

# 13 The first days with your new baby



**I**n the first few days after the birth, you and your baby are beginning to get to know each other. Don't feel you have to make a great effort. Just have your baby close to you as much as you can.

Partners also need plenty of opportunity to handle the baby and feel close. Many fathers feel a little left out, especially if they have to leave you and the baby in hospital and return to an empty home. They may need support and encouragement to get involved, but the more you can both hold and cuddle your baby the more confident you'll all feel.

## You

You may feel tired for the first few days, so make sure you get plenty of rest. Even just walking and moving about can seem like hard work. If you've had stitches, they'll feel sore and you may feel worried about going to the toilet.

Once your breasts start to fill with milk, they may feel uncomfortable or painful for a day or so. If you're breastfeeding, it will help to feed your baby as often as he or she needs (see page 69). You might also like to apply a warm cloth just before a feed to help relieve the engorgement. If you intend to bottle feed from the start, you needn't do anything, but, on the third or fourth day, your breasts may be tender as the milk is still being produced. Wearing a firm, supportive bra may help. Speak to your midwife if you are very uncomfortable.

For a lot of mothers the excitement and the pleasure of the new baby far outweigh any problems. But some do begin to feel low (see page 117) or rather depressed, especially if they are very tired or feel that they are not making any progress or can't look after their baby as they would like.

Giving birth is an emotional and tiring experience and your hormones change dramatically in the first few days. Some women feel rather weepy around the third day, especially if the labour was difficult, or if they are very tired or have other worries. This is known as the 'baby blues'. Some women worry because they don't love their baby immediately, but, as with any relationship, it's not always love at first sight. You may just need to give yourself time – you can still care for your baby and provide all the warmth and security he or she needs.

*'I don't think I'll ever forget those first few days. Feeling so happy. Though I don't know why. I couldn't sleep, the ward was so noisy. I was sore. I couldn't move about very well. I missed Alan and home. But I felt happier than I can ever begin to say.'*

*'I couldn't believe it. I'd never been much of a one for babies. And Dean wasn't even a pretty baby, not at first. Very spotty and blotchy. But he was perfect to me. He bowled me over.'*

*'I felt awful. I was so tired, on top of everything else. But there was one thing about it. Bob got to know the baby much better than he would have done if I'd been more on top. He was holding her and cuddling her right from the start.'*



## BEING IN HOSPITAL

If you have your baby in hospital, you'll probably be moved to the postnatal ward after the birth to be with other mothers who have also had their babies. Some mothers enjoy their stay in hospital and find it restful and easy. Others find it tiring and rather stressful. It depends on how you're feeling, whether you like the company of other mothers or miss your privacy, and on how the ward is organised. In any case, your stay in hospital, if your delivery is uncomplicated, is likely to be short.

It helps if you've discussed your postnatal care with your midwife during pregnancy so you know what to expect. Any preferences can then be recorded on your birth plan (see page 38) so that staff on the postnatal ward will be aware of your wishes.

You're likely to need quite a lot of help and advice with your first baby. The midwives are there to guide and support you as well as checking that you are recovering from the birth. Don't hesitate to ask for help if you need it. If you do have a problem with the way things are organised in hospital, talk it over with one of the staff. Perhaps a change can be made.

If all is going well with both you and the baby, then most hospitals will probably give you the option of going home after 48 hours or even earlier, even if it's your first baby.

The community midwife will visit you at home and continue to help you to care for yourself and your baby. You will need to make sure that your partner or someone else can be there to help you at home and do the cooking and housework.



## STITCHES

If you've had stitches, bathing the area often will help healing. Use a bath, shower or cotton wool and plain warm water. After bathing,

dry the vulva carefully. Pelvic floor exercises can also help healing (see page 16). If the stitches are sore and uncomfortable, tell your midwife as she may be able to recommend treatment. Painkilling tablets will also help. If there is swelling and bruising, it may be possible to have some ultrasound treatment from the physiotherapist. In any case, remember to sit down gently and lie on your side rather than your back to start with.

The thought of passing urine can be a bit frightening at first because of the soreness and because you can't seem to feel what you are doing. Sometimes it's easier to pass urine while sitting in a bowl of water or a warm bath. The water dilutes the urine so that it doesn't sting. If you really find it impossible to pass urine, tell your midwife. Also drink lots of water to dilute the urine.

You probably won't need to open your bowels for a few days after the birth, but it's important not to let yourself become constipated. Eat fresh fruit, vegetables, salad and brown bread, and drink plenty of water. This should mean that when you do open your bowels you will pass a stool more easily. Whatever it may feel like, it's very unlikely that you will break the stitches or open up the cut or tear again, but it might feel better if you hold a pad of clean tissue over the stitches when you are trying to pass a stool. Avoid straining for the first few days. Sometimes stitches have to be taken out, but usually they just dissolve after a week or so, by which time the cut or tear will have healed.

## PILES

Piles (see page 81) are very common after delivery but they usually disappear within a few days. Eat plenty of fresh fruit, vegetables, salad, brown bread and wholegrain

cereals, and drink plenty of water. This should make it easier and less painful when you pass a stool. Try not to push or strain as this will make the piles worse. Let the midwife know if you feel very uncomfortable. She will be able to give you an ointment to soothe them.

## BLEEDING

After the birth you will lose blood and discharge from the vagina. The loss will probably be quite heavy at first, which is why you will need super absorbent sanitary towels. Do **not** use tampons until after your postnatal check since they can cause infections in the early weeks after the birth. During breastfeeds you may notice that the discharge is more red or heavier. You may also have 'after pains'. These are both because feeding causes the womb to contract. They are a good sign that everything inside you is going back to normal. Bleeding often becomes heavier around seven to ten days after delivery, but, if you find you are losing blood in large clots, you should save these towels to show the midwife as you may need some treatment. Gradually, the discharge will become a brownish colour and may continue for some weeks, getting less and less.

## SEX AND CONTRACEPTION

Before you leave hospital, a midwife or doctor will probably talk to you about contraception. If this doesn't happen, you may want to ask. Although it may seem very early to be thinking about making love again, it can be easier to sort out any questions about contraception while you are in hospital rather than later on. If you're breastfeeding you may not have another period until you stop feeding, or even for some weeks

or months after that. If you are not breastfeeding, your first period might start as early as a month after the birth. But it could be much later. You can become pregnant before your period starts even if you are breastfeeding, so make sure you decide on a reliable form of contraception before you and your partner make love again (see page 117).

## YOUR SHAPE

Your breasts will be larger at first and while you are breastfeeding regularly. You need to wear a supportive nursing bra if you are breastfeeding. If you are not breastfeeding, your breasts will reduce in size in a week or so.

Your abdomen will seem quite baggy after delivery. Despite having delivered your baby plus the placenta and a lot of fluid, you will still be quite a lot bigger than you were before pregnancy. This is partly because your muscles have stretched. If you eat a balanced diet and exercise, your shape should soon return to normal. Breastfeeding helps because it makes the womb contract. Sometimes, because this is happening, you may feel a quite painful twinge in your abdomen or period-type pain while you are feeding. Breastfeeding also uses up more calories, so it can help you to lose some of the weight gained in pregnancy. Some women do not return to their normal weight until after they have finished breastfeeding.

It is quite common after having a baby to find it difficult to control your bladder if you laugh, or move suddenly, and to leak some water. Pelvic floor exercises (see page 16) will help with this. If the problem persists after three months, see your doctor, who may refer you to a physiotherapist.

*'That first week was nothing but problems. One thing after another, first me and then the baby. Everybody was very helpful, but it was still a week or two before I got sorted out.'*

## POSTNATAL EXERCISES

*Postnatal exercises (see page 115) will help to tone up the muscles of your pelvic floor and tummy and help you find your waist again! They will also get you moving and feeling generally fitter. You may be able to attend a postnatal exercise class while you are in hospital and afterwards. Ask your midwife or physiotherapist.*

## RUBELLA

*If you were not immune to rubella (German measles) when tested early in your pregnancy, you will probably be offered immunisation before you leave hospital or shortly afterwards by your GP. If this doesn't happen, ask. This is a good opportunity to get it done. You should not get pregnant again for one month after the injection. For more information about rubella, visit [www.immunisation.nhs.uk](http://www.immunisation.nhs.uk)*



## RHESUS NEGATIVE MOTHERS

If your blood group is rhesus negative and the baby's father's is rhesus positive, blood samples will be taken after delivery to see whether your baby is rhesus positive and whether you need an injection to protect your next baby from anaemia. If so, the injection should be given within 72 hours of delivery. Check with one of the doctors or midwives what should happen in your particular case.



## YOUR BABY

Soon after birth you'll be able to look properly at your baby and notice every detail – the colour and texture of the hair, the shape of the hands and feet, and the different expressions on your baby's face. If you notice anything that worries you, however small, ask your doctor or midwife. Your baby will be examined by a doctor to make sure everything is all right.



## THE NAVEL

Shortly after birth the midwife will clamp the umbilical cord close to your baby's navel with a plastic clip. She then cuts the cord, leaving a small bit of cord with the clamp attached. The cord will take about a week to dry out and drop off. Keep the navel clean and dry until this happens. If you notice any bleeding or discharge from the navel, tell your midwife, health visitor or doctor.



## VITAMIN K

We all need vitamin K to make our blood clot properly so that we won't bleed too easily. Some newborn babies have too little vitamin K. Although this is rare, it can cause them to bleed dangerously into the brain. To prevent this you should be offered vitamin K: which will be given to your baby. There are two ways of giving vitamin K, by mouth

and by injection. Discuss with your doctor or midwife the best method for your baby.

## NEWBORN HEARING SCREENING PROGRAMME

Your baby will be offered a series of routine health checks in the first few weeks of life. This can include a hearing screen – a quick and simple test to check the hearing of all newborn babies. A small number of babies are born with a hearing loss. This screening test will allow those babies who have a hearing loss to be identified early. Early identification of hearing loss and appropriate help from services are important to help with the development of the child's language and social skills, and to ensure effective support and information are provided for the parents. See [www.nhsp.info](http://www.nhsp.info) for further information.

## NEWBORN BLOOD SPOT SCREENING (HEEL PRICK TEST)

About a week after birth, your midwife will ask to take a sample of blood from your baby's heel. This is used to test for rare but potentially serious illnesses. All babies are tested for phenylketonuria (PKU – a metabolic disorder) and congenital hypothyroidism (CHT – low thyroid hormone). Babies are also tested for other conditions, including sickle cell disorders and, in some cases, cystic fibrosis. For more information on blood spot screening, see [www.newbornscreening-bloodspot.org.uk](http://www.newbornscreening-bloodspot.org.uk). More information on sickle cell screening is at [www.kcl-phs.org.uk/haemscreening](http://www.kcl-phs.org.uk/haemscreening).

## THE FONTANELLE

On the top of your baby's head near the front is a diamond-shaped patch where the skull bones haven't yet fused together. This is called the fontanelle. It will probably be a year or more before the bones close over

it. You may notice it moving as your baby breathes. You needn't worry about touching it or washing the area. There is a tough layer of membrane under the skin.

### BUMPS AND BRUISES

It's quite common for a newborn baby to have some swelling and bruises on the head, and perhaps to have bloodshot eyes. This is just the result of the squeezing and pushing that is part of being born and will soon disappear. But if you are at all worried, you can always ask your midwife.

### BIRTHMARKS AND SPOTS

Once you begin to look closely at your baby, you'll probably find a variety of little marks and spots, mainly on the head and face, or sometimes larger marks. Most of them will go away eventually. Ask the doctor who examines your baby if they will disappear completely. Most common are the little pink or red marks some people call 'stork bites'. These V-shaped marks on the forehead and upper eyelids gradually fade, though it may be some months before they disappear. Marks on the nape of the neck can go on much longer, but they will be covered by hair.

Strawberry marks are quite common. They are dark red and slightly raised. They sometimes appear a few days after birth and gradually get bigger. They may take a while to go away, but usually they eventually go away.

Spots and rashes are very common in newborn babies and may come and go. But if you also notice a change in your baby's behaviour, for example, if your baby is not feeding properly or is very sleepy or very irritable, you should tell your doctor or midwife immediately.

### BREASTS AND GENITALS

Quite often a newborn baby's breasts are a little swollen and ooze some milk, whether the baby is a boy or a

girl. Girls also sometimes bleed a bit or have a white, cloudy discharge from the vagina. All this is as a result of hormones passing from the mother to the baby before birth and is no cause for concern. The genitals of male and female newborn babies often appear rather swollen but will look in proportion with their bodies in a few weeks.

### JAUNDICE

On about the third day after birth, some babies develop a yellow colour to their skin and a yellowness in the whites of their eyes because of mild jaundice. This usually fades within ten days or so. But a baby who becomes badly jaundiced may need treatment (see page 113).

### WHAT A NEWBORN BABY CAN DO

There is one important skill that babies don't have to learn. They are born knowing how to suck. During the first few days they learn to coordinate their sucking and their breathing.

Newborn babies also automatically turn towards a nipple or teat if it is brushed against one cheek, and they will open their mouths if their upper lip is stroked. They can also grasp things (like your finger) with either hands or feet, and they will make stepping movements if they are held upright on a flat surface. All these automatic responses, except sucking, are lost within a few months, and your baby will begin to make controlled movements instead.

Newborn babies can use all their senses. They will look at people and things, especially if they are near, and particularly at people's faces. They will enjoy gentle touch and the sound of a soothing voice, and they will react to bright light and noise. Very soon they will also know their mother's special smell.



### TESTS FOR HEPATITIS B AND C

*All babies born to mothers infected with **hepatitis B** should receive a course of vaccine to prevent them from getting hepatitis B. Your baby should be tested at 12 months to check that immunisation has worked. For more information about hepatitis B immunisation, refer to page 101.*

*If you are infected with **hepatitis C** when your baby is born, there is a small risk that you could pass on the infection. Your baby will be tested at an appropriate time.*



# From Conception to Your New Baby - Healthy the Natural Way

During both the conception process and throughout pregnancy it is important that hopeful moms maintain their physical wellbeing and as well as their psychological health.

This broad field of women's health includes psychological issues surrounding [mood](#), [stress and relaxation](#), as well as physical areas such as [infertility](#), nutrition, [morning sickness](#), [labor and delivery](#) and more.

After a baby is delivered, it is important that new moms maintain their physical and psychological health, as well as that of their newborn.

Addressing the health of mothers includes psychological issues surrounding mood, stress and relaxation, as well as physical areas such as [healing](#), [breast-feeding](#) and [energy levels](#). Baby's health issues include [sleep and relaxation](#), [cradle-cap](#), [teething](#) and much more.

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We utilize a unique **dual-modality approach** to complete holistic wellness because we know that natural medicine works best in combination (herbal, homeopathic, flower essences and tissue salts) for fast relief and long-term care. Our approach provides a complete solution by offering OTC homeopathic remedies for relief of symptoms as well as compound herbal remedies for complete support of your physical, emotional and mental well-being.

While each of our natural remedies works well on its own to address a specific body function or relieve a particular symptom, we believe that by combining our herbal and homeopathic remedies you will find a complete solution that is safe and highly effective.

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