



# Mum and baby - the first days

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Welcome to our maternity ward.

Make a note of any useful information about your baby in this booklet. It also provides many interesting tips and other useful information for the first days after the birth of your baby.

Please do not hesitate to ask any further questions you might have. Our team will be more than happy to help.

We hope your stay at the maternity ward in our hospital is comfortable.

The medical and midwifery team at the maternity ward,  
Female Hospitalisation A (E 431)



Day of birth: . . . / . . . / . . . . .			Time of birth: . . . . .		
Length: ..... cm	Head circumference: ..... cm	Birth weight: ..... g			

Birth weight -7 % = .....	Birth weight -10 % = .....
Home follow-up provided by .....	

Weight development			
	date	weight	difference
	day 0		
	day 1		
	day 2		
	day 3		
	day 4		
	day 5		
	day 6		
	day 7		


## TIPS AND OTHER USEFUL INFORMATION DAY 0

DAY 0

### For Mum

- mum*
- ❁ Ask the midwife for a painkiller if the area around the episiotomy is painful. If the episiotomy is swollen an ice pack may provide some relief.
  - ❁ If you had a caesarean, you will be given pain medication as a matter of course. Tell the midwife if it doesn't provide adequate relief.
  - ❁ You may lose some small blood clots. Do tell the midwife if these clots are rather large.
  - ❁ Drink enough water. You should be able to urinate within 6 hours of a spontaneous delivery. If you had a caesarean, you will be fitted with a bladder catheter for approximately 24 hours.
  - ❁ Try to get some sleep as most babies tend to sleep best during the first night, i.e. make sure you benefit from these hours of sleep as much as possible.

### For baby

- 
- ♥ It is quite normal for baby to be alert after the delivery and then fall into a deeper sleep, often upon arrival at the maternity ward.
  - ♥ Because babies can fall into a deep sleep it is important to wake your baby for the next feed. It is important, however, to put your baby to the breast at regular intervals to ensure that breastfeeding is successful. Do not hesitate to ask for assistance from the midwife when feeding.
  - ♥ It is advisable to change your baby's nappy before starting a feed to see if your baby made urine and stool. A nappy change will also make sure that your baby is awake for the feed. The **temperature** is checked during a nappy change as well.
  - ♥ Remember to make a note of all these checks in this booklet.
  - ♥ Your baby should urinate and produce stools (meconium) for the first time within 24 hours.



Day 0: . . . / . . . / . . . . .

Weight: . . . . .

Vitamins: D

Belly button: . . . . .

Contacted midwife from home: . . . . .

time	temp.	vomiting	urine	stool	colour of stool	skin to skin contact	feeding formula/breast	expressing	comments advice
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For Mum

*mum*

❁ The midwife will visit every day, always during the morning, to check several parameters: blood pressure, pulse, temperature, womb, blood loss, where applicable the episiotomy or caesarean wound.



❁ Did you have a caesarean? If so, the midwife will help you

regain your mobility today: assist you with getting up for the first time, washing, moving again, etc.

❁ Try to take enough rest and keep visitors to a minimum. Your adrenaline kept you going on the day of the delivery, but today tiredness will probably set in.

❁ Prepare for a 'difficult' night. Babies often struggle most during the second night. They want to be fed often and crave skin contact. That is why rest is so important during the day.

❁ If you had a vaginal delivery with your first baby you will be kept in hospital until day 3. With a second or subsequent baby you will be able to go home on day 2. After a caesarean you will be kept in until day 4.

❁ On the day before you leave the midwife will have a hospital discharge consultation with you, so it is possible to ask questions too. Make a note of any questions you have during your stay in hospital to ensure that you don't forget anything. A page has been inserted at the end of this brochure for this purpose. The gynaecologist or clinical support manager will also visit with your discharge documentation and will be happy to answer any questions you may have.

❁ Contact your home care midwife, preferably today, to make specific arrangements about home support.



Day 1: . . . / . . . / . . . . .

Weight: . . . . .

Vitamins: D

Belly button: . . . . .

Advice: . . . . .

time	temp.	vomiting	urine	stool	colour of stool	skin to skin contact	feeding formula/breast	expressing	comments advice
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## For baby



- ♥ Feeding on demand is important, your newborn will probably want to be fed a lot more than on the day of delivery.
- ♥ Your baby will be washed all over for the first time today. We will show you how to do this.
- ♥ Your baby's weight will be checked every day. It is quite normal for a baby to lose some weight the first days.
- ♥ Skin contact is important. Hug your baby whenever they or you feel the need to do so.
- ♥ **The paediatrician will visit** and perform the initial examinations on the ward.

## TIPS AND OTHER USEFUL INFORMATION DAY 2

### For Mum

- mum*
- ❁ Your breasts may feel heavy and full when you are breastfeeding. Talk to the midwife if this becomes painful.
  - ❁ The midwife will take a blood sample today to check the iron level in your blood and make sure it isn't too low.
  - ❁ It may take a while after the delivery for your body to produce stool. Make sure you drink enough and take your time when visiting the toilet. Never postpone going to the toilet. If this becomes problematic talk to your midwife.

### For baby

- 
- ♥ You will **bath** your baby today under supervision from the midwife. She will remove the umbilical cord clamp once the umbilical stump is dry.
  - ♥ It is quite normal for baby's stool to change from black to a light brown, yellowish colour.
  - ♥ Your baby's oxygen saturation will also be checked today using a small device to measure the level of saturation. This test will be performed by the midwife in your room.
  - ♥ If you are leaving the hospital today the midwife will use a special device to measure your baby's bilirubin level. Yellow colouring of the baby's skin may indicate an increased level of bilirubin in the blood. It is always advisable to position the baby's crib in daylight.



Day 2: . . / . . / . . . .

Weight: . . . . . -7%  -10%

Vitamins: D

Belly button: remove clamp:  . . . . .

Advice: . . . . .

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## For Mum

mum

- ❁ If you haven't made stool yet, have a word with the midwife. If necessary, she can provide you with medication to promote the production of stools. As always it is important that you drink enough.
- ❁ Today you may suffer from the 'baby blues', the so-called 'crying days' that can affect mums. Don't be afraid to have a good cry! Also remember to take enough rest and give yourself time to get used to the new situation. Adopt your baby's rhythm and rest when your baby is asleep, also during the day.

## For baby



- ♥ During the transition from meconium to normal stool babies may suffer from cramps that can lead to cry. However, there may be other reasons why your baby is crying, e.g. a dirty nappy, too warm or too cold, too much noise and fuss, feeling lonely, etc. Crying is your baby's way of communicating. **Skin to skin contact**, consoling and nurturing your baby is consequently a necessity and doesn't mean you're spoiling them.
- ♥ If your baby is already 72 hours old, the pediatrician may perform a seventh day examination or discuss any relevant arrangements with you.



Day 3: . . . / . . . / . . . . .

Weight: . . . . . -7%  -10%

Vitamins: D

Belly button: remove clamp:  . . . . .

Advice: . . . . .

time	temp.	vomiting	urine	stool	colour of stool	skin to skin contact	feeding formula/ breast	expressing	comments advice
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## TIPS AND OTHER USEFUL INFORMATION DAY 4

### For Mum

*mum*

- ✿ If you had a caesarean, you will be allowed to go home today.
- ✿ The midwife will continue to look after the caesarean wound at home. The bandage, and stitches if applicable, will be removed on day 6.

### For baby



- ♥ Today a Guthrie test will be performed with your baby. If you are still in hospital the midwife will take a tiny blood sample from the baby's hand. If not, the blood sample will be taken by the midwife at home. This test is performed to trace a number of metabolic disorders. Your doctor will only notify you if the results are abnormal.
- ♥ If your baby's skin is slightly yellowish the bilirubin level in the blood may also be checked. The results of a bilirubin test are usually available within the hour.



Day 4: . . . / . . . / . . . . .

Weight: . . . . . -7%  -10%

Vitamins: D

Advice: . . . . .

time	temp.	vomiting	urine	stool	colour of stool	skin to skin contact	feeding formula/ breast	expressing	comments advice
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Day 5: . . . / . . . / . . . . .

Weight: . . . . . -7%  -10%

Vitamins: D

Advice: . . . . .

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Day 6: . . / . . / . . . .

Weight: . . . . . -7%  -10%

Vitamins: D

Advice: . . . . .

time	temp.	vomiting	urine	stool	colour of stool	skin to skin contact	feeding formula/breast	expressing	comments advice
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Day 7: . . . / . . . / . . . . .

Weight: . . . . . -7%  -10%

Vitamins: D

Advice: . . . . .

time	temp.	vomiting	urine	stool	colour of stool	skin to skin contact	feeding formula/ breast	expressing	comments advice
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## GOING HOME

### Discharge from hospital procedure

#### Baby

- Belly button care
- Colour
- Temperature
- Stools: diarrhoea or constipation
- Looking after the nails, ears, eyes, nose
- Skincare
- Medication and vitamins
- Transport in the car
- Sudden infant death prevention

#### Mother

- Post-delivery check-up by the gynaecologist after 6 – 8 weeks
- Hormonal changes/recovery from pregnancy and childbirth approximately 6 weeks
- Temperature
- Blood loss
- Problems with urination and stool production
- Wound
- Rest
- Physiotherapy
- Contraceptives

## Breastfeeding

- Importance of skin contact
- Feeding on demand
- Hunger signals
- Nipple/dummy confusion
- Maintaining milk production
- Expressing milk (manually and electrically)
- Feeding positions
- Presenting the baby correctly
- Eating and drinking for mother
- Signs of effective breastfeeding
- Breastfeeding only up to 6 months
- Breast engorgement - inflammation
- Painful nipples
- Growth spurts
- Breast milk storage times
- Breastfeeding support at home

## Formula feeding

- Number of feeds
- Bottle sterilisation and preparation
- Importance of skin contact
- Hunger signals
- Growth spurts
- Vomiting and diarrhoea

## Looking after your baby at home

### Temperature

- Must be between 36.5 and 37.5 °C.
- From 38°C we consider it a fever and from 38.5°C a high fever in newborn babies. If that is the case you must consult a doctor immediately.

### Belly button care

- Carefully and thoroughly dry the belly button edge with a clean towel after a bath.
- If the belly button has been in contact with stool or urine: wipe it with clean water and make sure it is dry again.

### Looking after nails and ears

- Don't cut your baby's nails for the first 6 weeks. They may still be attached to the skin in some places so you could damage the skin.
- Do not use cotton wool buds in the baby's ears because you might damage the tympanic membrane. Use a bit of cotton wool to remove earwax.

### Vitamins

- All newborn babies will receive a daily dose of 6 drops of vitamin D (D-cure) at least up to the age of 1. You can actually continue with these drops for longer. They stimulate bone growth in your baby.
- Breastfed babies will also receive a one off dose of extra vitamin K (Konaktion) following the birth. There is no need for any such supplement afterwards. Vitamin K is essential for blood clotting. It is added to formula feed so there is no need for an additional supplement.

## Medication

Never start using medication at your own initiative! No suppositories, painkillers, cough medicine, homeopathic remedies, herbs, etc.

## Unusual behaviour

Drowsy, irritable, difficulty breathing, whimpering, very pale or blue in the face...? Consult your midwife or a doctor.

## Sleeping and wakefulness rhythm

Babies have their own sleeping and wakefulness rhythm and this doesn't always coincide with their parents' routine. It's important, however, to try and follow your baby's sleeping, wakefulness and feeding rhythm whenever possible because babies will often become restless if this rhythm is disrupted.

## Sudden infant death prevention

- Ideally the temperature should be around 18°C in the bedroom.
- Make sure that the room is properly aired.
- Always stay in the vicinity of your baby, in your living room during the day and in your bedroom at night. This is recommended until the baby is 6 months old. Your presence has a protective effect.
- Children of parents who don't smoke are less at risk of cot death. Definitely don't smoke in the house and prevent your clothing and environment from smelling of cigarette smoke. This also applies to other environments you might visit with your baby (family, friends, childminder, etc.).
- Do not use cushions, duvets and/or bumpers in your baby's cot. Don't position cuddly toys near your baby's head. Make sure that your baby cannot slide down beneath the covers or use a well-fitting sleeping bag.



- Ensure that your baby doesn't get too hot due to being over-dressed and never place an electric blanket or cherry pit pillow near your baby.
- Always let your baby sleep on their back. When the baby is awake and supervised, they can be placed on their tummy. This will promote their motor skills development.
- Always check how your baby has dropped off to sleep following a crying fit.
- Don't fall asleep with your baby whilst sitting in an armchair.
- Be particularly vigilant with pets. Never leave a pet alone with your baby and make sure that they are not lying too close to or against your baby.
- Breastfeeding provides some protection against cot death.

## Mum's recovery at home

### Blood loss

- Blood loss may continue up to 6 weeks.
- After a few days blood loss will become pinky brown and at the end yellowy white.
- Consult your midwife if you start losing more red blood or blood clots again. It is also advisable to consult your midwife or doctor if you develop a fever, smelly discharge, continuous abdominal pain or you feel unwell.
- It is not advisable to take a bath, use tampons or feminine hygiene products or to engage in sexual intercourse whilst you are still losing blood.

### Episiotomy or tear

- The wound will heal naturally, you don't need to do anything special but it is important to keep the area around the wound clean.

- Contact your midwife or doctor if the wound continues or starts to trouble you again.
- Normally the wound should have healed sufficiently after 6 weeks.

## Physiotherapy

- It is advisable to strengthen your pelvic floor muscles as soon as possible.
- Six weeks after the delivery you can start additional exercises with your physiotherapist. To find an appropriate physiotherapist visit [www.bicap.be](http://www.bicap.be).

## The myth of baby euphoria

Some mums instantly ‘fall in love’ with their baby after the birth. However, that is not the case for all new mothers. Look upon your baby as a new individual in your life, someone you have to get to know. Your life will have been turned upside down and it is quite normal that you will have to get used to this. Thoughts such as ‘is this what it’s all about’ are quite normal.

However, if you start to become listless, extremely anxious or develop feelings of depression, you should seek help, e.g. from your GP or midwife, as soon as possible.

## Caesarean

- Do not lift more than 5 kg during the first 6 weeks.
- It is not advisable to consider another pregnancy within the first year.

## Breastfeeding

- ✓ Breastfeeding is based on the principle of supply and demand. To ensure that you produce enough milk for your baby it is important to put your baby to the breast whenever they feel the need, even during the night.
- ✓ If you wish to do so you can also express milk instead of putting your baby to the breast or because you want to increase your milk production. If so, occasionally express milk between feeds or after a feed. When expressing it is also advisable to stick to your baby's feeding pattern whenever possible. Breast pumps for use at home can be hired from your health insurance fund or a pharmacy. Make sure you arrange this in good time before you are discharged from hospital.
- ✓ During the first few weeks of breastfeeding it is best not to use dummies so as not to confuse your baby with different drinking and suckling techniques.
- ✓ How long you breastfeed will depend on your own wishes, your baby's needs, your work, etc. The main thing is that you and your family should be comfortable with this choice.
- ✓ Up to 6 months babies do not need any other nutrition in addition to breast milk. Solid food can be given from 4 months onwards, but it is not necessary for the health of a breastfeeding baby. After 6 months it is important to introduce vegetables but you can still continue breastfeeding of course.

- ✓ In principle new mothers can eat or drink anything. Limit the use of **caffeine** (coffee, tea, coca cola or other energy drinks containing a lot of caffeine). Don't drink **alcohol** when breastfeeding. Alcohol is harmful for your baby and they will ingest it via your breast milk.
  
- ✓ **Breast inflammation.** Possible symptoms include redness, heat and pain in the breast, a hard painful patch on the breast, feeling generally unwell, a fever and shivering. If you suspect that your breast(s) is/are inflamed, contact your midwife immediately. She will introduce a number of measures to prevent inflammation. It is OK to continue breastfeeding your baby though. Remember to empty the breast properly by frequently putting your baby to the breast or by expressing. Applying warmth before and massaging hard areas during a feed are also important. If the situation doesn't improve after 24 hours it is advisable to consult your doctor with a view to taking antibiotics if necessary. Remember to tell your doctor that you are breastfeeding to ensure that appropriate antibiotics are prescribed.
  
- ✓ If you need extra help, you can consult your midwife or a lactation consultant.

Also refer to the Kind en Gezin (Child and Family) brochure.







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