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Home care instructions after childbirth



"CARRY ME WITH YOUR GENTLE HANDS,
GIVE ME YOUR WARM KISS,
HOLD IN ME YOUR ARMS TIGHT
AND WALK ME INTO MY LIFE."

At home with your baby

A child brings a lot of meaning and joy to your life, but changes the way you already live and your relationship. Each mother and father grows into parenthood in their own way. Parenthood is about commitment and responsibility for a new family member. Open and warm communication within the relationship makes it easier to cope with the new life situation. At home, taking a day off and sharing and doing less of the housework will help with the recovery. In addition to rest, regular exercise and outdoor activities will help you recover quickly. You should also exercise your pelvic floor muscles according to the instructions you receive to help them recover. Maintain a good working posture when caring for your baby on the nursing table, as well as a good breastfeeding posture. Don't be afraid to ask for help!

Baby's siblings are initially excited about the new family member, but after a few weeks sibling jealousy can set in, which can be hard on the whole family. You can't leave your baby unattended for even a moment. Paying attention to the siblings and involving them in care activities may help. If the situation seems difficult, contact your own clinic for specialist help.

Recovery from childbirth

If you notice anything unusual in your condition that you think is due to the birthgiving (fever, sore breasts, smelly afterbirth leak, heavy vaginal bleeding, pain in the abdomen), contact your health centre or the maternity care or maternity hospital.

If you have had an episiotomy or a tear in the perineum during childbirth. The stitches will dissolve on their own within 1-2 weeks after birth. Spraying with plain water and changing the dressing will help the wound to heal. If the baby was born by caesarean section, the stitches are removed in hospital.

The post-operative bleeding may last 3-5 weeks. The bleeding will gradually decrease and become pale and slimy. Menstruation usually starts within six months of delivery. In women who are breastfeeding, menstruation usually starts later. A new pregnancy can start even if you are breastfeeding. Use a tampon first after a follow-up examination. If the post-void bleeding lasts for more than 6 weeks, contact your clinic or doctor.

It is important to wash your hands well! Short nails also reduce the risk of infection. Exfoliation is higher than usual in the puerperium. The best way to keep clean is to take a shower, but you can also go to the sauna without harsh baths. Bathing and swimming are not recommended during the postnatal period.

Sexual intercourse should be avoided for as long as there is a bloody after-bleed because of the risk of inflammation. The use of condoms is the preferred method of contraception until the post-natal check up, as well as being an effective way of preventing infection. It is also common for sexual desire to vary greatly after childbirth. It is a good idea to discuss

this openly with your spouse. Sexuality is more than just intercourse!

After childbirth, the state of mind is fragile and moods may change and tearfulness may increase. There may be mild depression which will pass on its own. If the depression persists or worsens, you should seek help. Again, open discussion within the relationship and with other families in the same situation can help.

Postnatal check-up

After you leave hospital, you will be a client of your own maternity clinic/care until the follow-up examination and your baby will be transferred to the paediatric clinic at the age of a few weeks. Contact the clinic as soon as you are discharged from hospital - this way your care will continue uninterrupted. If your baby has been invited for a follow-up visit to the paediatric outpatient clinic, you can still visit the paediatric care as usual.

The follow-up visit will be carried out at your own clinic or by your own doctor within 5-12 weeks of birth. By this time, most people have recovered from the changes caused by the birth. The follow-up is also important for maintaining your social benefits. You can also discuss contraception and other issues that are on your mind.

Baby care, skin contact and breastfeeding

Baby care is learning to live together, including caring for your baby, practising breastfeeding and responding to your baby's messages. This is the best way for parents to get to know the baby and his or her needs. This helps with breastfeeding, milk supply and early interaction.

Skin-to-skin contact and first breastfeeding immediately after birth are important for the success and continuation of breastfeeding. Skin-to-skin contact keeps the baby's vital functions stable, keeps the baby warm and reduces crying. Voluntary suckling increases milk production and milk quantity. In skin-to-skin contact, the baby wears only a nappy and is directly against the skin. The top part of the diaper opens at the front to facilitate skin contact. In addition, cover the baby with a blanket, for example. The spouse can also hold the baby in skin-to-skin contact.

It is important for breastfeeding that the mother can detect the baby's hunger signals. These include opening the mouth, turning the head to the side, licking the tongue and fist sucking. The baby should be breastfed whenever the baby shows these signs. Frequent, baby-led breastfeeding from the first few days is the best way to ensure an adequate supply of milk. Actual milk production usually occurs between 2 and 6 days after the baby is born.

Breastfeeding and the right teat hold

Breast milk is the best food for your little baby. Breastfeeding is a natural way to feed your baby and, when it goes well, it is a pleasure for both baby and mother. Breastfeeding also supports your baby's normal development and allows for good interaction.

A correct breastfeeding hold enables the baby to get the best milk from the breast. The right grip stimulates the breast to produce the amount of milk the baby needs. From the mother's point of view, the right grip saves the breast and makes breastfeeding more



comfortable.

How to get my baby to suckle with the right teat grip

- A good breastfeeding position helps your baby to get the right amount of suction from the breast and to empty the breast efficiently.
- In a good position, the mother does not have to tense her body
- The mother's body is upright, not twisted. It often helps if the mother has a cushion behind her back to support her sitting posture. The shoulders can be relaxed and there is no need to stretch the legs
- The mother herself helps the baby to cling to her body with her arms and then the mother's position is supported by, for example, placing pillows under her arms.
- The position allows eye contact with the baby.

A good sucking position of the baby helps to find the right position for holding the baby

- The nipple points towards the baby's nose
- The baby's body is straight and facing the mother: Baby does not need to turn head to suckle
- The baby is very close to the mother's body
- Baby has room to move its head back and forth.

What is the right teat grip, how to recognise it

- The baby forms a sucking area not only at the nipple proper but also in the nipple area.
- The baby takes the nipple into mouth from below, lifting the chin and bending the head backwards at the same time
- The baby opens mouth wide and grasps the breast asymmetrically: More of the nipple area is in the mouth on the jaw side
- The chin is well behind the nipple and the cheeks are close to the chest, often the tongue and lower lip are not even visible
- The tongue enters under the nipple as a chute and extends over the lower lip
- The nose is free and does not touch the breast
- Lips are softly turned outwards
- The sucking position is firm and the breast does not fall out of the mouth easily
- Mother does not feel pain when suckling.
- The baby can hold the suckling and suckle-swallow-breathe rhythmically.
- There is no mawkishness during sucking.
- Nipple shape is round and full after breastfeeding
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Breastfeeding safety signs

- The baby eats at a child's pace, usually at least 8-12 times a day.
- The baby pees at least five times a day.
- For the first few weeks, the baby poops daily. For babies over six weeks old, even daily poop intervals are normal.
- The baby is growing.
- Your baby sucks and swallows milk efficiently.
- Breastfeeding does not hurt

Giving complementary feeding, using a pacifier and a rubber shield

A healthy, full-term, normal-weight newborn baby does not need any nutrients other than breast milk in the first few days. Frequent breastfeeding is sufficient to ensure the baby's

nutrition. However, there are situations where the baby needs additional milk before the mother's milk supply increases. These include premature babies, low or high birth weight babies, or babies with gestational diabetes. Even in these situations, it is particularly important to breastfeed the baby or milk the breasts frequently in addition to supplementary feeding.

If the mother's or baby's condition prevents breastfeeding, for example if the baby is in a neonatal intensive care unit, the mother should start breastfeeding within six hours of the baby's birth. The staff in the ward will guide the baby in the milking process.

If the baby is unable to suckle regularly, the mother can milk her breast and give the baby the milked breast milk by spoon, sip or syringe. It is not recommended to use a pacifier or bottle until breastfeeding is progressing well and the baby's weight is increasing.

A breast rubber shield is mainly intended for short-term use to help the baby cling to the breast. They can be used as a breastfeeding aid, for example when the nipples are low or the baby is not getting good suction from the breast. You can borrow nipple shields from the department.

Breast care

In the early days of breastfeeding, your nipples may be tender, but the soreness eases after a few days. Breast ulcers can also occur, and the best prevention is to ensure that you are sucking correctly. After breastfeeding, you can squeeze a few drops of milk into the sore nipples, give them a air bath or use Lansinoh cream.

As the milk rises, the breasts grow larger and become hot and swollen. At the same time, there is a marked increase in milk production. You may feel uncomfortable, but with frequent breastfeeding this will ease within a few days. Sometimes the swelling is so severe that it causes pain for the mother and makes breastfeeding difficult. A shower or warm wraps (e.g. a wet towel or warm pillow) before breastfeeding will help to relieve the discharge. The breast can also be gently rubbed or brushed from the perimeter to the nipple. The massage can be continued during breastfeeding. If the tightness is still strong after breastfeeding, you can still breastfeed. In between suckling, you can relieve breast swelling with cold wraps or cabbage leaves. It is best to apply cold to the breasts only after breastfeeding to slow down the production of milk.

Inflammatory blockages and mastitis

The symptoms of an engorgement are localised tenderness, fever and redness in the breast. If, in addition to the symptoms of lumpy breasts, there is a fever or feeling unwell, this is called mastitis. Symptoms of mastitis may also include red streaks running from the chest to the ribs. Breast infections usually start when the milk ducts become blocked. A wound at the head of the breast can be a route for infection. Mildly symptomatic breast infections can be cured with home care, but if symptoms persist you should seek medical advice. Home treatment for thrush and mastitis includes regular breast-feeding or milking, breast massage, warmth to stimulate arousal, and cool treatment for pain and swelling between feedings. If home care does not improve your condition, you should see a doctor

no later than the day after the onset of symptoms. A course of antibiotics is often needed to treat a chest infection. It is important to continue breast-feeding during the antibiotic course and to take care at home so that the blockages are removed and no new ones form.

It is important that breastfeeding feels good. Every mother and baby are different and good breastfeeding can mean different things. The mother has the right to decide what she wants from breastfeeding. We try to give each mother individual breastfeeding advice. We hope that you will feel free to raise any concerns you may have.

Putting your baby to sleep safely

Internationally recommended guidelines for children under 6 months and other recommended measures to reduce cot deaths in Finland (Kirjavainen 2007 study):

1. Put infants under 6 months of age to sleep on their backs unless otherwise instructed by a doctor.

- In hospitals, babies may be put to sleep on their stomachs. The prone position supports the newborn's chest and facilitates breathing during the first days of life. However, this type of sleeping should not be continued at home without specific instructions.
- While the baby is awake, he or she can be held on his or her stomach.
- The risk age for cot death is about 1.5 months to 6 months. Around six months of age, children start to roll over in their sleep. All sleeping positions are safe after 6 months of age.

2. A child's sleeping surface should be firm.

3. Soft objects that can suffocate a child, such as a pillow or soft toys, should not be kept in the crib of a child under 6 months of age.

4. Side-sleeping should be avoided for infants under 3 months of age and later, at least until 6 months of age if the mother has smoked during pregnancy.

- It is particularly dangerous for a mother who smokes to sleep next to her baby.

5. Consider using a sleeping pacifier when breastfeeding is successful or at least from one month of age until six months of age. The use of a pacifier reduces the risk of cot death.

6. Avoid overwarming the baby.

7. Avoid exposing the child to tobacco smoke.

- Pregnancy smoking is the single most important risk factor for cot death.
- Exposure of the newborn to tobacco smoke is harmful in a number of ways

However, if you decide to sleep in the family bed despite the recommendations, you should take care of the following:

- The mattress should be single and firm enough to prevent the baby from rolling into a gap in the mattress, for example.
- The bed should not contain loose pillows, blankets or soft toys that could suffocate the baby.
- No siblings or pets are allowed in the same bed.
- The baby should sleep on the back.



- There should be enough room for the baby so that the baby cannot fall out of bed or the adult cannot roll over the baby.
- The room temperature should be cool and the baby should be lightly clothed.
- The person sleeping with the baby does not smoke, use alcohol, drugs or any other tiring medication.
- If your baby is premature or born with low birth weight, sleeping in a family bed is not recommended for the first few months.

Spouse, relative or friend of the baby's family

After childbirth, the mother is in a fragile state of mind and the next few months are a confusing and busy time. The mother's self-esteem can sometimes be low, try to help and boost her self-esteem. Take care of mum and baby and give as much positive feedback as possible. Encourage the mother to breastfeed. Offer to help, e.g. do household chores to give the mother a rest. Care, affection and attention are important for mother and baby, and you can never have too much of them. We hope that your baby will become a natural part of your family's everyday life, that you will find joy in your baby and that you will dare to enjoy your baby time!

With these guidelines, we wish your family happy times together. If you have any questions, you can ask us for advice at any time of the day or night. However, during office hours, please contact your own clinic in the first instance.

A good diet after childbirth

Recovery from childbirth is speeded up when the mother's nutritional status is good. Good nutrition also creates the conditions for successful breastfeeding. A good diet ensures an adequate intake of protective nutrients - protein, vitamins and minerals. Particular attention should be paid to adequate intake of **calcium and vitamin D**.

Poor intakes of vitamins B and C in the mother's diet also reduce the levels of these vitamins in breast milk. Vitamins B and C are most abundant in wholemeal cereals and in vegetables, fruits and berries. Similarly, the quality of fat in the mother's diet is reflected in the quality of fat in breast milk. Vegetable margarines, vegetable oils and fish, which provide soft fats, are recommended in the mother's diet.

A good diet includes **enough meals**, e.g. breakfast, two hot meals, dinner and, if breastfeeding, 1-2 snacks between meals. A good diet includes a **variety of foods**, whole grains, dairy products, meat, fish and cold cuts, vegetables, fruits and berries, and dietary fats.

For example, you can put together a breastfeeding diet as follows: 8-10 small pieces of wholemeal bread, 4-5 glasses of milk or buttermilk, 100-150 g of meat or fish, 4-6 potatoes, 2-4 fruits, 300-400 g of vegetables and 30-40 g of shaved margarine or vegetable oil. You can also eat coffee cakes and ice cream from time to time.

Weight management and weight loss

Breastfeeding is a time of high energy expenditure. During pregnancy, the mother stores fat for breastfeeding. During breastfeeding, the mother may lose some weight, but strict weight loss is not recommended because environmental toxins stored in the mother's fatty tissue are transferred to breast milk and the baby. On the other hand, strict dieting is detrimental to the success of breastfeeding. After the end of breastfeeding, it is possible to start actual weight loss to a normal weight if excess weight has accumulated during the period.

Weight loss is successful when energy intake is restricted by a real reduction in eating. It is good to have 4-5 meals in the diet starting in the morning, but the food eaten should be changed to a vegetarian and low-fat diet. Saturated fats in cold cuts, coffee cakes and dairy products are particularly to be avoided. Fruit, berries and vegetables can be eaten freely during the diet.

Pelvic floor muscle training after childbirth

During pregnancy, the pelvic floor is subjected to prolonged stress and pressure, which can affect pelvic floor muscle function. Pregnancy and childbirth also stretch the pelvic floor muscles. By exercising the pelvic floor muscles, you can contribute to muscle recovery, prevent and treat urinary incontinence and vaginal dysplasia. Strengthening your core also starts with pelvic floor muscle training.

Muscle identification exercise

Pelvic floor muscle identification exercises should begin within 24 hours of birth. Learn to find the muscles by first lying down. Gently squeeze the anus, uterus and urethra in and up. Contract in two counts and relax in two counts. Repeat 5-15 times, 3-4 times a day. Keep abdominal, buttock and thigh muscles relaxed, breathe normally.

Pain and swelling in the perineal area can make it difficult to identify the muscles at first. Once you can identify the pelvic floor muscles while sitting and standing, it is time to start muscle training.

Muscle exercises

Do the following exercises while sitting, standing and moving around, in between normal activities.

1. *Maximum strength*

Contract the pelvic floor muscles strongly. Contract the anus, vagina and urethra inwards and upwards. Hold the contraction for 5 seconds. Pause between contractions for 10-15 seconds. Repeat the muscle exercise 5 to 10 times.

2. *Speed power*

Contract the pelvic floor muscles as hard and fast as possible. Pause between

contractions for a few seconds. Repeat 10 times.

3. *Endurance*

Contract the pelvic floor muscles lightly, at half power. Hold the contraction for 10-20 seconds. Pause between contractions for 10-20 seconds. Repeat the exercise 5-10 times.

Exercise five days a week and do the exercises 2-4 times a day.

Use the pelvic floor muscles during daily activities. Gently contract the muscles before standing, lifting a baby, squatting or coughing.

You can move on to a maintenance workout when there is no feeling of pressure on the pelvic floor and you do not have urinary incontinence. Maintain good pelvic floor muscle tone throughout your life by exercising 2-3 times a week.

Exercise after childbirth

Recovery from childbirth is individual. Give yourself time to recover, as recovery can take months. Slow exercise speeds up the body's recovery from the changes caused by pregnancy and childbirth. Your physical condition will improve, your mood will improve and you will be better able to cope with the baby. Exercise also helps you to regain your pre-pregnancy weight.

Walking is a good way to start exercising. You can start walking when you can take normal length steps without pain. Avoid jumping and fast-paced exercise at first, as ligaments are loosened by hormonal changes. Increase your exercise while listening to your body. Choose familiar and safe forms of exercise. Once you have improved pelvic floor muscle function and core support and there are no problems with urinary retention, you can gradually move on to more strenuous exercise.

You can aim for the general recommendation for physical activity:

- brisk endurance exercise, such as brisk walking, for at least 2 hours and 15 minutes a week

OR

strenuous endurance exercise, such as jogging, for at least 1 hour 15 minutes per week

- additional muscle training 2 times a week

Permission for postnatal exercise must be obtained from a doctor or a health visitor at the maternity clinic.

Moderate exercise does not affect the quantity or quality of breast milk. Adequate fluid intake during exercise is important. You can breastfeed before exercise so that your breasts are lighter and the weight of your breasts does not put pressure on your upper back. Supportive sports bras also reduce strain on the neck and shoulder area.



Abdominal muscle recovery after childbirth

The abdominal muscles are articulated by their membranous tendons into a single fascia, the linea alba. During pregnancy, the linea alba stretches and the straight abdominal muscles separate from each other, allowing the uterus to grow. Recovery occurs most often in the first months after childbirth. Too much strenuous exercise too early can slow down recovery. Training should start with attention to posture, pelvic floor and deep abdominal muscle exercises. If you experience problems with rehabilitation, you can contact the physiotherapist at your local health centre or the physiotherapy department of Kainuu Central Hospital.