



HUS⁺

BABY JOURNEY

Guide to the parents



Name

Date and place of birth

Length Weight

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**More
information**
about the
sections marked
with this symbol is
available online
and on the back
cover, mostly in
Finnish and in
Swedish.



CONGRATULATIONS, YOU'RE A NEW PARENT!

This guide contains important information about the first weeks after giving birth. We have included information that is good to know when caring for a newborn.

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.

The first few weeks after the baby is born are filled with learning: you get to know your baby, learn how to be a parent and take care of the baby. Even if the baby is not your first, a new baby will change your family dynamic.

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 a difficult childbirth or if the baby has been taken to the pediatric ward immediately after birth, it may take longer for these feelings to develop.

Caring for the baby and holding them close to you will help you bond with each other.

At first, the mother and baby have a very close relationship. Having heard the mother's voice in the womb, the baby will recognise it. Regardless of whether you are the mother or the other parent, you can talk to the baby and hold them. Skin to skin contact relaxes both you and the baby.



THE FIRST DAYS WITH YOUR BABY

Start monitoring the signs of successful breastfeeding on the very first day. You will find a chart to help you with monitoring at the end of this guide. We provide more information about the signs of successful breastfeeding on page 9.

The first day

The baby is usually alert immediately after being born, and is ready for the first breastfeeding at the age after about one hour. After feeding, the baby falls asleep and may 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 also a good way to get the baby started with breastfeeding.

During the first 24 hours, the baby should be breastfed at least 6–8 times, at intervals of about 3–4 hours. The nurses are there to help, so you can ask them for advice if you need it.

The stools (poop) during the first few days are called meconium. This is almost black, viscous and has no odour. It is a good idea to check the nappy in conjunction with feeding and change it if necessary. You can clean the baby with water. If meconium has dried on to the baby's skin, you can remove it with oil or basic lotion.

The second day

The baby's nature usually changes towards the end of the first 24-hour period of its life. The baby is alert and wants to feed very frequently and for long periods at a time. This causes milk production to increase quickly. The baby should be breastfeeding at least eight times in a 24-hour period. Focus on finding positions that make breastfeeding as relaxing as possible. Remember to rest when the baby is sleeping. 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 looser and lighter in colour. The urine may

also contain uric acid crystals, which appear as an orange or reddish colour in the nappy. If the baby is sleepy even though it is time to eat, nappy-changing is a good way to wake up the baby. You can also feed the baby milk that you have expressed (pumped) until the baby is alert enough to suck.

When you change a nappy, it is a good idea to check the belly button area. Lift the umbilical stump and clean the base of the belly button carefully with a dry cotton swab.

If your baby is in the paediatric ward

Some newborns require treatment at the paediatric ward or intensive care ward. This can be due to a premature birth, an infectious disease or the baby having trouble breathing. After giving birth, the mother remains in the maternity ward. However, the parents can spend time with the baby and participate in caring for their baby. A parent can also spend the night in many of the paediatric ward rooms.



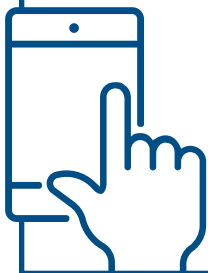


Basic baby care includes

- Closeness and skin contact;
- Breastfeeding at least eight times in a 24-hour period;
- Nappy changing as required;
- Placing the baby to sleep on their back;
- Daily checking and cleaning of folds of skin behind the ears and in the neck, underarm and groin areas;
- Washing as required either with a damp wash cloth or towel or by giving the baby a bath;
- Cleaning the belly button.

Find more information online!

Naistalo.fi
> Vauvan perushoito
(Available in Finnish and Swedish)





BREASTFEEDING

Sometimes breastfeeding is successful right from the start, while at other times it requires more support and work. Our instructions will help you with the start of breastfeeding. We also want to support any wishes you have concerning breastfeeding.



Find more information online!

Naistalo.fi
> Raskaus ja synnytys > Imetys
(Available in Finnish and Swedish)
Imetys.fi
> Printable materials

The nurses at your maternity hospital will help you get started with breastfeeding and help you deal with any problems. If necessary, you can also contact the maternity ward that discharged you for two weeks after giving birth. After your first visit to the child health clinic (neuvola), you will receive assistance from the public health nurse at your clinic. The peer supporters trained by the Finnish Association for Breastfeeding Support can also provide help with many breastfeeding problems.

Remember to fill in the Monitoring your newborn chart during the first week for one week after your baby's birth. You can find the chart at the end of this guide. The most important thing to monitor is the signs of successful breastfeeding, which tell you that the baby is getting enough milk and doing well.

Baby-led breastfeeding

Breastfeed your baby at the earliest signs of hunger. Let the baby eat as often and as long as they want. During the first days, the baby should eat every 3–4 hours.

Offer your breast when the baby

- Sticks out their tongue;
- Opens and closes their mouth or smacks their lips;
- Sucks their fingers.

Offer your breast immediately if the baby

- Turns their head from side to side restlessly;
- Pokes with their nose while searching for the nipple.

If you wait until the baby is already crying, you may need to calm the baby for a while. This will make it easier for the baby to latch on to the breast.

Signs of a good latch

- The baby's mouth is wide open;
- The baby's chin is touching the mother's breast;
- The nipple is deep in the baby's mouth;
- Any pain should only occur at the beginning with the baby's first sucks: the pain should not last for the entire breastfeeding session and it should not get worse during breastfeeding;
- After breastfeeding, the nipple is not flattened and its colour has not changed.

What is efficient sucking like?

- The baby sucks calmly and the suction feels strong;
- The latch does not slip;
- No repeated suction sounds (smacking or clicking);
- The baby's cheeks remain puffed outwards;
- You can notice the baby swallowing milk;
- Once your milk comes in, the baby takes a small break between a suck and a swallow when their mouth is full of milk.



If the baby does not seem to have a strong latch, you can try to correct it by lifting the baby to a better position on your breast.





A good breastfeeding position

The baby has

- Ears, shoulders and hips in a straight line, the body or head are not twisted;
- Head tilted slightly back;
- Body close to the mother's (move the baby towards the mother, not the breast towards the baby);
- Hands on both sides of the breast;
- Support behind the shoulders and back so that the baby can move their head freely;
- Nose at the breast level when the baby searches for the nipple.

The mother has

- A comfortable position with good back support;
- Her feet firmly on the ground or on a foot stool when sitting down;
- A pillow or pillows to support the arms if necessary.

Increasing the amount of milk

In the days after giving birth, your milk production will begin and increase on a daily basis, especially during the first two weeks. The more frequently the baby sucks your breast or you can express milk, the better and faster your milk production will increase.

If the baby's suction is weak or the baby is receiving complementary milk, it's a good idea to express milk after breastfeeding. Skin to skin contact is also a good way to initiate breastfeeding and increase the amount of milk.

Tips for increasing the amount of milk

If breastfeeding is infrequent, you can increase the amount of milk by expressing milk at least eight times in a 24-hour period, starting in the first days. This mimics the frequency of baby-led breastfeeding. Express milk at least once during night.

If your baby is in the pediatric ward or is not sucking energetically, you can express milk by hand first and then gradually switch to pumping milk as the amount of milk increases. If your baby

is sucking energetically and frequently, the amount of milk will usually increase naturally.

Skin to skin contact with the baby, a good position and latch will help the milk come in. If you have problems with breastfeeding (such as pain) and the baby is receiving complementary milk, you should express milk at least six times during a 24-hour period in addition to breastfeeding.

Complementary feed in the maternity ward

A healthy, full-term baby of normal weight does usually not need any food in addition to breast milk, not even during the first days. If the signs of successful breastfeeding are not met, the baby needs complementary milk in addition to breastfeeding. Complementary milk may also be necessary for other medical reasons.

If you want to exclusively breastfeed, we recommend weaning your baby from complementary milk as soon as this is safe. Your maternity hospital will provide you with specific instructions on weaning your baby from complementary milk.



Signs of successful breastfeeding

The baby is getting enough milk when

- The baby is feeding on demand at least 8 to 12 times per 24-hour period;
- The baby sucks efficiently and swallows milk;
- The baby urinates at least five times per 24-hour period from the fourth day onwards;
- The baby produces stools daily in the first weeks;
- The baby loses less than 10 percent of birth weight during the first days;
- The baby later gains at least 140 grams per week.

The most common breastfeeding problems

Sore nipples

It is easiest for the baby to get a good latch when they are in a good position at your breast. You can ask the staff at your maternity hospital for instructions about good breastfeeding positions. You can also request a breastfeeding instruction visit after you have been discharged. Only touch your breast with clean hands.

Your milk comes in: swollen, red breasts and elevated temperature

Breastfeed frequently at the earliest signs of hunger. You can try to relieve the symptoms by using cold compresses, such as a cold cabbage leaf or a bag of frozen vegetables wrapped in a towel, on your breasts. Take anti-inflammatory medications if necessary.

If the baby cannot latch on to the swollen breast, you can make the areola softer by expressing some milk by hand before starting to breastfeed. If the baby is sucking efficiently and frequently, you should not express milk regularly. Expressing milk too often causes over-production.

Blocked duct

Your breasts may become red, hot and tender. Your temperature may also rise. The best treatment for a blocked duct is frequent breastfeeding and rest. You can improve drainage by massaging your breast as the baby feeds. If frequent breastfeeding does not relieve the pain, you can express milk after the baby has eaten. Focus on draining the area that is painful. If your baby is not sucking efficiently, remember to express enough milk.

If the symptoms do not ease within 24 hours, contact your health centre because you may have mastitis. Mastitis is treated in the same way as a blocked duct, but a prescription for antibiotics is often needed as well. Contact your health centre immediately if you have wounds on your nipples and your temperature is elevated. Only touch your breast with clean hands.



AFTER GIVING BIRTH

During the first weeks after giving birth, you should focus on recovering and getting to know your baby. Caring for a small baby is wonderful, but it is also a big commitment. You have to respond to the baby's needs at all times of the day and night. We recommend that you rest whenever the baby provides the opportunity to do so.

The birth of a child usually inspires strong emotions: joy, love, affection, fear and even anxiety. Your emotions may range from one extreme to the other as your body's hormone levels change. At times, the responsibility for a new person can seem overwhelming and you may find yourself crying easily. This is completely normal and it usually passes quickly. If you feel blue for a prolonged period after childbirth, please discuss this at the child health clinic (neuvola).

Uterine contractions after birth

Your uterus will start contracting immediately after childbirth. Some mothers feel painful uterine contractions, especially when breastfeeding. Mothers who have given birth previously often experience more severe and prolonged after-pains than first-time mothers.

You can alleviate these pains with a heat pack or by taking painkillers if necessary. These after-pains should go away within a few days.

Postpartum discharge (lochia)

Postpartum discharge comes from the uterus, originating in the wound left by the placenta. During the first days after giving birth, the discharge is bloody and heavier than your period. After this, the amount of discharge will quickly start tapering off, first turning brown and then whitish in colour. Postpartum discharge usually lasts for about one month after birth.

You are particularly susceptible to uterine infections during postpartum discharge. For this reason, you should pay special attention to hygiene and change sanitary pads often. We do not recommend the use of tampons.

If you are exercising, this may temporarily increase the amount of postpartum discharge. This is harmless if the discharge is not heavy and it decreases within an hour or two after the exercise ends.

Wounds

Wounds in the perineum and vagina usually heal quite quickly. You can take painkillers if necessary and rinse the wound with water after using the toilet.

During the first few days, the wound may sting when you urinate. Rinsing the wound also helps with this. Walking increases blood flow in the area and speeds up recovery. The stitches will dissolve within a few weeks.

Bowel movements and hemorrhoids

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

Hemorrhoids are relatively common after giving birth. Hemorrhoids are swollen varicose veins in the rectal area. They can be quite painful after giving birth and especially during a bowel



Find more information online!

Naistalo.fi

> Synnytyksestä toipuminen
(Available in Finnish and Swedish)

Kuntoutumistalo.fi

> Opas synnytyksestä
kuntoutumiseen
(Available in Finnish and Swedish)
> Lantionpohjan lihasten
harjoitteluopas
(Available in Finnish and Swedish)

movement. You can use cold water, hemorrhoid creams or suppositories to relieve the pain. Hemorrhoids usually heal quite quickly.

Pelvic floor and abdominal control

The pelvic floor muscles and connective tissues support the pelvic organs. Rehabilitating these muscles is an important part of recovering from childbirth. You can already start activating your pelvic floor muscles with exercises designed to identify the right muscles on the day after giving birth.

During pregnancy, the vertical abdominal muscles move away from each other and the linea alba (a tendinous line between them) stretches. Good abdominal control is the best way to support your posture. You can start doing abdominal exercises a couple of weeks after giving birth.

Breasts

Some mothers have tender, red and swollen breasts 2–4 days after giving birth when the amount of milk increases. You may also have an elevated temperature or fever. This discomfort usually lasts for a day or two. Read more on page 12.

During the early phase, you may have sore nipples and wounds may develop in the nipples. Review the signs of a good breastfeeding position and a good latch (on page 11). They should help make

breastfeeding less painful. If necessary, ask your maternity hospital or child health clinic (neuvola) for help.

Recovering from a Caesarian section

Your recovery time after a Caesarian section is usually about one month. During this time, avoid heavy household work, especially lifting or quick twists of the body. However, you can lift and care for your baby normally. The area around the wound may have bruises caused by superficial bleeding, and the area around the wound may be numb. These symptoms will gradually disappear.

The sutures and staples will be removed at your local health centre. You can make an appointment for removal of the sutures according to the instructions you receive at the hospital.

The easiest way to get out of bed is by 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.

Caring for the incision

Rinse the wound with plenty of water for 5–10 minutes once a day. After rinsing, dry the wound by patting it with a clean towel. Expose the wound to the air. No lotions, salves or dressings are required. If necessary, take pain medication regularly. Resting during the first few days after surgery will promote recovery.

Things to look out for – Mother

Contact your health centre if

- You have symptoms of mastitis: a temperature over 38.5 °C, muscle pain and fatigue and the symptoms do not ease within 12 hours of draining the breast.

Call your maternity hospital's emergency services if

- There is redness, inflammation, swelling or discharge in the wound area;
- You have heavy postpartum discharge or it contains larger, for example, egg-sized clots;
- You have sharp pains in the lower abdomen, foul-smelling postpartum discharge or a fever of over 38 °C;
- You have symptoms of venous thrombosis in one of your legs: swelling in the calf, resting pain, tenderness and pain when walking.



Jaundice in a baby can be treated with light therapy.

Jaundice

Approximately half of full-term newborns develop jaundice. This is more common in premature babies. Jaundice is caused by the accumulation of excess bilirubin in the tissues, and it is brightest at the age of 3–5 days. Mild jaundice is normal and it does not require treatment. Serious jaundice is treated with light therapy. Untreated jaundice can lead to permanent brain damage. The threshold for treatment depends on the child's weight, number of pregnancy weeks at birth and age. Sufficient milk intake and good weight increase promote the elimination of bilirubin from the baby's body.

Contact your maternity hospital about jaundice if

- The baby is unusually quiet and tired
- The baby does not wake up to eat or eats poorly
- The baby urinates less than five times per 24-hour period and produces stools less than once per 24-hour period.

High fever

Breast milk contains antibodies which help protect the baby from infections during the first months. In spite of this, a baby under the age of three months should see a doctor if their temperatures repeatedly rises over 38 °C. An elevated temperature (37.5–38 °C) can also be a sign of insufficient nutrition.

If a newborn repeatedly has an elevated temperature and the signs of successful breastfeeding are not met, increase the frequency of breastfeeding and give the baby complementary milk if necessary. Contact your maternity hospital or your child health clinic (neuvola) for additional instructions.

Constant crying

Crying can be caused by many reasons, such as hunger, air in the baby's stomach or a need for closeness. The reason for crying is not always clear. Make sure that your baby's basic needs have been satisfied. If the baby still cries constantly and does not calm down at all, contact your child health clinic (neuvola).

Things to look out for – Baby

If you are worried about your baby, you can contact the maternity hospital ward that discharged you within two weeks of birth or your own child health clinic (neuvola) after the first appointment.

In situations that require immediate evaluation, you can also contact emergency services in your home municipality or call the Medical Helpline at 116117.

Find more information online!

Lastentalo.fi

> Sairaalahoitoa
tarvitseva vastasyntynyt
(Available in Finnish and Swedish)





RELATIONSHIP AND SEXUALITY

Sexuality is an important part of a relationship. When caring for a newborn, the need for closeness and tenderness become more important as passion temporarily decreases.

It usually takes time for sexual desire to reawaken after giving birth. This is because the level of progesterone and oxytocin hormones in the body is high while breastfeeding. At the same time, the amount of estrogen and testosterone, which affect sexual desire, are low.

It is perfectly normal for your sex drive to vary at different stages of your life. Your partner may also be reluctant. There are many ways to give and receive pleasure, and intercourse is just one of them. 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 sexually desirable while immersing herself in looking after the baby. To make sure both parents can cope, it is important to divide the household work and chores equally between the partners.

Talk about sexuality and your relationship with your partner. The arrival of a first baby in particular can change the relationship. For some, parenthood comes easily, while for others it develops gradually over time. As a mother, you may find it challenging to combine the roles of mother, woman and partner. A partner can sometimes find it hard to combine the image of a

mother and a woman. It is good to know that things usually get easier over time.

Starting intercourse

You can gradually resume intercourse when both of you feel ready and willing. It takes a few weeks for tears or episiotomy incisions to heal. Using solo sex to explore your own body increases body awareness and helps you find out what pleases you. This allows you to get reacquainted with your body at your own pace. Look in a mirror and use your fingers to first feel the vagina and perineum area, and then carefully move to the walls of the vagina. Is your



vaginal sensitivity the same or has it increased, is there some numbness? After childbirth your vaginal membranes may be fragile and dry, which is due to low levels of estrogen and thinned mucous membranes. To avoid pain and discomfort, go very gently and cautiously about the first intercourse after childbirth. A lubricant can be a big help.

A C-section wound will be sore at first, and healing usually takes a few weeks. After a C-section, it's a good idea to choose a position that does not put too much pressure on the wound.

Postpartum discharge 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

You should use contraception right from the first intercourse. You can discuss the most suitable method of contraception during the check-up that takes place at the child health clinic (neuvola) approximately 6–12 weeks after childbirth. Even if you are breastfeeding, you need to use a reliable contraception method. In some women, hormone levels and periods return to normal very quickly after childbirth regardless of breastfeeding.



**Find more
information online!**

Naistalo.fi

> Parisuhde ja seksuaalisuus
synnytyksen jälkeen
(Available in Finnish and Swedish)

Monitoring your newborn during the first week

A baby is getting enough to eat when they eat on demand 8–12 times per 24-hour period, urinate at least 5 times per 24-hour period from the fourth day onwards and produce stools on a daily basis. During the first few days, the stools are a very dark substance called meconium. On the fourth day, the colour of the stools should become yellow and there may also be some green in it.

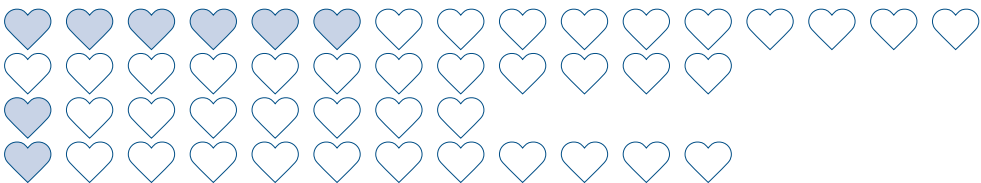
Day 1

The baby sucked efficiently

Number of times expressing milk

Urination

Stools



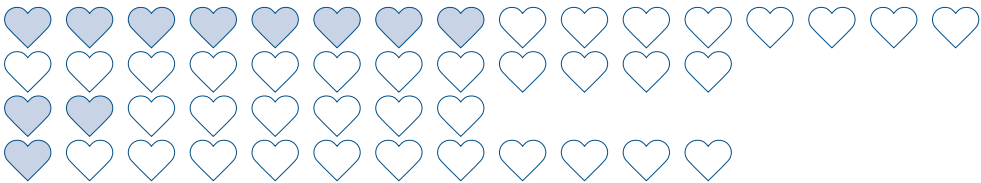
Day 2

The baby sucked efficiently

Number of times expressing milk

Urination

Stools



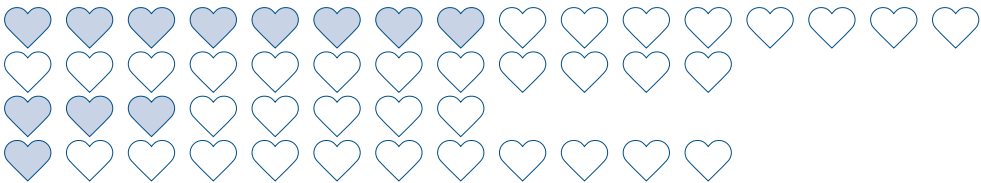
Day 3

The baby sucked efficiently

Number of times expressing milk

Urination

Stools



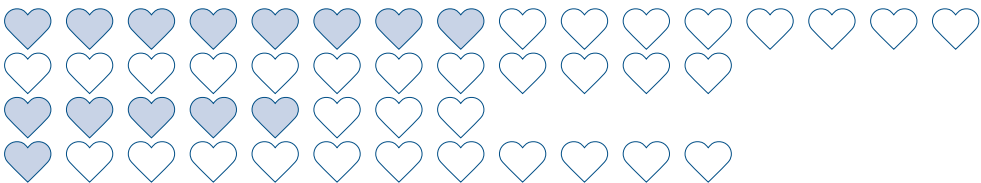
Day 4

The baby sucked efficiently

Number of times expressing milk

Urination

Stools



Colour of stools _____

Fill in the Signs of successful breastfeeding chart at the hospital and at home. When the blue sections of the chart have been met or exceeded, your breastfeeding is successful and your baby is getting enough to eat.

Day 5

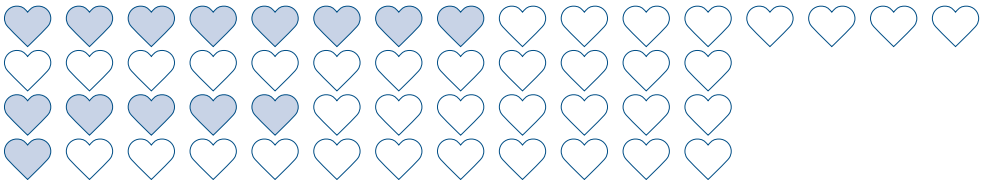
The baby sucked efficiently

Number of times expressing milk

Urination

Stools

Colour of stools _____



Day 6

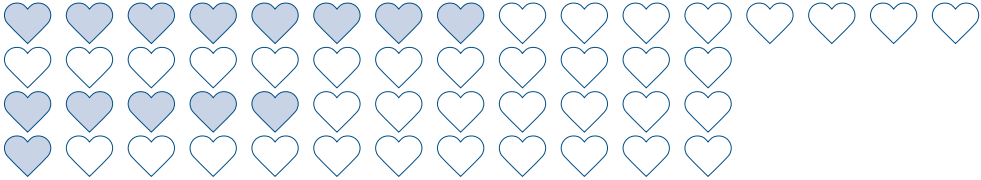
The baby sucked efficiently

Number of times expressing milk

Urination

Stools

Colour of stools _____



Day 7

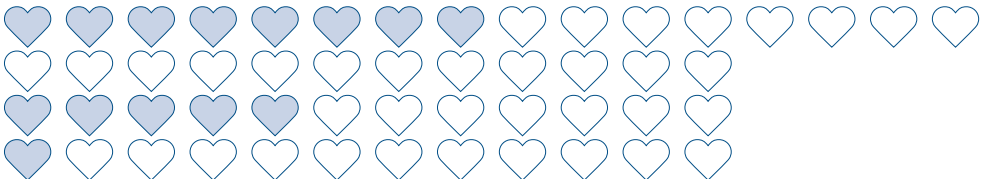
The baby sucked efficiently

Number of times expressing milk

Urination

Stools

Colour of stools _____



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Find more information online!

Terveyskylä.fi (Available in Finnish and Swedish)

- Naistalo
- Kuntoutumistalo
- Lastentalo
- Vertaistalo

Finnish Association for Breastfeeding Support (Imetyksen tuki ry): Imetys.fi

The Family Federation of Finland (Väestöliitto): Vaestoliitto.fi



www.hus.fi

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