

# GETTING TO KNOW YOUR BABY



Sleeping	25	Taking your baby out	34
Crying	28	Twins, triplets or more	35
Washing and bathing	30	Your baby's health	35
Nappies	32	Your health	38

There is something very special and exciting about being alone for the first time with your new baby, but it's only natural to feel a bit anxious too. There is so much to learn, especially in the first few weeks, and the responsibility can seem overwhelming. But there is plenty of advice and support available. This chapter gives you the basic information you will need to cope with – and enjoy – the early days with your baby, and tells you where to go for extra support. There is more on how having a baby changes your life in Chapter 9.



## Understanding your baby

I need you to:

- Look at me.
- Be proud of me.
- Understand me.
- Respond to me.
- Comfort me.
- Enjoy me.
- Be patient with me.

The first year of life is an important time to build a relationship with your baby.

Research has proven that bonding with your baby creates the foundation of a secure base in his or her later life. This improves their resilience, social skills and confidence. Your baby will tell you what he feels and wants – watch out for his or her cues.

- Encourage your baby to look into your eyes.

- Enjoy a cuddle and skin to skin contact with your baby.
- Smile and respond with affection – your baby will copy you.
- Sing and tell nursery rhymes.
- Look at pictures and read a book together.
- Use everyday events to talk to your baby about what you are doing. Use short sentences.
- Don't be angry in front of your baby. Babies can pick up when you are tense or anxious.
- Babies whose cries are soothed tend to cry less, not more.
- Watch, wait and wonder.

### Helpful tips

#### Crying during feeds

Unicef's Building a happy baby is a lovely leaflet on your baby's brain, dispelling myths and finding your rhythm. Visit [www.unicef.org.uk](http://www.unicef.org.uk) for more information

## SLEEPING

Some babies sleep much more than others. Some sleep for long periods, others in short snatches. Some soon sleep right through the night, some don't for a long time. Your baby will have their own pattern of waking and sleeping, and it's unlikely to be the same as other babies you know.

It's also unlikely to fit in with your need for sleep. Try to follow your baby's lead. If you are breastfeeding, in the early weeks your baby is quite likely to doze off for short periods during the feed. Carry on feeding until you think your baby has finished, or until they are fully asleep. This is a good opportunity to try to get a bit of rest yourself.

If you are not sleeping at the same time as your baby, don't worry about keeping the house silent



### Interacting with your baby

Interacting with your baby doesn't just help you bond; it also helps your baby's brain to grow and develop. By looking, smiling, playing and talking to your baby, you are standing them in good stead for later life. Spending time with your baby will also help you understand their needs and recognise when they need to feed, sleep or have a cuddle. As time goes on, spending time together will help your child learn how to understand their own emotions and form strong relationships with other people. For more information see [www.developingchild.harvard.edu](http://www.developingchild.harvard.edu)

### Help and support

See page 89 for more information about getting into a good sleeping routine and tackling sleeping problems in older babies and children. Cry-sis, the organisation for parents of crying babies, also offers help with sleeping problems (see page 183 for contact details). If you

have twins, triplets or more, contact the Multiple Births Foundation and the Twins and Multiple Births Association (Tamba) for information about sleeping, including guidance on how more than one baby can share a cot safely (see page 35 for contact details).

while they sleep. It's good to get your baby used to sleeping through a certain amount of noise. It's also a good idea to teach your baby from the start that night-time is different to daytime. During night feeds you may find it helpful:

- to have a bedtime routine
- to keep the lights down low
- not to talk much, and keep your voice quiet
- not to change your baby unless they need it
- to keep a child's bedroom free from electronic distractions



### Helpful tips

#### Coping with disturbed nights

Disturbed nights can be very hard to cope with. If you have a partner, get them to help. If you are formula feeding, encourage your partner to share the feeds. (If you are breastfeeding, ask your partner to take over the early morning changing and dressing so you can go back to sleep.) After a few weeks, when you feel confident about breastfeeding, you could occasionally express some milk and get your partner to give baby a

bottle of breastmilk in the evening. If you are on your own, you could ask a friend or relative to stay for a few days so that you can sleep.

Current advice is that the safest place for your baby to sleep is on their back in a cot in a room with you for the first six months.

Particularly in the early weeks, you may find that your baby only falls asleep in your or your partner's arms, or when you are standing by the cot.

### How much sleep do children need?

By the time babies are three months old some (but not all) begin to start settling (sleeping through a night-time feed for a stretch of up to five hours). By the time they are five months old, half of them may have started to sleep for an eight-hour stretch on some nights. Generally, though, babies do not sleep all night, every night until they are close to a year old. One study investigating infant sleep duration found that 27% of babies had not regularly slept from 10pm to 6am by the age of one year. 13% of babies had not regularly slept through for five hours or more by the age of one year. Infant Sleep Information Service ([www.isisonline.org.uk](http://www.isisonline.org.uk)) have developed an infant sleep app providing easy access to information, available from the App Store and Google Play.

## WHAT IS SUDDEN INFANT DEATH SYNDROME (SIDS)?

Sudden Infant Death Syndrome (SIDS) is a complex and multi-factorial process. It is the term given to infant deaths that happen unexpectedly, without warning, and which cannot be explained after thorough investigation. SIDS is defined as the sudden death of an infant younger than one year of age. Most SIDS deaths happen during sleep, and babies are most at risk between 5 and 12 weeks of age. The vast majority of SIDS deaths happen in infants under the age of six months.

### Known risk factors

#### Smoking

Smoking during pregnancy and after a baby is born greatly increases the chance of sudden infant death syndrome. The chance of SIDS increases whether it is a baby's mother or father who is the smoker. Keeping the baby smoke-free before and after birth is the best way to reduce this risk.

Even if a baby's parents don't smoke, the baby's risk is increased by being in smoky environments after birth. A smoky environment

is anywhere near someone who is smoking, or in a room where someone has smoked. It is especially important that you do not share a bed with your baby if either parent is a smoker, even if you don't smoke in the bedroom. **It has been shown that the chance of SIDS if bed sharing when you or your partner is a smoker is much greater than if you were both non-smokers.**

### Don't smoke near your baby.

#### Bed sharing

Bed sharing means that a baby shares the same adult bed for most of the night, while both the adult and the baby are asleep; this can be very unsafe under some circumstances. It is especially dangerous to fall asleep with your baby on a sofa or armchair. Bed sharing can sometimes be a sensitive issue for parents. The key message that everyone agrees upon is that the safest place for a baby to sleep is in a cot or a crib, in the same room as their parents or carers for the first six months following birth. You should not share a bed with your baby if you or your partner smoke, have consumed any alcohol, medication or drugs, are particularly overtired, or if your baby was born at a low birth weight or prematurely. Bringing your baby into bed with you to be comforted

or fed can be a bonding experience and this is safe to do provided you place your baby back in their cot or Moses basket to sleep – **"cuddle then cot"**

Parents may choose to bed share with their baby for various reasons. It is important to read the advice on when never to bed share to make a fully informed decision. If you choose to bed share, you should discuss with your midwife, health visitor or family nurse to gain appropriate advice that could help make bed sharing safer.

#### Sleep position

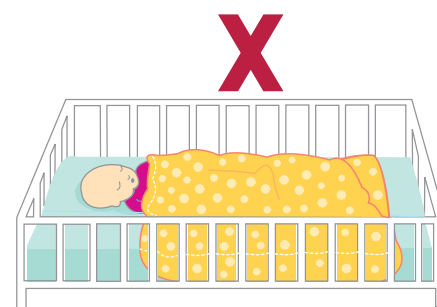
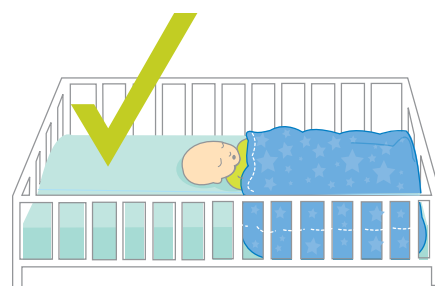
Babies who sleep on their front have a higher risk of sudden infant death. The reason for this is not clear. Always place your baby to sleep on their back, for both day and night time sleeps. Babies should be placed in the 'feet to foot' position (where the baby's feet are placed at the foot of the cot) so they can't wriggle down under the blankets. Use blankets which are firmly tucked in, no higher than the baby's shoulders. All babies should be slept on their backs unless there is medical advice saying something different. If your baby has reflux, or any other ongoing health condition, speak to your doctor about the best care for them. You should not sleep your baby on their front unless you have been advised to do so by a medical professional. It is not advised to use sleep positioners.

Falling asleep with a baby on the armchair or sofa greatly increases



**Never sleep with a baby on a sofa or armchair**  
It's lovely to have your baby with you for a cuddle or a feed but it's safest to put your baby back in their cot before you go to sleep.

### Put your baby feet to foot in the crib.



their risk of accidental injury, death and sudden infant death syndrome. Your baby is at risk of falling, or rolling and becoming trapped, and of being smothered by a sleeping parent or soft cushions. You can give your baby the healthiest start by breastfeeding.

### Sleeping environment

You should sleep your baby on a firm, flat mattress that is clean and in a good condition. A mattress with a waterproof layer will help you keep it clean and dry. It is important to ensure your baby's head is always kept uncovered by clothing or bedding. A high proportion of infants who die as a result of SIDS are found with their head covered with bedding. Loose bedding which can cover a baby's face or head can be dangerous and has been shown to increase the chance of SIDS.

## Don't let your baby overheat.

### Temperature

Research has shown that overheating arising from excessive insulation (overwrapping), high room temperature or both, is associated with an increased risk of SIDS. While it is important to ensure that a baby does not get too cold, it is also important to avoid any practice which may lead your baby to get too hot. Babies should



## Remove hats and extra clothing as soon as you come indoors or enter a warm car, bus or train, even if it means waking your baby.

a suitable temperature. There is a consensus view in the UK that an optimum room temperature of 16–20°C, combined with light bedding or a lightweight well-fitting baby sleep bag, offers a comfortable and safe environment for sleeping babies. It is also important to ensure that your baby's head stays uncovered while they are sleeping.

### Twins

There is no evidence that putting twins in the same cot, in the early months, places them at greater risk of sudden infant death. However, there are some things you can do to increase safety.

Never put twins together in a Moses basket or a small cot as they may overheat in the restricted space. If you chose to sleep them side by side in one cot, only do this in the early weeks, when there is no danger of them rolling towards or over each other. It is also an option, right from the start, to place them at opposite ends of the cot, each of them 'feet to foot'. Each twin therefore has their own firmly tucked in bedclothes or baby sleeping bag. Do not use rolled towels, foam wedges, or other objects between their heads. By the time the twins are big enough to roll over they should be moved into their own separate cots. All the safe sleeping advice applicable to single babies should be followed whether the babies are in the cot together, or not.

For more information visit [www.lullabytrust.org.uk/file/Fact-Sheet-Twins.pdf](http://www.lullabytrust.org.uk/file/Fact-Sheet-Twins.pdf)

### Protective factors

Studies have consistently shown a reduced risk of SIDS in breastfed infants. Exclusive breastfeeding (ie those who have never fed with formula milk) is associated with the lowest risk, but breastfeeding of any duration may be beneficial for lowering the chance of SIDS compared to formula feeding alone.

For further information visit:

[www.lullabytrust.org.uk/factsheets](http://www.lullabytrust.org.uk/factsheets)

[www.tamba.org.uk/birth-and-after/safe-sleep-and-newborns](http://www.tamba.org.uk/birth-and-after/safe-sleep-and-newborns)



# needing comfort

## Feeding

Breastfeeding your baby reduces the risk of cot death. See Chapter 1 for everything you need to know about breastfeeding.

It is possible that using a dummy at the start of any sleep period reduces the risk of cot death. Do not begin to give a dummy until breastfeeding is well established, usually when your baby is around one month old. Stop giving the dummy when your baby is between six and 12 months old.

### If your baby is unwell, seek MEDICAL advice promptly

Babies often have minor illnesses that you do not need to worry about.

Make sure your baby drinks plenty of fluids and is not too hot. If your baby sleeps a lot, wake them regularly for a drink.

It can be difficult to judge whether an illness is more serious and requires prompt medical attention. See the section on recognising the signs of illness (page 35) for guidance on when you should get help.

### More information

For more information on reducing the risk of cot death, or to buy a simple room thermometer for your baby, contact The Lullaby Trust [www.lullabytrust.org.uk](http://www.lullabytrust.org.uk)

### Monitors

Normal healthy babies do not need a breathing monitor. Some parents find that using a breathing monitor reassures them. However, there is no evidence that monitors prevent cot deaths. If you have any worries about your baby, ask your GP about the best steps to take.

## CRYING

A baby crying is normal. Babies cry because they cannot talk. If a baby is fussy, sometimes you can figure out what is wrong and how to soothe them.

However, babies will have periods of inconsolable crying and no matter

what you do, the baby will still cry.

If your baby is fussy or crying, here are some possible reasons:

Possible reason	What to do...
Hunger	Feed baby. Baby may be hungrier on some days. Offer the breast often if that helps to soothe baby.
Need to be close to people, touched, picked up, held, rocked	Hold, rock, massage, dance with baby in your arms, sit together on bouncing ball or rocking chair, talk to and sing to baby. Take off shirt and hold baby skin to skin. Take bath with baby. Go for walk with baby in your arms in sling or in stroller. Lie down beside baby while you nurse, massage, gently touch or talk to baby. Let someone else hold baby.
Pain or discomfort	Pick up baby, comfort, change nappy, burp or rub baby's back. Changing baby's position may help.
Too hot or too cold	Babies should be dressed as warmly as you are - plus one more layer. Baby should not be cool to the touch.
Tired or over stimulated	Hold your baby close, turn lights off and keep surroundings quiet. Rocking your baby gently can be soothing for both of you. Do not swaddle your baby.
Needs a change	Read, play, talk, sing, hold baby every day. Change rooms so baby can look at different things.
Illness	If your baby's cry sounds different to you or your baby cannot be soothed after trying everything, contact your health visitor or GP.
Period of Purple Crying	From two weeks to three to five months, babies can experience a period of inconsolable crying. This is a normal stage. It can be frustrating during these types of crying times if none of the things you are doing to stop the crying work. See <a href="http://www.purplecrying.info">www.purplecrying.info</a>



The Unicef Caring for your baby at night leaflet offers practical advice on coping at night and covers getting some rest, night feeding, safe sleeping and helping the baby to settle. See [www.unicef.org.uk](http://www.unicef.org.uk)

## What is colic?

Colic is a condition where there are repeated bouts of excessive crying in a baby who is otherwise healthy.

The definition doctors use is “a baby crying for more than three hours a day, for more than three days a week, for at least three weeks”. Colic is common and distressing. It usually goes away by the age of 3-4 months.

In some babies, a period of restlessness in the evening may be all that you notice. In some babies with severe colic, the crying may go on for many hours throughout the day (and/or night). However, babies with colic are fine between bouts. They feed well, grow well, and do not show any other signs of illness.

### Helpful tips

#### Crying during feeds

Some babies cry a lot and seem unsettled around the time of a feed. If you are breastfeeding, you may find that improving your baby's attachment helps them to settle. You can go to a breastfeeding centre or drop-in and ask for help, or talk to your peer supporter or health visitor.

If this doesn't work, try keeping a note of when the crying happens to see if there is a pattern. It may be that something you are eating or drinking is affecting your baby. Some things will reach your milk within a few hours; others may take 24 hours. All babies are different and what affects one will not necessarily affect yours. But drinks and food you might want to think about include drinks containing caffeine, fruit squashes, diet drinks, dairy products and chocolate.

Talk to your health visitor, contact your local breastfeeding support group.

## Facts about colic

- Colic occurs in both formula fed and breast fed infants
- It is common – affecting up to 20% of infants
- The cause or causes of colic are very poorly understood
- Maternal smoking has been shown to be associated with Infantile Colic

## Advice for parents/ carers when dealing with a 'colicky' baby

- Exclude common causes of excessive crying e.g. hunger, thirst, wet/dirty nappy, too hot or too cold
- Try holding the baby
- Burping post-feeds
- Gentle motion (pushing pram or ride in the car)
- “White noise” (vacuum cleaner, hairdryer etc.)
- Bathing in warm bath
- Baby massage. Your Health Visitor may be able to teach you how to do this.
- CRY-SIS support group can offer support for families with an excessively crying, sleepless and demanding baby. Website address: [www.cry-sis.org.uk](http://www.cry-sis.org.uk)
- Colic is usually something that settles after 3-4 months and you should be reassured that you are not doing anything wrong and our baby is not rejecting you.
- Many of the treatments for colic aim to work on the baby's gut, either by reducing any excess gas or by helping to break down milk because the baby has a deficiency of an enzyme called lactase. There is no good evidence to support either of these theories and so it is recommended that the products listed below should NOT be prescribed for the management of colic.

Should a parent or carer wish to try any of these products they are available to buy from Pharmacies e.g. Infacol®, Dentinox Colic Drops®, Colief®, Low lactose formulas such as Comfort Milks, Lactose Free Formulas, Gripe Water.

## Parent/carers need support

When your baby is colicky, you need to work out ways to cope. Suggestions include:

- If it is possible, take turns with your partner to look after the baby and go outside for a break.
- Ask friends or relatives for support. Let them hold your baby while he/she is crying. They can manage this for a short time, knowing that you are having a break and that you will be able to take over again soon.
- When you are 'off duty', distract yourself perhaps with music played loud enough to drown out the noise of crying (a portable player with earplugs is good for this).
- Talk over your experiences with other parents and share coping strategies.
- Seek advice from your GP or health visitor.
- Remember that colic tends to improve at about six weeks and generally goes away around 3-4 months.
- Never ever shake a baby. Shaking a baby in a moment of frustration can cause serious harm or death.

## A warning cry

Although all babies cry sometimes, there are times when crying may be a sign of illness. Watch out for any sudden changes in the pattern or sound of your baby's crying. Often, there will be a simple explanation: for example, if you have been going out more than usual, your baby might simply be overtired. But if you think there is something wrong, follow your instincts and contact your GP. See Chapter 8 for more information on what to do if you think your baby is ill.

## Preventing non-accidental head injuries

It can feel very stressful when your baby is crying. Staying relaxed and being able to sooth your crying baby makes a big difference.

Babies are very vulnerable to being shaken in the first few months of their life. At this age, head injuries are the most common cause of non-accidental death or disability.

Never shake your baby. If you are feeling very stressed, put your baby down in a safe place like a pram or a cot. Go into another room. As long as your baby is safe just focus on feeling calm.

There may be times when you are so tired and angry you feel like you cannot take any more. This happens to lots of parents, so don't be ashamed to ask for help. Think about handing your baby over to someone else for an hour. It's really hard to cope alone with a constantly crying baby. You need someone who will give you a break, at least occasionally, to calm down and get some rest. If that is not possible, put your baby in their cot or pram, make sure they are safe, close the door, go into another room, and do what you can to calm yourself down. Set a time limit – say, 10 minutes – then go back.

Talk to a friend, your health visitor or doctor. Or contact Cry-sis (see page 181).

## Never shake a baby!

It doesn't matter how upset, stressed, tired or angry you feel. You must never, ever grab or shake the baby. This will not stop the crying. It can cause severe injury or even death.

Play gently with baby. You should avoid:

- **Tossing baby into the air**
- **Jogging with baby on your back or shoulders**
- **Bouncing baby roughly**
- **Swing baby on your leg**
- **Swinging baby around by the ankles**
- **Spinning baby around.**

### Signs and symptoms of shaken baby syndrome

- Constant crying
- Stiffness
- Sleeping more than usual
- Unable to wake up
- Seizures (fits)
- Dilated pupils
- Throwing up
- Difficulty breathing
- Blood spots in eyes

If your baby is hurt for any reason go to your emergency department or call 999.

If you cannot cope, ask your midwife, health visitor or GP to check whether there is a reason why your baby will not stop crying.

If you feel you can't cope, help is only a phonecall away. Remember, this difficult time will not last forever. Your baby will gradually start to take more interest in what is going on around them and the miserable, frustrated crying will almost certainly stop.

## WASHING AND BATHING

### Washing

You don't need to bath your baby every day but you should wash their face, neck, hands and bottom carefully every day. This is often called 'topping and tailing'. Choose a time when your baby is awake and contented and make sure the room is warm. Get everything ready beforehand. You will need a bowl of warm water, a towel, cotton wool, a fresh nappy and, if necessary, clean clothes.

### The following might be useful as a step-by-step guide:

#### STEP 1

Hold your baby on your knee, or lie them on a changing mat, and take off all their clothes apart from their vest and nappy then wrap them in a towel.



**STEP 2**

Dip the cotton wool in the water (make sure it doesn't get too wet) and wipe gently around your baby's eyes from the nose outward, using a fresh piece of cotton wool for each eye, so you don't transfer any stickiness or infection.

**STEP 3**

Use another fresh piece of cotton wool to clean around your baby's ears (but not inside them). Never use cotton buds inside the ear canal. Wash the rest of your baby's face, neck and hands in the same way and dry them gently with the towel.

**STEP 4**

Take off the nappy and wash your baby's bottom (genitals), with fresh cotton wool and warm water. Dry your baby very carefully including in skin folds and put on a clean nappy.

**STEP 5**

It will help your baby to relax if you keep talking while you wash them. The more they hear your voice, the more they will get used to listening to you and start to understand what you are saying.

**healthy  
and  
clean**

**Bathing**

Babies only need a bath two or three times a week, but if your baby really enjoys it, bath them every day.

Don't bath your baby straight after a feed or when they are hungry or tired and make sure the room is warm. Have everything you need at hand – a baby bath or washing-up bowl filled with warm water, two towels (in case of accidents!), baby bath liquid (unless your baby has particularly dry skin), a clean nappy, clean clothes and cotton wool.

**STEP 1**

**The water should be warm, not hot.** Check it with your wrist or elbow and mix it well so there are no hot patches. Hold your baby on your knee and clean their face, following the instructions given under 'Washing'. Wash their hair next with water or a liquid soap or shampoo designed for babies and rinse carefully, supporting them over the bowl. Once you have dried their hair gently, you can take off their nappy, wiping away any mess.

**STEP 2**

Lower your baby gently into the bowl or bath using one hand to hold their upper arm and support their head and shoulders. Keep your baby's head clear of the water. Use the other hand to gently swish the water over your baby without splashing.

**Never leave your baby alone in the bath, not even for a second.**

**STEP 3**

Lift your baby out and pat them dry, paying special attention to the creases. This is a good time to massage some oil or cream (not aqueous cream) into your baby's skin. Don't use anything that contains peanut oil, as some babies are allergic to it. Lots of babies love being massaged and it can help them relax and sleep. It's best if you lay your baby on a towel on the floor as both the baby and your hands can get slippery.

If your baby seems frightened of bathing and cries, you could try bathing together. Make sure the water is not too hot. It's easier if someone else holds your baby while you get in and out of the bath.







## NAPPIES

### What is in a nappy?

#### What should my baby's poo (stools) look like?

Your baby's first poo will be made up of something called meconium. This is sticky and greenish black. After a few days, the poo will change to a yellow or mustard colour. Breastfed babies' poo is runny and doesn't smell; formula-fed babies' poo is firmer, darker brown and more smelly. It is not normal before two weeks of age for a breastfed baby to go several days without stooling, contact your midwife or health visitor.

When breastfeeding is well established a baby can also make poo dark green. If you change from breast to formula feeding, you will find your baby's poo becomes darker and more paste-like.

#### How often should my baby pass a poo?

Some babies fill their nappies at or around every feed. Some, especially breastfed babies after about four weeks of age, can go for several days or even up to a week without

a bowel movement. Both are quite normal. It's also normal for babies to strain or even cry when passing a poo. Your baby is not constipated provided their poo is soft, even if they have not passed one for a few days.

#### Is it normal for my baby's poo to change?

From day to day or week to week your baby's poo will probably vary a bit. But if you notice a marked change of any kind, such as the poo becoming very smelly, very watery or harder, particularly if there is blood in it, you should talk to your doctor or health visitor. Very pale poo may be a sign of **jaundice**. See page 37 for more information.

### Changing nappies

Some babies have very delicate skin and need changing the minute they wet themselves, otherwise their skin becomes sore and red. Others are tougher and get along fine with a change before or after every feed. All babies need to be changed as soon as possible when they are dirty, both to prevent nappy rash and to stop them smelling awful!

#### Getting organised

Get everything you need in one place before you start. The best place to change a nappy is on a changing mat or towel on the floor, particularly if you have more than one baby. That way, if you take your eye off the baby for a moment to look after another child, the baby cannot fall and hurt themselves.

Try to sit down, so you don't hurt your back. If you are using a changing table, keep an eye on your baby at all times.

Make sure you have a good supply of nappies – there is nothing worse than running out! If you are using cloth nappies, it might take a little while to get used to how they fold and fit. There are several types of washable nappies available. Some have a waterproof backing and others have a separate waterproof nappy cover. They fasten with either Velcro or poppers. Biodegradable, flushable nappy liners can be useful as they protect the nappy from heavy soiling and can be flushed away.

You will need a supply of cotton wool and a bowl of warm water or baby lotion, or baby wipes. It's also a good idea to make sure you have a spare set of clothes handy, especially in the first few weeks.

#### Getting started

If your baby is dirty, use the nappy to clean off most of it. Then, use the cotton wool and warm water (or baby lotion or baby wipes) to remove the rest and get your baby really clean. Girls should be cleaned from front to back to avoid getting germs into the vagina. Boys should be cleaned around the testicles (balls) and penis, and the foreskin can be pulled back very gently to clean.

It's just as important to clean carefully when you are changing a wet nappy.



If you like, you can use a barrier cream to help protect against nappy rash (see right). Some babies are sensitive to these creams and thick creams may clog nappies or make them less absorbent. Ask your pharmacist or health visitor for advice.

Washable nappies should be pre-washed to make them softer. Make sure you choose the right size nappy and cover for your baby's weight. Put in a nappy liner, then fasten the nappy on your baby, adjusting it to fit snugly round the waist and legs.

If you are using disposable nappies, take care not to get water or cream on the sticky tabs as they will not stick.



It can help to chat to your baby while you are changing them. Pulling faces, smiling and laughing with your baby will help you bond, and help their development.



## Nappy rash

Most babies get nappy rash at some time in the first 18 months. Nappy rash can be caused by:

- prolonged contact with urine or poo
- sensitive skin
- rubbing or chaffing
- soap, detergent or bubble bath
- baby wipes, and
- diarrhoea or other illness.

There may be red patches on your baby's bottom, or the whole area may be red. The skin may look sore and be hot to touch and there may be spots, pimples or blisters.

The best way to deal with nappy rash is to try and avoid your baby getting it in the first place. These simple steps will help:

- Change wet or soiled nappies as soon as possible. Young babies can need changing as many as 10 or 12 times a day, and older babies at least six to eight times.
- Clean the whole nappy area thoroughly, wiping from front to back. Use plain water.
- Lie your baby on a towel and leave the nappy off for as long and as often as you can to let fresh air get to the skin. Use a barrier cream, such as zinc and castor oil.

If your baby does get nappy rash, you can treat it with a nappy rash cream. Ask your health visitor or pharmacist to recommend one. Your baby may have a thrush infection if the rash doesn't go away, or they develop a persistent bright red moist rash with white or red pimples which spreads to the folds of the skin. You will need to use an antifungal cream, available either from the pharmacist or on prescription from your GP. Ask your pharmacist or health visitor for advice.

## Nappy hygiene

Put as much of the contents as you can down the toilet. If you are using nappies with disposable liners, the liner can be flushed away. Don't try to flush the nappy itself in case you block the toilet.

Disposable nappies can be rolled up and resealed, using the tabs. Put them in a plastic bag kept only for nappies, then tie it up and put it in an outside bin.

Washable cloth nappies can be machine washed at 60°C, or you could try a local nappy laundry service.

Remember to wash your hands after changing a nappy and before doing anything else to avoid infection.

## Helpful tips

### Nappy services: the bottom line

If you use disposable nappies, it's worth finding out whether there are any local shops offering a delivery service. If you have opted for washable cloth nappies, you could think about using a nappy laundry service. The cost of buying and washing cloth nappies for two-and-a-half years will range from around £185 to around £352, depending on the type of nappy you use. Nappy laundry services typically cost from £6 to £9 per week. The cost of disposable nappies over the same period ranges from £463 to £732.

A nappy laundry service will take away the soiled nappies and deliver a fresh batch each week. Nappies are washed to hospital disinfection standards and thoroughly rinsed to protect your baby's skin. The service will supply everything you need, including nappies, nappy covers, liners and lidded nappy bins.



## Plagiocephaly

You may have heard about babies developing a persistent flat spot, either at the back or on one side of the head. This is known as plagiocephaly. It is cosmetic and will not affect your baby's brain. It sometimes happens when your baby lies in the same position for long periods. To help avoid this make sure your baby has supervised playtime on his or her tummy, but never let her fall asleep like this. If you are worried and want more information, ask your midwife or health visitor/family nurse.

## TAKING YOUR BABY OUT

Your baby is ready to go out as soon as you feel fit enough to go yourself.



### Walking

Walking is good for both of you. It may be easiest to take a tiny baby in a sling. If you use a buggy, make sure your baby can lie down with their back flat.

### Travelling by car

It's illegal for anyone to hold a baby while sitting in the front or back seat of a car. The only safe way for your baby to travel in a car is in a properly secured, backward-facing baby seat, or in a carrycot (not a Moses basket) with the cover on and secured with special straps.

If you have a car with airbags in the front, your baby **should not travel in the front seat**, even if they are facing backwards, because of the danger of suffocation if the bag inflates.

Some areas have special schemes where you can borrow a suitable baby seat when you and your baby first return from hospital. Ask your midwife or health visitor.



### Tips for keeping your baby warm in cold weather

Wearing several layers of light clothing is the most effective way of keeping warm as layers trap warm air. A thermal vest can be worn under a long sleeved top or fleece.

Babies get cold very easily, so they should be well wrapped up in cold weather. Take the extra clothing off if you go into a warm place so that your baby doesn't then overheat. You need to do this even if your baby is asleep.

### Tips for keeping your baby cool in hot weather

In hot weather, babies and children are particularly vulnerable to the effects of the sun, as their skin is thinner and they may not be able to produce enough of the pigment called melanin to protect them from sunburn and the risk of future skin cancer. Babies and children with fair or red hair, blue eyes and freckles are especially at risk.

Babies under six months should be kept out of the sun altogether. Protect older children by putting them in loose clothing and using high protection sunscreen high SPF25 or greater and UVA 4 or 5 star (more information go [www.careinthesun.org/youngpeople/early-years](http://www.careinthesun.org/youngpeople/early-years)) on any exposed skin. See page 113 for more tips on protecting your child from the sun.

## Helpful tips

### Carrying your baby

When you carry your baby in either a car seat or a baby seat, try not to hold it with just one hand as this can put a strain on your muscles and joints and give you backache. Instead, hold the seat close to you with both hands.



## TWINS, TRIPLETS OR MORE

Parents with one child often think that caring for twins is pretty much the same thing, just doubled! If you have twins (or triplets or more), you will know differently. Caring for twins, triplets or more is very different from caring for two babies or children of different ages. There is a lot more work involved, and you may need to find some different ways of doing things.

You will need as much support as you can get. If you have more than two babies, your local council may be able to provide a home help. A few hours' help with housework each week can make a big difference. The charity Home-Start also provides help for families. Go to [www.home-start.org.uk](http://www.home-start.org.uk) or call 0800 068 6368. Your health visitor will know what is available locally and can help put you in touch with local services.

You might find it useful to talk to other parents with more than one baby. The Twins and Multiple Births Association (Tamba) can provide information about local twins clubs,

where you can meet other parents who are in the same situation and get practical support and advice. Tamba's helpline, Twinline, is run by mothers with multiple babies. Call 0800 138 0509.

The Multiple Births Foundation also provides information and advice and can signpost other sources of help and support. Go to [www.multiplebirths.org.uk](http://www.multiplebirths.org.uk) or call 020 8383 3519.

The Parents Centre is a valuable source of information and support for parents with more than one baby. Go to [www.parentingni.org](http://www.parentingni.org)

## YOUR BABY'S HEALTH

### Screening and health checks

Over the first few months and years of their life, your baby will be offered a series of tests, assessments and opportunities for contact with health professionals as part of the new Healthy Child Programme. The table on page 36 explains what the tests are and tells you when they will happen.

For more information about any of these tests, or if you are worried about your baby or child's development, contact your health visitor or GP.

You can ask them to refer you to a paediatrician.

### More information

Find out more about screening programmes at [www.publichealth.hscni.net](http://www.publichealth.hscni.net)

## Recognising the signs of illness

Babies often have minor illnesses. There is no need to worry about these. Make sure your baby drinks plenty of fluids and is not too hot. If your baby is sleeping a lot, wake them regularly for a drink.

If your baby has a more serious illness, it's important that you get medical attention as soon as possible. If your baby has any of the following symptoms, you should get **medical attention as soon as you can**:

- a high-pitched or weak cry, less responsive, much less active or more floppy than usual
- very pale all over, grunts with each breath and/or seems to be working hard to breathe
- takes less than a third of their usual amount of fluids, passes much less urine than usual, vomits green fluid, or passes blood in their poo (stools)
- a fever of 38°C or above (if they are less than three months old) or 39°C or above (if they are aged between three and six months)
- a dry mouth, no tears, sunken eyes or a sunken area at the soft spot on their head (all signs of dehydration), and/or
- a rash that doesn't disappear when you apply pressure.



## Screening and health checks

Age	Test	What is it?	Comments
<b>From one day</b>	Newborn hearing	A test to check whether your baby's hearing is normal	This can be done either before you go home from hospital, or at the clinic, and should be done by one month. See page 69 for more information
<b>Between one and three days</b>	Newborn physical examination	Screening of your baby's heart, hips and eyes (and testes in boys), plus a general physical examination	The test can be carried out by a 'baby doctor' or specially trained midwife. It doesn't have to be done before you leave hospital
<b>Between five and eight days</b>	Newborn bloodspot	A heel-prick blood test for phenylketonuria, congenital hypothyroidism, cystic fibrosis and sickle cell disorders	The heel-prick test screens for phenylketonuria (PKU), medium chain acyl-coA dehydrogenase deficiency (MCADD), congenital hypothyroidism (CHT), cystic fibrosis (CF) and sickle cell disorders (SCD). A number of other inherited metabolic conditions may be identified, eg homocystinuria. The Northern Ireland parental information leaflet and translations are available to view or download at <a href="http://www.publichealth.hscni.net">www.publichealth.hscni.net</a>
<b>Six to eight weeks</b>	Physical examination	Screening of your baby's heart, hips and eyes (and testes in boys), plus weighing and a general physical examination	You will also be asked whether your baby is being breast or formula fed on two occasions. This will be recorded in the red book at this stage as: Total: breastmilk only; Partial: breastmilk and formula; or Not at all: formula only
<b>Eight weeks onwards</b>	Immunisations		Immunisations are routinely offered at eight, 12 and 16 weeks, 12 and 13 months, and three years four months. See page 99 for more information
<b>Eight to 36 months</b>	General reviews		You may be offered a general review of your child's well-being at 14 to 16 weeks, 6 to 9 months, 12 months and again at around two to two-and-a-half years
<b>Four to five years</b>	School entry screening	Vision screening, height and weight check and hearing test	Your child may also be offered a general health review

### When it's urgent

You **must get immediate medical attention** if your baby:

- stops breathing
- is unconscious or seems unaware of what is going on
- will not wake up
- has a fit for the first time, even if they then seem to recover, or
- is struggling to breathe (for example, sucking in under the ribcage).

Dial 999 and ask for an ambulance.



## Sudden infant death syndrome (SIDS)/cot death

Remember, cot death is rare, so please don't let it worry you and stop you enjoying your baby's first few months. Research is continuing to help us understand more about cot death and, since parents and carers have been following the advice given on page 26, the number of babies dying has fallen by over 70%.

Some parents find it reassuring to use a breathing monitor. However, there is no evidence that these prevent cot death and normal, healthy babies do not need them. If you are worried, talk to your GP. You might want to discuss immunisation, as this has been shown to reduce the risk of cot death.

## Jaundice

Jaundice is a yellowing of the skin and eyes. It happens when the liver cannot excrete enough of a chemical waste product called bilirubin. Some babies are born with jaundice and may need special care. Others can develop jaundice between two and four days after birth. It can last for up to two weeks.

### Help and support

Contact Lullaby Trust, 11 Belgrave Road London, SW1V 1RB, Tel: 0207 802 3200, [www.lullabytrust.org.uk](http://www.lullabytrust.org.uk)



If your baby develops jaundice in the first 24 hours after birth urgent medical treatment is required.

Otherwise, If your baby develops jaundice, talk to your midwife or health visitor. They can advise you whether or not you need to see your GP.

It's important to **carry on breastfeeding** if you can, as your milk can help clear the jaundice. Babies with jaundice are often sleepy and might not ask for feeds as often as they should (by day three, babies should be having eight or more feeds in 24 hours). You can help your baby by waking them regularly and encouraging them to feed. If you are advised to stop breastfeeding, express (and freeze) your milk until you can start breastfeeding again.

If jaundice persists greater than day 14 or day 21 in a preterm baby your health visitor will refer you to have a blood test to check the bilirubin levels.

You should also tell your midwife, doctor or health visitor if your baby is passing pale poo, even if your baby doesn't look jaundiced. They can arrange any tests your baby might need.

## Vitamin K deficiency

We all need vitamin K to make our blood clot properly so that we don't bleed too easily. Some newborn babies have too little vitamin K. Although this is rare, it can be dangerous, causing bleeding into the brain. This is called 'haemorrhagic disease of the newborn' or 'vitamin K deficiency bleeding' (VKDB). To reduce the risk, your baby can be given a dose of vitamin K through either a single injection or several doses by mouth. Ask your GP or midwife to talk you through the options.

## Vitamin D

Vitamin D supplements are now recommended for most of the population as we don't get enough naturally from sunlight. If you don't receive Healthy Start vouchers then you will need to buy some suitable infant vitamin drops from your pharmacist.

- **Breastfed babies from birth to one year of age** should be given a daily supplement of vitamin D throughout the year to make sure they get enough, as their bones are growing and developing very rapidly in these early years.
- **Babies fed infant formula** will only need a vitamin D supplement **if they are receiving less than 500ml** (about a pint) of infant formula a day, because infant formula has vitamin D added during processing.
- **Children aged one to four years** require a daily supplement of vitamin D throughout the year.
- **Everyone aged five years and over, including pregnant and breastfeeding women** should consider taking a daily supplement of vitamin D.





### More information

For more information on antenatal and postnatal mental health and what you can expect from the health services, go to [www.nice.org/guidance/cg192NICEGuidelineCG192](http://www.nice.org/guidance/cg192NICEGuidelineCG192). You may also find it helpful to contact the Association for Post-Natal Illness or the NCT, or log on to [www.netmums.com](http://www.netmums.com) (see the useful organisations section for contact details).

## YOUR HEALTH

During the first week after childbirth, many women get the 'baby blues'. Symptoms can include feeling emotional and irrational, bursting into tears for no apparent reason, feeling irritable or touchy or anxious and depressed.

These symptoms are probably caused by the sudden hormonal and chemical changes that happen after childbirth. They are perfectly normal and usually last for only a few days.

### Postnatal depression

Sometimes, though, the baby blues just will not go away. Postnatal depression is thought to affect around 1 in 10 women (and up to 4 in 10 teenage mothers). Although it's very common, many women suffer in silence.

Postnatal depression usually occurs two to eight weeks after the birth, although it can happen at any time

up to a year after your baby is born. Some of the symptoms, such as tiredness, irritability or poor appetite, are normal when you have just had a baby, but these are usually mild and don't stop you leading a normal life. With postnatal depression, you may feel increasingly depressed and despondent, and looking after yourself or your baby may become too much.

Some other signs of postnatal depression are:

- anxiety
- panic attacks
- sleeplessness
- aches and pains or feeling unwell
- memory loss or lack of concentration
- feeling like you cannot cope
- constant crying
- loss of appetite
- feelings of hopelessness
- not being able to enjoy anything, and/or
- loss of interest in your baby or over-anxiousness about your baby.

For more information about postnatal depression, see page 143.

Women with twins, triplets or more may suffer from postnatal and longer-term depression because of the extra stress of caring for more than one baby. Planning ahead, by getting information and advice on feeding and caring for two or more babies before they are born, can help prepare you to cope and give you more confidence. See page 35 for more on coping with twins, triplets and more.

### Help and support

Mood Matters: Parent and Baby is a mental health awareness programme which can give you knowledge and skills to help you look after the mental health of you and your baby. It incorporates a range of delivery methods including group sessions, discussion, video clips, animation, music and fun activities. Mood Matters: Parent and Baby lasts one and half to two hours. For further information and bookings contact 028 9035 7820 or 028 7126 0602, visit [www.aware-ni.org](http://www.aware-ni.org) or email [training@aware-ni.org](mailto:training@aware-ni.org)



If you think you may be suffering from postnatal depression, **don't struggle on alone**. It doesn't mean you are a bad mother or that you cannot cope. Postnatal depression is an illness, so ask for help just as you would if you had the flu or had broken your leg. Talk to someone you can trust, such as your partner or a friend, or ask your health visitor to call in and see you. Many health visitors have been trained to recognise postnatal depression and have been taught techniques for dealing with it. Even if they cannot help you, they will know someone in your area who can.

You should also see your GP. If you don't feel up to making an appointment, ask someone to do it for you or ask the doctor to visit you at home. Milder cases of postnatal depression can usually be dealt with by a health visitor or therapist. In more serious cases, your GP may prescribe anti-depressants. Some are safe to take while you are breastfeeding, so check that you are on the right one. Your GP may also refer you to a specialist.

### Puerperal psychosis

This is an extremely rare condition, affecting only one or two mothers in every thousand. You are more likely to be affected if you have severe mental illness or have a past history of severe mental illness, or if there is a family history of perinatal mental illness. Puerperal psychosis is a serious psychiatric illness, requiring urgent medical or hospital treatment. Usually, other people will notice the mother acting strangely.



Most women make a complete recovery, although this may take a few weeks or months.

### Post-traumatic stress disorder

Post-traumatic stress disorder (PTSD) can occur on its own or alongside postnatal depression. It's not clear why women develop PTSD, but there may be a link between the condition and feeling 'out of control' and/or being very frightened during the birth. Sometimes women worry that they might die, or that their baby might die.

The symptoms include:

- flashbacks
- nightmares
- panic attacks
- feeling emotionally 'numb'
- sleeping problems
- feeling irritable or angry, and/or
- irrational behaviour.

If you think you might be suffering from PTSD, you **must** talk to someone about how you are feeling. Your midwife, GP or health visitor will be able to advise you where to go for help. Don't be ashamed of how you are feeling. You are not alone, and remember, you **will** get better. Accepting that you need help is the first step towards recovery.

The Association for Post-Natal Illness and [www.netmums.com](http://www.netmums.com) can help. See pages 182 and 185 for contact details. They can offer information and advice, and put you in touch with other mothers who've experienced depression and know what it's like.

steps  
towards  
recovery

