold?

Babies typically sneeze a lot. It is not a sign of the baby catching a cold; it is just the way the baby keeps the nasal passages clear.

My baby has the hiccups. Is there something I can do?

Hiccups are not dangerous and most babies don’t seem to be bothered by them. No one has come up with a fool-proof way of stopping hiccups yet, but breastfeeding may help.

The baby’s stools are very loose and runny. Does the baby have diarrhea?

When the mother’s milk comes in, the baby’s stools change. They become mustard yellow or green and quite runny. If the mother is producing a lot of milk, the stools may be very runny, in which case the nappy absorbs them much like urine. The stools may be produced with pressure and loudly. This does not indicate diarrhea, this is typical “milk poo”.





Things to look out for

Mother

If the bloody postpartum discharge becomes heavy again, it may be a sign of a small part of placenta remaining in the uterus. Please contact the maternity hospital's emergency services.

If the mother has abdominal pains, foul-smelling postpartum discharge or elevated temperature, she may have puerperal fever, also known as child-bed fever. It is caused by an inflammation of the inner lining of the uterus or the mucous membrane of the uterus or uterine organs. If the symptoms are mild and your temperature remains under 38°C, please contact your health center. If your temperature rises to 38°C or above, please contact your maternity hospital's emergency services.

Baby

Jaundice is the most typical symptom in newborns that requires treatment. It is usually most extreme four to five days after birth. If the child is very yellow, please contact the hospital ward that discharged you.

Contact the ward that discharged you immediately if the baby

- is sleepy, does not wake up to eat and does not have the energy to nurse even when woken up
- cries constantly and does not calm down at all
- has an elevated temperature (over 38°C).

If you are concerned about your baby or need information about baby care before your first visit at the child health center, do not hesitate to call the hospital ward that discharged you.

Monitoring your newborn

Use tallies to keep the record.

Day 1	
Breastfeeding (min. six times)	Notes on breastfeeding
Urination (min. once)	
Stools (min. once)	Color of stools
Day 2	
Breastfeeding (min. eight times)	Notes on breastfeeding
Urination (min. twice)	
Stools (min. once)	Color of stools

Day 3	
Breastfeeding (min. eight times)	Notes on breastfeeding
Urination (min. three times)	
Stools (min. once)	Color of stools
Day 4	
Breastfeeding (min. eight times)	Notes on breastfeeding
Urination (four to six times or more)	
Stools (min. once)	Color of stools



Day 5	
Breastfeeding (min. eight times)	Notes on breastfeeding
Urination (four to six times or more)	
Stools (min. once)	Color of stools
Day 6	
Breastfeeding (min. eight times)	Notes on breastfeeding
Urination (four to six times or more)	
Stools (min. once)	Color of stools

Important contacts

Medical helpline 116117

Other useful numbers

National breastfeeding support line 041 528 5582

Mannerheim League's support line for parents
0600 122 77

Useful links

The Breastfeeding Support Association in Finland:
www.imetys.fi

Kevyt - Association of Premature Babies Parents:
www.kevyt.net

Kestovaippayhdistys (washable nappies):
www.kestovaippayhdistys.fi

Mannerheim League for Child Welfare: www.mll.fi

Miessakit Association (for men): www.miessakit.fi

National Institute for Health and Welfare (information about vaccines): www.thl.fi

The Finnish Rainbow Families Association:
www.sateenkaariperheet.fi

The Family Federation: www.vaestoliitto.fi

Äimä ry (Peer support for mothers with baby blues):
www.aima.fi





www.hus.fi

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