

A close-up photograph of a newborn baby lying down. The baby is wearing a green knit hat and has its mouth slightly open. Two hands are gently touching the baby's head, one on the left and one on the right. The background is blurred, showing what appears to be a hospital or clinical setting.

Guidebook for new parents



**Sairaala
Nova**

Foreword

Congratulations on your new family member! The first weeks with your baby is an important and unforgettable period in your life. We have compiled this guidebook full of information and tips for you so that you could enjoy this special time to the fullest.

Having a baby is a major change in your life – especially if it's your firstborn. Your baby is dependent on you, and that may evoke all kinds of feelings: joy, love and affection may take turns with fear and even anxiety. Some parents feel immediate affection for their child, but some need a little more time for the feeling to grow. Birth parents become sensitive to their babies' messages instinctively, and sometimes it may feel like you've become a little too sensitive. If low spirits seem to stick, it's always a good idea to discuss it with a medical professional. Give yourself time, and listen to yourself and your feelings.

Childbirth may leave new parents exhausted. It might be a good idea to lower your standards for a while, and focus on taking care of yourself and your baby. Learn how to rest with your baby, and postpone things that do not require your immediate attention. Hormones help birth parents cope with sleep deprivation, but they can't replace rest.

Sometimes the role of the family's second adult may transform into something you haven't



exactly prepared for. Breastfeeding and recovering from childbirth take time and energy from the nursing parent. However, there are many things for the other parent to do. Babies enjoy staying close and for example having skin-to-skin contact with both parents. When you take turns taking care of your baby, you both get a chance to rest for a little while. During this time, open communication is especially important, as it ensures that everyone feels comfortable. A healthy, functioning relationship between the parents is good for the baby, as well. Spending time and doing things together with your partner is a great way to take care of your relationship. The partner has an important role in making sure the birth parent is doing ok, and in supporting breastfeeding. If the newborn has older siblings, it's important to take them into consideration so that they don't feel left out. Taking part in baby care usually helps them adapt to the new situation.

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First days with your newborn



First day

Immediately after childbirth, babies tend to be lively and ready to be fed after an hour. After the first breastfeeding, most babies fall asleep for a

long nap. It takes time to recover from the birth and settle into the new surroundings, so babies need a lot of sleep during the first day.

Skin-to-skin contact is a safe and natural state for a newborn baby. It is beneficial for the baby to spend as much time as possible in skin-to-skin contact in the days following birth. Skin-to-skin contact with a parent provides security, keeps vital functions stable, and keeps the baby warm. At the same time, it activates the baby to seek the breast and start sucking. In skin-to-skin contact, the baby receives good microbes from the parent's skin, and parents can more easily detect the baby's needs and signals. Skin-to-skin contact helps the parent recover from childbirth and breastfeeding starts more easily.

It is good to offer the breast to the baby whenever they seem eager to suck, such as when they start rooting, opening their mouth, licking their tongue, turning their head to the side searching for the breast, or sucking their fingers. These are called the baby's early **feeding cues**. Most babies tend to have their eyes closed at this stage, as they are still half asleep and gradually waking up. Crying is the last sign of hunger, and at that stage it may take some more effort to calm the baby to latch onto the breast. Skin-to-skin contact allows babies to act according to their reflexes and gravitate towards the parent's breasts, preparing them for feeding by rubbing, licking and pecking at them. Allowing babies to take their time will help them grasp the breast and latch onto it successfully. In the beginning, ask the staff of your maternity hospital to help you make sure that the breastfeeding position and latch are good. Babies follow their own natural rhythm when it comes to sucking during the first few days, at least 8–12 times a day. During the first 24 hours, your baby might be a little sleepy and doesn't necessarily

have enough energy to suck that much. In this case, it's good to support the milk production by hand expressing. In skin-to-skin contact, the birth parent can express drops of milk and direct them straight into the baby's mouth, or into a cup for cup feeding. You can also save the milk for later use.

During the first 24 hours, there won't be much to see in your baby's nappy, but you should still check it every now and then. One wet nappy and one meconium (sticky baby poo) is enough. For the first couple of days, your baby will pass meconium which is black in colour, and has a sticky, tar-like texture. After a few days, your baby's stools will have a more yellow colour to them. Meconium may be difficult to wipe off your baby's bottom, and if washing your baby with water won't seem to do it, try using baby oil.

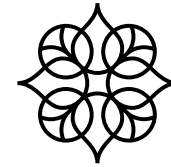


Second day

Newborns go through several phases of cluster feeding. The first one usually takes place around the second night after birth. The baby seems to be

suckling all the time, and doesn't seem to settle for anything. This is your baby's way of ordering more milk – the more stimulation to the breasts, the more milk they will produce. Many parents feel confused by this phase and start worrying whether the milk production is sufficient even though there's no need for that. The first cluster feeding phase usually lasts for 12–48 hours. So don't worry, it will pass! Keep the baby in skin-to-skin contact, as it will both calm the baby and support milk production. Breastfeed whenever your baby wants to be fed. Try to find the most comfortable feeding positions for you. Parents can take turns in keeping the baby in skin-to-skin contact. After a long feeding session, babies also tend to sleep longer, so make sure you get some rest as well. From the second day onwards,

babies should wet the nappy twice, and pass stools once. Sometimes it's hard to keep track of this, as the baby might urinate during a wash, for example. Skin-to-skin contact should help keep your baby awake for enough feeding sessions. Don't hesitate to ask for help and guidance from the staff.



Skin-to-skin contact

- A diaper is sufficient clothing for the baby.
- Place the baby on their stomach on your bare chest.
- Get into a comfortable semi-reclining position or lie on your back so that you can see the baby's face.
- Cover the baby so that their head remains uncovered.
- Always ensure safety during skin-to-skin contact. When you are tired or have been breastfeeding for a long time, you can keep the baby beside you while lying on your back, and you can rest in a side-lying position facing the baby (see picture on page 8).

Baby care basics

Nappy changing

Nappies should be changed whenever it's necessary. When you learn your baby's rhythm and temperament, you'll find the best times for nappy changing. If your baby is sleepy, changing the nappy will act as a natural wake-up. If your baby is temperamental and feels irritated when you change the nappy before feeding, it's better to do it afterwards. You don't have to wash your baby after each wet nappy. If your baby has passed stools, use plain water for the wash. If the baby's skin is in good shape, there is no need to use baby lotion. For dry and irritated skin, a lotion might prove helpful.

Bathing

At home, give your baby a bath a couple of times a week. If your baby's skin isn't very dry, you can bathe even more regularly. Make sure to dry your baby carefully, also between the skin folds. You should check your baby's bends, in between the fingers, and behind the ears each



Newborns need feeding, contact, and cleaning. Looking after their needs makes them feel loved.

day. Plain water is all you need to wash your baby's skin. If your baby's skin seems dry, you can use baby lotion after bathing.

Eyes

Newborn's tear ducts are still narrow and they clog easily, which may cause stickiness of the eyes. Eyes should be cleaned daily, or if necessary, even more regularly. Use tap water to wet a cotton pad, and use it to clean the eyes. Start from the outer corner of the baby's eye, and wipe towards the inner corner. Use separate cotton pads for each eye. If this doesn't help and the eye remains red and crusty, it may be a sign of an infection. Contact your child health clinic, and they will test the eye for any bacteria and prescribe eye drops, if needed.

Umbilical stump and nails

The stump should be cleaned 1–2 times a day. Use a moist cotton swab, and dry the area carefully. Move the swab along the bottom of the fold between the stump and skin. Keep the area dry and clean. The stump should come off after a week or so. If you notice a foul smell, use a non-stinging disinfectant.

The skin on your baby's fingertips is very sensitive. In order to protect it, we recommend that you don't cut your baby's nails during the first two weeks.

Safe bedtime

We recommend that you put your baby to sleep on their back, in their own bed, and in the same room with the parents. Babies feel safe when they are close to their parents. Sleeping in the



same room also makes for easier breastfeeding, and helps parents save some energy. However, putting your baby to sleep next to you can enhance the risk of sleep-time danger. That's why it is important for the parents to know how to make the bedtime safe for the baby.

Your baby should always sleep in a bed with a smooth and firm mattress, and there should be no extra pillows, blankets or toys. Babies do not need pillows, but having their own blanket and suitable clothing is a good idea to make sure they don't get too cold or hot. Also make sure that the room temperature is suitable for the baby. Do not swaddle your baby, as it prevents them from moving themselves. Sleeping nest is not recommended. If you put your baby to sleep next to you, the safest position is the so-called C-position where the child is on their back, and the parent lies on their side, always facing the baby (see the picture on p. 8). Don't let your baby sleep under the same blanket with you. Do not let older siblings or pets sleep next to the baby.

Outdoors

During summertime, babies can usually spend time outdoors as soon as they're discharged from the hospital. Winterborn babies should spend time outdoors only after a couple of weeks of age, and start gradually so that they have time to adjust to temperature changes. It is important to take the outdoor conditions into account. During summer, always make sure that the cot doesn't get too hot, and that mosquitoes can't get in the cot. During winter, make sure that the baby is appropriately dressed. While spending time outdoors, check the temperature in the cot regularly to make sure it isn't too hot or too cold. It's important to keep an eye on the baby even when they are napping outdoors. If the weather gets colder than -10°C , avoid spending time outdoors with a newborn.

Never put your baby to sleep next to you, if

- an adult has used alcohol or taken medication that affects their alertness
- an adult smokes or the birth parent has smoked during pregnancy
- the baby was premature or underweight

Breastfeeding your baby for over two months decreases the risk of SIDS and the risk decreases even further when breastfeeding continues for a longer period of time.

Using a pacifier during sleep-time may also decrease the risk of SIDS, although the safety mechanism behind this is not yet known. Using the pacifier is recommended after the breastfeeding has become stabilized, so that it won't affect the onset of breastfeeding.



This is a safe position for the baby when sleeping next to a parent.

Physical examination

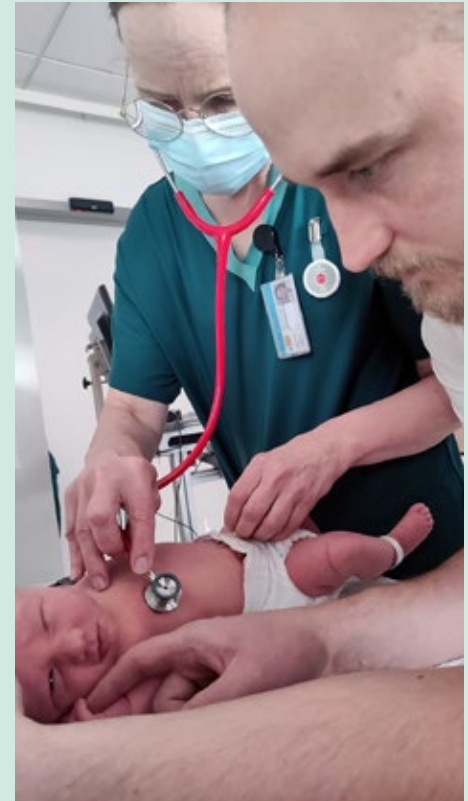
When your baby is around two days old, a pediatrician will come to check the baby in your family room. If the childbirth went smoothly and neither the baby nor the birth parent needs medical attention, you may be able to go home early, and the physical examination can be carried out a little earlier. In this case, you are asked to come back for another check-up after a few days.

The physical examination includes auscultation of your baby's heart and lungs,, red reflex screening, and feeling the baby's fontanel, abdomen, spine and femoral pulses. Your baby's legs will be rotated to check the hips. The pediatrician will also check your baby's reflexes. During the examination, it's important that the baby stays as calm as possible. You can express milk from your breasts before the examination, and use a syringe to feed it to your baby during the examination. Babies feel safe and calm when they know the parents are close.

Hearing screening

Newborn babies are screened for potential hearing problems using an otoacoustic emissions test (OAE). An electrode is placed in your baby's ear to send a signal and study its transmission. The test is prone to disruptions, and some babies may have a temporary blockage from amniotic fluids in their ear. If the test is unsuccessful, you will be called in to the hospital after a couple of weeks, and the test will be carried out again. The hearing screening does not cause any pain to your baby.

Newborns get two ID tags: one around the wrist and the other around the ankle. Please notify the staff if you notice a tag is missing.



Breastfeeding and feeding

In the early stages of pregnancy, the thought of breastfeeding might still feel distant. However, the body prepares itself for milk production already during pregnancy. Breastfeeding has many health benefits for both the baby and the nursing parent, and it's important that the whole family supports it: it really is a shared project for the family. In Finland, we recommend exclusive breastfeeding during the first 6 months, or at least until the baby is 4 months old. For most full-weight babies, breast milk is sufficient on its own during the first 6 months. Exclusive breastfeeding means that the baby is only fed breast milk, and after 2 weeks, also vitamin D supplements. After the first 6 months, your baby also needs solid foods to ensure growth and development, but breast milk still remains the primary source of nutrition. If you wish to start giving your baby solid foods a little earlier, wait until the baby is at least 4 months old and has sufficient motor skills to be able to handle the foods.

Breastfeeding has many health benefits for both the baby and the nursing parent, both now and later on. The immediate benefits for the parent include faster recovery after childbirth, as the uterus returns to its regular size more quickly and postpartum bleeding is reduced. Breastfeeding releases the feel-good hormone oxytocin, which helps to reduce stress and give the nursing parent more confidence. Breastfeeding parents suffer from depression less frequently than the parents who don't breastfeed. The longer the parent breastfeeds during her lifetime, the smaller the risks of type-2 diabetes, high blood pressure, breast cancer and ovarian cancer become. Breastfeeding is also beneficial to weight control.

Breastfeeding and breast milk help to reduce the risk of infections in babies. Studies show that exclusive breastfeeding reduces the risk of ear infections, and hospitalization after respiratory and bowel infections. Breast milk contains a lot of different kinds of lactic acid

bacteria, which helps to boost healthy gut bacteria in your baby's system. Breastfeeding contributes to a somewhat lower risk of asthma, atopic dermatitis, and sudden infant death syndrome. Breastfed babies suffer less frequently from necrotising enterocolitis (a severe intestinal disease in preterm infants), which means that especially preterm babies benefit from breast milk. As compared to formula-fed children, children who have been breastfed suffer less frequently from overweight, diabetes, high blood pressure as well as coeliac disease and childhood leukemia.

Once you get started, breastfeeding is the easiest way to feed your baby. It is also much more than just feeding: it gives your baby a sense of physical closeness and safety. That's why we at the hospital are happy to help you with whatever needs you may have during pregnancy, childbirth, or your time at the maternity ward. Skin-to-skin contact, baby-led breastfeeding, and avoiding supplementary

milk (unless it's a medical need) all help in getting your milk production going. In the early stages, we recommend that you avoid using a pacifier or a baby bottle so that the nursing parent's breasts get enough stimulation to produce enough milk both now and in the weeks and months to come. However, breastfeeding isn't always easy, and that's why we as the professionals are here to help you solve any problems you may face. Breastfeeding journeys come in different shapes and lengths. Some families know their goals and wishes already during pregnancy, whereas other families find the best solution for them only after the baby is born. Most Finnish birth parents wish to be able to breastfeed, but everyone has the right to choose for themselves. Some parents do not want to breastfeed, or they or their baby has a medical reason that prevents them from breastfeeding. We are here to help you with your personal needs and take your wishes into account, so please share your thoughts on feeding and other matters with us.

Good latch

When your baby has a good latch, their mouth should be wide open, as wide as it is when yawning. The baby's chin should touch the breast, and the nipple should be deep inside the baby's mouth. The baby's lower lip should be visibly flared. In the beginning, the nursing parent may experience some pain during the first

few sucks as the baby latches onto the breast. You'll notice that the baby has a good latch when the pain does not continue throughout the feeding session, and the pain does not increase after the baby starts sucking. You should also observe the nipples: they should not get flat or change colour during the session, if the latch is good.

Poor latching technique can put a strain on the nipples and make them sore and cracked. If the parent is in pain, the let-down of milk may become slower, or if the latch is too shallow, the breast may not empty properly. In the beginning, it's important to observe your baby's latch and sucking together with the staff to make sure that you know how to do it at home.



Breastfeeding techniques

Breastfeeding position should be comfortable for the parent, as breastfeeding takes several hours each day. Most newborns eat at least 8–12 times a day. It's natural for the feeding rhythm to be irregular. Some babies want to have a series of short feedings before they're about to go to sleep. This is not a sign of insufficient milk production, as it's normal sucking behaviour for babies. The sufficiency of milk should not be evaluated based on the baby's sucking behaviour. Breastfeeding safe signs are a much better way to evaluate whether your baby is getting enough milk. When the nursing parent lies down during breastfeeding, she gets a chance to rest and have short naps while the baby takes a break from sucking.

In side-lying position, parent and baby should be side to side, facing each other. Baby's head should be tilted back gently and aligned with the body, and hips should be bent. Baby's chin should touch the breast, and the nose can touch it as well. You know your baby is in the right place when the baby's nose is in line with the parent's nipple as you start breastfeeding. Baby's back can be supported from behind.





Breastfeeding in a sitting position may feel more comfortable if you use a pillow to help. Keep your shoulders relaxed and your back straight, and lie back against the backrest. You can place your baby on a pillow on your lap so that your baby can reach your breast. You can hold your baby gently at the skull base and upper back to guide the head. Baby's head and body should be aligned. When your baby is placed under your armpit, it's good to support the baby with a pillow against your side.

Make sure that the baby's body is aligned against the breast, and that your baby doesn't have to turn their head towards the breast. When the baby's arms are opened to the side, as if the baby was hugging you, they won't get in the way.

Biological nurturing position starts with you sitting down and leaning backwards. Make sure your back is supported and you see your baby without your neck getting tense. Lay your baby in between your breasts, stomach down. Let your baby act according to their reflexes and shift towards the breast. Skin-to-skin contact is best for this, as it enhances the baby's instincts. Gravitation will help your baby crawl towards the breast, root at it, peck, and latch onto it. You can use your arm to support the baby's head.



Is your newborn getting enough milk?

You should breastfeed your baby at least 8–12 times a day. Your baby should have a good latch and suck energetically, and you should be able to hear sounds of swallowing. Well-fed babies pass tar-like meconium at least once a

day during the first 2–3 days. From day 4 onwards, stools should become yellow, and your baby should urinate at least 5 times a day. All newborns lose some weight after the birth, but the weight loss should be less than 10 % during the first few days if the baby is getting enough

milk. The weight gain should start on day 4–5. Well-growing babies reach their birth weight again by the time they're 10–14 days old. If you suspect your child is not getting enough milk, contact your child health clinic or the maternity ward. In the beginning, it's useful to keep track of how often you feed your baby, and how brisk the sucks feels. Each session is different based on your baby's needs. Sometimes your baby might suck for 15 minutes and then fall asleep, whereas the next time might take several hours with short breaks in between. Baby-led breastfeeding supports parent's milk let-down and it shouldn't be scheduled. On the next page, you'll find a chart you can use to keep track of feeding and nappy changing.



Safe signs of your baby getting enough milk

- Your baby has a successful feeding session at least 8–12 times a day.
- Your baby latches onto the breast properly.
- Your baby passes stools every day, and the stools turn yellow when the baby is 3–4 days old.
- From day 5 onwards, your baby urinates 5 times a day.
- Your baby's weight loss is less than 10%, and weight gain starts when the baby is 4–5 days old.
- Your baby is back to the birth weight by day 10, or no later than 2 weeks.

Sometimes baby might be a bit sleepy or having difficulties for latching onto the parent's breast during the first days. If the gap between feedings is longer than few hours, we ask the parent to express milk straight into the baby's mouth or into a cup for feeding. If you plan to use the milk later, see the information on p. 29.

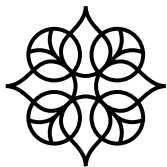
Day 1	Breastfeeding (at least 8–12)	Did the baby suck well? Was the latch good?
	Urination (at least 1)	
	Stools (at least 1)	Colour of stools
Day 2	Breastfeeding (at least 8–12)	Did the baby suck well? Was the latch good?
	Urination (at least 2)	
	Stools (at least 1)	Colour of stools
Day 3	Breastfeeding (at least 8–12)	Did the baby suck well? Was the latch good?
	Urination (at least 3)	
	Stools (at least 1)	Colour of stools
Day 4	Breastfeeding (at least 8–12)	Did the baby suck well? Was the latch good?
	Urination (at least 4)	
	Stools (at least 1)	Colour of stools
Day 5	Breastfeeding (at least 8–12)	Did the baby suck well? Was the latch good?
	Urination (at least 5)	
	Stools (at least 1)	Colour of stools
Day 6	Breastfeeding (at least 8–12)	Did the baby suck well? Was the latch good?
	Urination (at least 5)	
	Stools (at least 1)	Colour of stools

Increasing your milk production

There are several ways to boost milk production. Try these tips, if the breastfeeding safe signs aren't met, or your baby has a medical need for supplementary milk.

It takes a few days until you notice a change in milk production.

Sometimes health reasons affect the milk production. If you can't boost your milk production by following these tips, please contact the breastfeeding clinic for more help and support.



- Increase skin-to-skin contact, and rest together with your baby.
- Breastfeed or express milk regularly, at least at least 10–12 times a day. Avoid pacifiers, so that all of the baby's sucking is directed at the breasts.
- While breastfeeding, place your baby on the other breast when you feel your baby sucking less frequently or getting sleepy.
- You can try gently squeezing the breast using your whole hand while the baby is sucking.
- Have short hand-expressing sessions, for example in between the feedings.
- Using an electric pump is the most efficient way to increase milk production alongside hand-expressing. If possible, use a double-set to express from both breasts simultaneously.
- If you're using a regular electric pump, remember to switch breasts frequently. Pump for 15 minutes per breast, but change sides after every 5 minutes.
- Don't worry if your breasts feel "empty". They produce more milk every time some of it leaves your body.

Regular stimulation to your breasts is important when you want to increase your milk production, but don't forget to take care of yourself. Remember to rest and eat well. Enjoy the moments you get to share with your baby.

Medical need for supplementary milk

For most healthy, full-term babies, breast milk is all they need. The law of supply and demand can be applied to breastfeeding as well: the more you breastfeed, the more milk you produce. Milk production is a continuous process, which means that you can and you should breastfeed even after short breaks.

If your baby is premature, small, or suffers from low blood sugar, supplementary feeding may be medically necessary. The staff will help you determine the need based on your baby's individual needs. If your baby needs supplementary milk, it's important that you stimulate your breasts. If possible, express milk as often as you can. The increased stimulation to your breasts should boost your milk production, and the own breastmilk is always the first choice to be used as the supplementary milk. The staff is happy to help you with expressing.

If your baby has a medical need for supplementary milk, the staff at the hospital or child health clinic will help you determine when the amount of supplementary milk can be reduced

or discontinued altogether. If your baby gets small amounts of supplementary milk in the hospital, the need for it may come to an end quickly once breastfeeding and expressing have increased your milk production. If your baby is under one week old, supplementary feeding can be stopped at once as long as your milk let-down feels normal, your baby meets all the safe signs of breastfeeding (see page 14), and the amount of supplementary milk your baby has received has been less than 40 ml per feeding or 320 ml per day. Otherwise the amount of supplementary milk is reduced gradually. While reducing the amount, it's important to enhance breastfeeding. Pay attention to the safe signs of breastfeeding. If you suspect you're not meeting the safe signs or that your baby doesn't suck effectively, contact your child health clinic or maternity ward.

Newborn blood sugar screening

Certain factors, such as gestational diabetes and pre-eclampsia, can cause your baby to have low blood sugar levels during the first few days after birth. If your baby belongs to a risk group, the blood sugar levels are monitored

regularly through the first days. You don't have to schedule the breastfeedings according to the screenings, and the baby can eat normally before the tests. The test is taken from your baby's heel while the baby enjoys skin-to-skin contact with a parent, or is even latched onto the breast, to make the sample taking as comfortable as possible. To prevent drops in your baby's blood sugar levels, enjoy as much skin-to-skin contact as possible during the first few days. In baby-led breastfeeding, your baby can feed as often as they want, and it's good to breastfeed whenever the baby shows interest in suckling. If the gap between feedings is longer than 2–3 hours, we ask the parent to express milk straight into the baby's mouth, or into a cup for feeding. This way your baby gets small doses of breastmilk as regularly as possible, as it is the best way to prevent drops in blood sugar levels.

Neonatal jaundice

Yellowing of the skin, a condition called jaundice, is caused by underdeveloped liver functions. It usually peaks at the age of 4–5 days. It's a common condition that occurs in every

other full-term baby, and nearly all premature babies. In most cases, the yellowing starts to fade when the baby is one week old. Approximately 5% of babies need phototherapy to lower the bilirubin levels in their blood. The levels are monitored from blood samples. To make sample collection more comfortable, all samples are collected while the baby enjoys skin-to-skin contact or facilitated tucking with a parent.

Newborn metabolic screening

We recommend metabolic screening for all newborns. With parents' permission, the sample is collected when the baby is 2–5 days old. The samples are screened for more than 20 rare metabolic disorders. When discovered early, they can be treated, whereas a late diagnosis can lead to disability or even death. For the few babies that have some of these disorders, early screening and diagnosis is vital and can help save their life. The screening requires a blood sample that's collected from the baby's heel. If the test results come back normal, the hospital will not contact you.



Skin-to-skin contact and facilitated tucking during sample collection.



Skin-to-skin contact and facilitated tucking during sample collection

Skin-to-skin contact with a parent, as well as facilitated tucking, offers effective pain and stress relief for babies during a heel stick. Babies can also suck either their own fist or the parent's breast during sample collection. The staff will assist you with the methods during the heel stick.

Breastfeeding tips

Breast massage

To enhance milk let-down, you can try massaging your breasts gently for about 30 seconds before breastfeeding. This will quick-start the let-down, and your baby won't have to use as much energy to suck. This will put less strain on your nipples, which may be helpful especially if your nipples are sore. You can use the same massaging technique before you express breast milk.

1. Place your hands on both sides of your breast, and move your palms in opposite directions while pressing gently. Start crosswise, and continue lengthwise.



2. Use your fingertips to stroke your breast very lightly. Stroke all the way from your chest towards and over the nipple.



3. To finish the massage, cup your breast with your hand, shake the breast gently, and squeeze out a few drops of milk.



Breastfeeding tips

Hand expression

Before you start breastfeeding, you can express a few drops of milk before your baby latches onto your breast, as this tempts your baby. If you're separated from your baby, or supplementary milk is needed, you can express larger amounts of milk as well. Start off with a breast massage. Then place your index finger and thumb on opposite sides of your breast, approximately 2–3 cm from the tip of your nipple. First push the fingers towards your chest, and then towards each other. When you can't get any more milk from one spot, move your fingers to another place. Keep in mind that you may have to express for a few minutes before the let-down of milk begins.

Nipple shield

You may need a nipple shield if your baby is premature or has latch-on issues, or your nipples are flat or inverted. Nipple shields often reduce breast stimulation, which is why you should enhance your milk let-down by massaging your

breasts before breastfeeding, and express a couple of times a day. When placing a nipple shield, make sure the tip of your nipple is in it as deep as possible. Ask the staff for advice on how to use the shield. Most babies will learn to suck without a nipple shield, and you should try breastfeeding without it from time to time. The best time for trying is when your baby is still a little sleepy, or has already started sucking. Nip-



ple shields aren't effective in relieving breastfeeding pains. It is important to determine the possible cause behind breastfeeding pain.

Avoid pacifiers and baby bottles

If you wish to breastfeed, it is recommended to avoid using pacifiers and baby bottles during the first weeks following your baby's birth. Supplementary milk should be avoided unless



there is a medical reason to use it. It may result in your baby not suckling on the breast often enough, which may disrupt milk let-down. If your baby has a medical need for supplementary milk, it is important that the breasts are stimulated using expressing techniques. During the first weeks, breasts need all the stimulation they can get to produce enough milk for months to come. Therefore it is recommended to avoid using pacifiers during the cluster feeding phase but rather to have your baby breastfeeding more frequently. Pacifiers may also make it difficult to observe your baby's early feeding cues. Supplementary milk fed from the baby bottle may decrease the time your baby spends breastfeeding and therefore have a decreasing effect on your milk production. Have faith in yourself and your baby. If you meet all the safe signs of breastfeeding (see p. 14), cluster feeding is not a sign of your baby requiring supplementary milk or pacifier. When breastfeeding is baby-led and mother's milk let-down has started, an individual use of a pacifier is not perceived to be harmful for breastfeeding. After giving birth it usually takes about 1 to 2 weeks for the breastfeeding to get started. However, it is important to make

sure that your baby continues to breastfeed frequently enough and that the breastfeeding safe signs are met also in the future

Cup-feeding

Cup feeding is often the easiest way to give your baby supplementary milk, if it's necessary during the first days. Cup-feeding is better than using a bottle, as it allows your baby to control the amount of milk more easily. Hold your baby upright, and place the cup on the baby's lips. At first, it should touch the lips gently, so that your baby starts to lick. After that, you can place the cup a little deeper, so that the edges reach the corners of your baby's mouth. Let your baby use tongue for suckling, and don't pour large amounts of milk into the mouth. You can also use a spoon or a syringe to feed your baby the milk you have expressed. You can also try a supplemental nursing system.



Cup-feeding



Supplemental nursing system

Breast care

It's normal for your breasts to feel a little tender during the first few days. A hormone called prolactin causes higher sensitivity in breasts. We recommend you change breastfeeding positions from time to time, as it will both help you empty your breasts and avoid nipple strain from just one direction. The first few sucks can sometimes feel uncomfortable. However, breastfeeding shouldn't normally cause you pain. If breastfeeding continues to feel painful after the first 10 seconds, lift your baby off the breast and try again. In most cases, the reason for pain is a poor latch. To fix it, try breastfeeding while leaning backwards. While you're breastfeeding, make sure that your baby's head can be tilted backwards. To make tilting easier, move your baby towards their feet as it makes opening their mouth easier. Use support to keep your baby very close to you, and make sure their stomach is touching you. If your baby needs to rotate their head, they won't be able to get a good latch. A constantly poor latch may cause your nipples to

crack. If you can't fix latching problems on your own, don't hesitate to ask your health centre or maternity ward for guidance.

Your milk comes in usually after 2–5 days after your baby is born. Your breasts may temporarily feel very tender and full, and the baby may have a hard time getting a good latch on swollen breasts. A breast massage or expressing before breastfeeding might prove helpful.

- If necessary, take ibuprofen for the pain. Follow the directions on the package.
- The symptoms should ease within a few days.

Cracked nipples are usually caused by a poor latch. Sometimes the reason is a breast pump with a funnel that's the wrong size for you, or the speed is set too high. It's important to identify and treat the reason behind cracked nipples.

Cracked nipples should always be treated:

- Hygiene is essential in avoiding any infec-

tions. Wash your hands before breastfeeding or expressing. Rinse cracked nipples with warm water after breastfeeding.

- Keep the wound appropriately moist. This speeds up healing and prevents the wound from forming a scab. The scab usually comes off during breastfeeding and damages the nipple again. You can moisten the nipple by expressing a drop of milk onto it after breastfeeding or by using a saline-moistened wound dressing. Make sure the wound does not become too wet, i.e., macerated, as this slows down healing. Change the wound dressing after every breastfeeding session. Wound dressings and saline solution are available at pharmacies. There is no evidence supporting the benefits of various creams intended for nipple care.
- Breastfeeding from a cracked nipple might be painful. To enhance milk let-down in a sore breast, start breastfeeding from the other breast, massage your breasts, or use warm compresses before you start. If the

wound is too painful for breastfeeding, a short break (a few feeding sessions) from it might be in order. However, it is important that you keep expressing to empty the sore breast, as this will prevent engorgement and ensure milk production later on. Hand expressing is the most comfortable way to empty a sore breast. If using a breast pump isn't painful, you can use it as well.

- After expressing, you can for example cup-feed your baby. It is advisable to avoid pacifiers and bottles so that the baby can practice breastfeeding and any feeding difficulties can be resolved.

A nipple shield is sometimes recommended to treat and protect a cracked nipple. However, it doesn't protect or treat cracked nipples. The best way to treat the issue is to fix latching problems. A breast shield can be used if the mother's nipples are inverted, or the baby is premature.

For more information on nipple shields, see page 20.



Always wash your hands before breastfeeding or expressing.

A yeast infection can cause breast pain, but it is a very rare cause of breastfeeding pain.

The risk of yeast infection is increased by diabetes and antibiotic use. Yeast can cause nipple sores and itching or pain that feels deeper in the breast for the mother. The baby may have reddish sores and white patches on the mucous membranes of the cheeks. The baby may also have diaper rash. However, white coatings in the baby's mouth should not be confused with milk residue on the baby's tongue, which is quite common. If necessary, the baby's mouth can be cleaned, for example, with a corner of a gauze pad dampened with water. Previously recommended remedies such as mineral water, lingonberry, or lemon are not effective and should no longer be used to treat the baby's mouth. If needed, a yeast infection in the baby's mouth is treated with medication prescribed by a doctor. Using probiotics may also help with symptoms in the breastfeeding parent. The nipples can be given air baths, and it is important to maintain good hand hygiene at the same time.



Keep the wounds on cracked nipples moist using wound dressings.

- If breastfeeding is painful, you can take ibuprofen and paracetamol 3 times a day. Follow the directions on the package.
- If you have followed these instructions but your nipple wound doesn't start healing after a few days, contact your child health clinic or maternity ward.
- Redness, swelling, or discharge can be signs of a bacterial infection. It can prevent wounds from healing.
- Your child health clinic can refer you to a breastfeeding clinic, if necessary.

A blocked duct is caused by engorgement in your breasts. It causes a local inflammation in the breast tissue, therefore it is not a bacterial infection but a natural reaction on your body. The first signs include a hard lump in the affected breast, which may also feel hot or look red. A blocked duct may also cause your temperature to rise and fatigue. If you suspect you might have a blocked duct, it's important to empty your breast properly and regularly by baby-led breastfeeding. If the engorge-

ment in your breast is due to your baby having challenges in suckling, express your breasts regularly and contact either your baby health clinic or the hospital for assessment. Breast-feed the baby following feeding cues at least 8 times per day. Continuous warming or excessive massaging of the breasts during a blocked duct or mastitis are no longer recommended, hence it can increase the swelling and inflammation of the tissue/breast. If necessary, you can warm the breast for example in the shower before

breastfeeding and gently massage it during breastfeeding if the milk ejection has become difficult. The inflammation of the breast can be eased with a regular cooling down of the tissue and the use of ibuprofen. Your symptoms usually start to ease within 24 hours when breastfeeding or expressing is continued, the breast is cooled down and sufficient pain medication is taken care of. However, if you still have symptoms after 24 hours and you feel unwell, contact your doctor.

Mastitis is recommended to be treated with antibiotics only after a careful consideration since it is usually an inflammatory reaction that is cured without antibiotic treatment. In addition, antibiotics can affect the microbe balance of the milk ducts and hence increase the risk for bacterial based mastitis. Antibiotic treatment is to be considered when the symptoms include a high fever or strong sense of being ill. Further examination is in order also when there's reason to suspect a breast abscess. Guidance in breastfeeding for mother and a baby is important when there are symptoms of mastitis, since the engorgement in breasts is usually due to various challenges in emptying the breasts. More guidance is provided by the child health clinic and if necessary the breastfeeding clinic at the hospital.

Breast self-exam

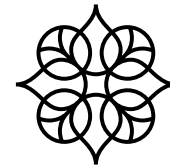
Breasts go through a lot of changes during pregnancy and breastfeeding. During pregnancy, breasts get swollen and may feel tender. As the pregnancy furthers, breasts enlarge as they get ready for breastfeeding. In the early stages of breastfeeding, breasts can get highly swollen. Even after that, the breast tissue often feels uneven and different based on whether they are getting fuller or emptier. That makes breast self-exams during breastfeeding a little trickier.

However, it's important that you self-examine your breast regularly also during pregnancy and breastfeeding. While you are still breastfeeding, the best time for a self-exam is right after a breast-feeding session, as the breast feels a little softer then. If you notice any deviations or clogs, and their size is not affected by breastfeeding, it's important to get it checked. Menstrual cycle can also affect the swelling and changes in the tissue. Once you start getting your periods

again, it's good to self-examine the breasts after each cycle.

Breast self-exams include two steps:

seeing and feeling. Check your breasts regularly once a month. This way you'll learn to know your breasts and pay attention to any changes in the way they look or feel. Even though all changes are not a cause for concern, always contact your child health clinic or a doctor if you notice any unusual changes in your breasts.



Neonatal ward

In the neonatal ward, parents can take care of their baby's basic needs and nurturing. The staff is in charge of medical care, and guides and supports the parents in fulfilling the parental care needs of the baby. If your baby needs to stay at the neonatal ward, you will be assigned a family room where you can stay with your baby 24 hours a day.

If your baby stays in the neonatal ward, breast milk is especially important, as it contains for example plenty of antibodies. If your baby can't or doesn't have enough energy to suck on a breast, you can help your baby by expressing breast milk, as even small amounts of it are precious. Expressing by hand is the best way to get milk during the early days and to collect small amounts. Later on, as your milk production increases, you can start using an electric breast pump. If your baby is taken straight into the neonatal ward from the delivery room, the staff will help you to either breastfeed or express the first drops of milk for your baby. If your

baby doesn't have the energy to suck, or has a medical need for supplementary milk, it's important to start expressing milk as soon as possible after the delivery, and do it as frequently as the birth parent's condition allows it. Even if your baby can't suckle, kangaroo care is important. Skin-to-skin contact can be arranged even with breathing support, and it is good for both the baby and the parents.

You should express milk as frequently as possible until the baby can be exclusively breastfed, at least 8 times a day (15 minutes per breast at a time). At least one of the times should take place during night time. During daytime, you can express milk as frequently as you like and whenever it fits in your schedule, during the night you can take one longer break. If your baby's health allows it, you can enjoy skin-to-skin contact while you express milk even if your baby can't suck from the breast.

Before expressing milk, wash your hands carefully. At the hospital, use hand sanitizer as well (allow it to dry before you start). Relaxing enhances milk let-down, and you may find a massage, warm compresses, or contact with your baby helpful. If possible, express milk from both of your breasts at the same time using a double-set. This will save you time, but also enhance milk production. The sooner you start increasing your milk production, the easier it is. However, it's only natural that worrying about your child affects the milk let-down and the amount of milk the breastfeeding parent can produce. Sometimes milk production gets a kick-start once the baby's health is stabilized.

The amount of milk you are able to collect varies from one expression session to another, and that's why it's more relevant to keep track of your daily production rather than focus on how much milk you collect at a time. As frequent expressing increases milk production, you will start getting more milk after 2–3 days from the child-

birth. If you aim to feed your baby using only breast milk, the target amount of milk should be at least 750 ml per day after two weeks from childbirth. Your baby may not require that much milk, but it's easier to increase the production now rather than later. This will guarantee you'll produce enough milk to meet the needs of your growing baby in the months to come. We recommend that you keep a diary of how often and how much you have expressed milk, as it helps you to keep track of the amounts and times. If you wish to boost your milk production or you notice you are producing less milk than before, please ask the staff to help you. Our staff is very committed to helping families in any way that they can. Don't hesitate to ask tips on breastfeeding and expressing. If you need enhanced support, you can visit the breastfeeding clinic already during your stay in the hospital.



Chart for expressing

[illegible]

It's important that you express milk at least 8–12 times a day. At least one of the times should take place during night time.

What if breastfeeding is difficult?

Breastfeeding isn't always easy, and many new parents find it challenging in the beginning. However, there are many possible solutions for those challenges. Our staff is happy to help and guide you to make sure you find breastfeeding as comfortable as possible. In most cases, breastfeeding challenges can be fixed, even if it takes a few weeks to do so.

One of the most common challenges families face in the beginning is latch-on issues that cause pain to the breastfeeding parent. It's important to solve these issues with medical professionals. The maternity ward staff is happy to help you with any breastfeeding challenges that you face. If needed, you can also visit the breastfeeding clinic before you go home.

If you have any problems with breastfeeding, contact your child health clinic, a breastfeeding support group or, if necessary, the breastfeeding clinic. You'll find the contact information for the support group at the back of this booklet.

Breastfeeding challenges can often feel mentally burdening, or cause even a strong sense of anxiety. It's important that you don't blame yourself or feel guilty if breastfeeding makes you uncomfortable, or it causes negative feelings in you. All feelings are allowed. Each family finds the best solution for them when it comes to feeding their baby. Being close to your baby and enjoying your moments together are important and meaningful for both you and your baby, and everyone should get to feel comfortable. Breastfeeding does not define you as a parent, it is one way of feeding your baby and being close to them.

Storing and freezing breast milk

After expressing, breast milk keeps for 4 hours at room temperature. If you plan to use the milk later, place it in the fridge immediately. In the fridge, it will keep for 2 days. In a freezer (-18°C), breast milk keeps for 3 months. Before expressing, make sure your hands and equip-

ment are clean. To warm breast milk, use a warm water bath and not a microwave oven.



Recovering after childbirth

Vaginal birth

Skin-to-skin contact helps the new parent relax and tune into the baby's messages after childbirth. It also gets the milk let-down started, and enhances recovery by causing the uterus to contract. Sometimes those contractions can be painful. To ease your discomfort, try using a warm compression on your lower back, or a back massage. You may need painkillers, as well. After childbirth, you will experience vaginal discharge for approximately a month. As time goes by, the colour will turn lighter, and the texture becomes mucus-like. Recovering from an episiotomy takes usually a couple of weeks, and the stitches dissolve on their own. Shower the area several times a day, and change your pads frequently. During the first few days after childbirth, urinating may cause the cut and possible tears to sting. You may find using the bidet to shower the area helpful. Your episiotomy cut may feel sore for several days. If needed, take anti-inflammatory painkillers to ease the pain.

Childbirth slows down your digestive system. To boost your digestion, make sure you drink enough fluids, have a balanced diet, and get some exercise. You can also try taking laxatives, if necessary.

Many new birth parents suffer from haemorrhoids after childbirth. They are enlarged and swollen veins in or around the lower rectum. They can be painful especially when you go to the toilet. In most cases, hemorrhoids disappear on their own and soon after childbirth, but creams and suppositories can help relieve the discomfort.

You can start going to the sauna when you feel up to it. Avoid swimming and bathing until your vaginal discharge has ended. Tampons are not recommended for postpartum bleeding, as they increase the risk of infections.

C-section

Recovering from a C-section takes approximately a month. During this time, you should avoid lifting heavy objects, strenuous housework, reaching up too high, and sudden rotational movements. You can nurse, lift and carry your baby normally. The best way to get out of bed is to turn onto your side and push yourself up using your hands. Pay attention to your posture: keep your back straight and shoulders relaxed.

You can take a shower after 24 hours from your section, despite the stitches. You can shower the area through the surgical tape daily, and give it air baths. The stitches are removed in your own health centre or child health clinic, usually after 7 to 10 days. You may experience numbness and bruising around the wound. Keep out of the sauna until 24 hours after your stitches have been removed. Vaginal discharge will take around four weeks to stop, and its

texture will become mucus-like over time. If you notice any of the following symptoms, contact your health centre: the wound won't stop bleeding, you notice unusual redness or swelling, the wound feels warm, the wound feels moist or has a foul smell, you experience increasing pain, or your temperature rises.

Child health clinic

Contact your child health clinic as soon as you get home so that you can schedule the first appointment. Your postnatal medical examination will take place at the child health clinic or at a private practice approximately 6–12 weeks after childbirth.

Physical exercise

Each new parent recovers from pregnancy and childbirth at her own individual pace. Pregnancy strains and stretches your muscles, and physical exercise and muscle training for both your whole body and pelvic floor will help tone up the muscles and speed your recovery. Physical exercise is refreshing, it gives you strength, and it lifts your spirits. Start off with light forms of exercise, such as walks, as soon

as you feel up to it. You should wait until your postnatal medical examination before a strenuous workout.

Pelvic floor muscles

During pregnancy, your pelvic floor is under constant strain, and on top of that, hormonal changes decrease muscle contraction. Due to childbirth and these changes, you may temporarily suffer from incontinence. Exercising your pelvic floor muscles on a regular basis will help you prevent bladder and womb prolapse. It will also enhance your sexual pleasure.

Exercising your pelvic floor muscles helps reduce and prevent incontinence. The pressure in the abdominal cavity increases as you for example cough or lift objects, and this should make your muscles contract to retain proper support in the pelvic floor. Muscle contraction is vital in preventing involuntary leakage.

You can start pelvic floor exercises straight after your baby is born. It's important that you first identify the correct muscles, and the difference between tightened and relaxed muscles. In the



beginning, you should do the exercises lying on your side or on your back. To identify the muscles, clench your anus, and at the same time, clench your vagina and urine tract inwards and upwards as if you were holding urine. Hold the pose for 6 seconds, and relax. Perform this exercise 12 times at a time, 3 times a day. If you're not sure you're clenching the correct muscles, you can perform a simple test: while urinating, partially empty your bladder, and then try to stop or slow the flow of urine. If you manage to do that, you're doing it right. But remember, this is just a test, so don't perform it as a daily exercise!

Keep exercising on a daily basis, but leave 1–2 days a week for resting. As you make progress, try doing the exercises sitting down, standing up, and in the middle of your everyday chores, physical activities and, most importantly, while lifting objects, coughing, and sneezing. Consciously contracting your pelvic floor muscles before physical exertion will help prevent leakage. Persistent and regular exercise (2–6 months) will help you with incontinence issues and enhance your quality of life.

Should the incontinence continue after three months of exercising, make an appointment with your doctor or a physiotherapist specialised in pelvic floor dysfunction.

Postpartum mood changes after childbirth

The emotional sensitivity after childbirth is also known as the baby blues, and it is very common. The sensitive period usually begins during the first two weeks after childbirth, and it lasts for a few days. You may notice that you are prone to crying and mood swings, or that you feel down or tired. However, this is only temporary. If you keep experiencing these symptoms for a longer period, and you feel your mood is getting lower, you can't seem to find any pleasure in things, you're irritable, or your ability to function is decreasing, you may be experiencing postpartum depression. Prenatal and postpartum depression means depression that parents experience during pregnancy or after childbirth. If you feel anxious or depressed, have courage to talk about your feelings in your child health clinic, or contact a doctor. Help is available, and the symptoms can be treated.

Prenatal and postpartum depression means depression that parents experience during pregnancy or after childbirth. If you feel anxious or depressed, have courage to talk about your feelings in your child health clinic, or contact a doctor. Help is available, and the symptoms can be treated.

Nicotine products, alcohol, and drugs

Nicotine used by a breastfeeding parent passes into breast milk regardless of the form of the product. The nicotine concentration in breast milk depends on the dose used by the parent. Smoking exposes the baby to nicotine and other harmful substances not only through breast milk

but also indirectly through skin contact, inhaled air, and clothing. Exposure of the baby to nicotine and other harmful tobacco substances through breast milk can be reduced by lowering the dose and timing the use of nicotine products immediately after breastfeeding. During breastfeeding, nicotine replacement products are safer than tobacco, e-cigarettes, and other nicotine products. Do not expose your baby to tobacco smoke. If you smoke, do not sleep with your baby in the same bed.



Alcohol passes into breast milk, and the alcohol concentration in the milk is the same as in the bloodstream. No safe limit for alcohol consumption during breastfeeding can be given. The baby always needs a sober adult to care for them. Alcohol is not stored in breast milk. It leaves the milk at the same rate as it leaves the blood, so it is not necessary to express milk separately after drinking alcohol. A practical rule of thumb is that breastfeeding is safe again when you would be

fit to drive. If you have consumed alcohol, do not sleep with your baby in the same bed.

Use of illicit drugs and misuse of medications are absolute contraindications to breastfeeding. Replacement therapy is usually not a barrier to breastfeeding if there is no concurrent misuse. The safety of breastfeeding during replacement therapy should be discussed individually with the pediatric.

Relationship and sexuality after childbirth

Once the baby is born, your relationship and family dynamics will change for good: it's not just you two anymore. Your baby will determine your daily schedule during the first weeks. Your normal routines can't be carried out the same way anymore, and that often comes as a surprise. Your baby may keep you up at nights, and you will most likely feel more tired than you ever have. Therefore, it is important that you rest while the baby rests. The first couple of

weeks should be dedicated to the family and getting to know the new family member: others will have time to meet and greet the baby later. Loved ones provides also support and help in the new life situation.

It is only natural that childbirth affects your libido, and it may take some time before you feel like having sex again. The birth parent's body goes through hormonal changes during



and after childbirth. The time it takes to recover from pregnancy and childbirth, as well as their effects to libido, are very individual. After childbirth, birth parents usually regain their sexual functions after a few weeks. The new situation may also affect the partner's libido. Many parents feel tired, and lost in their own body. The baby may keep you up at night, and it can be challenging to find alone-time with your partner. Be open with your partner, and share your feelings and thoughts. You both may have to make compromises to find common ground. Planning ahead might be challenging in this new phase of your life.

Seeing your partner in their new role might affect your libido, as well. It may take weeks before sexual intercourse feels satisfactory for the both of you. Try to find time for yourself and your relationship. To adjust to this new phase, it's important that you take care of your relationship by showing your affection, enjoying each other's company, and discussing your feelings. Masturbating is also a natural and enjoyable form of pleasure for all adults. Try to find time for each other, but also for yourself.

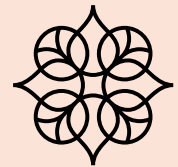
After a normal vaginal birth, it usually takes a few weeks for the perineum to recover from possible tears or an episiotomy. After a C-section, you should avoid any pressure on the wound. While breastfeeding, the parent may suffer from vaginal dryness as well as an irritable and tender vagina, which is caused by the low estrogen levels. This is a temporary phase, and not a sign of low libido. Using a high-quality lubricant can help you both find more pleasure from sex during this time. You may also want to try using different positions in order to find what feels good for you. Pelvic floor muscles are strained during childbirth, and the mother should start exercising them as soon as she feels well enough. It will also help restore sexual pleasure.

Childbirth can be a very empowering and sexually restorative experience for a birth parent. That's why it's good to talk about childbirth with a midwife or a doctor, if you have any concerns or questions.

The parent's breasts go through functional and structural changes during pregnancy and breastfeeding. During pregnancy, breasts can

feel very tender, and towards the end, they already start producing a small amount of milk. The so-called love hormone oxytocin is secreted both during breastfeeding and sexual pleasure, and that's why you may notice some milk during sex.

While the birth parent experiences postpartum bleeding, condoms are recommended. Breastfeeding should never be trusted as a contraceptive method. After childbirth, mini pills and IUDs can be used for contraception, as they can be used also while breastfeeding. Child health clinics offer more information on how to choose a contraceptive method after childbirth.



Frequently asked questions

Why is my baby getting a rash?

The skin of a newborn is smooth as silk, but many newborns develop a blotchy red skin reaction called erythema toxicum, usually within a few days after birth. It is harmless, and will clear after a few days even without treatment. If the rash resembles blisters, get in touch with your child health clinic.

Why is my baby's skin so dry and cracked?

In the womb, your baby's skin is covered in vernix, a wax-like coating. However, vernix can "wear off", especially if the child is born overdue, which may result in dry and cracked skin. There is no need to worry about this, and it is not an indication of further skin-related problems. If your baby's skin is extremely dry, you can try using lotion or baby oil.

Is my baby having an eye infection?

Newborn's tear ducts are still narrow and they clog easily, which may cause stickiness of the

eyes. Sticky eyes are not always a sign of infection. Sticky eyes should be cleaned daily, or if necessary, even more regularly. Use tap water to wet a cotton pad, and use it for cleaning the eyes. Start from the outer corner of the baby's eye, and wipe towards the inner corner. If this doesn't help and the eye remains red and crusty, it may be a sign of an infection. Contact your child health clinic, and they will test the eye for any bacteria and prescribe eye drops, if needed.

Why are my baby's nipples swollen?

The nipples of a newborn may sometimes get swollen after birth, due to exposure to maternal hormones. A small amount of white milky substance may exude from the nipple. This does not require medical attention.

Is that blood in my baby's nappy?

You may notice a red brick-coloured, powder-like residue in your baby's nappy. This residue is called urate crystals. You don't need to be alarmed, as this is common during the first

few days. As your baby starts to urinate more, urate crystals will go away. If your baby is a little older, urate crystals may be a sign of the baby not getting enough fluids. Make sure your baby gets enough milk. Some baby girls may experience a small amount of vaginal bleeding due to maternal hormones. This is perfectly normal, and does not require medical attention.

Why is the umbilical stump bleeding?

As the umbilical cord stump dries out and eventually drops off, you may notice some bleeding. This is perfectly normal. Keep the navel clean, and keep an eye on the bleeding to make sure that it stops. If necessary, get in touch with your child health clinic.

Did my baby catch a cold?

Newborns sneeze a lot, as it clears their nasal and respiratory passages. Therefore, sneezing is not a sign of a cold.

How do I cure hiccups?

Hiccups are perfectly normal, and usually they don't even bother your baby. There is no "cure" for hiccups, and they will pass as fast as they arrive.

How can I tell if my baby has diarrhea?

Milk-fed babies can pass loose stools that absorb into the nappy, especially if the mother produces a lot of milk. The colour of the stools may vary from mustard yellow to greenish. Sometimes loose stools may be accompanied by pressure and some noise, but that is perfectly normal and not a sign of diarrhea.

Abdominal separation

During pregnancy, the abdominal muscles that run down the middle of your stomach can separate from the midline. After childbirth, they should return back towards each other. During the first 8 weeks after childbirth, you should avoid any activities that increase the abdominal cavity pressure too much.

To distinguish abdominal separation, lie on your back with your knees bent. Lift your upper body, and reach for your toes. If you have abdominal separation, you will see either a bump or a trench approximately where your navel is. You will be checked for abdominal separation during your postpartum check-up, and in case you have it, a health centre physiotherapist will help you get started with exercises.



When to contact a medical professional

Birth parent

Contact a doctor in case your postpartum bleeding suddenly gets heavier or turns bright red, you notice clots or a foul smell, you experience pain in your lower abdomen, or run a fever. If the bleeding starts suddenly and is unusually heavy, call an ambulance.

Contact a doctor in case you experience constant bleeding from your C-section wound. Swelling, the wound feeling hot, redness, foul smell, fever, increasing or continuous pain, or your wound dressing becoming thoroughly damp may all be signs of an infection, and you should seek medical attention.

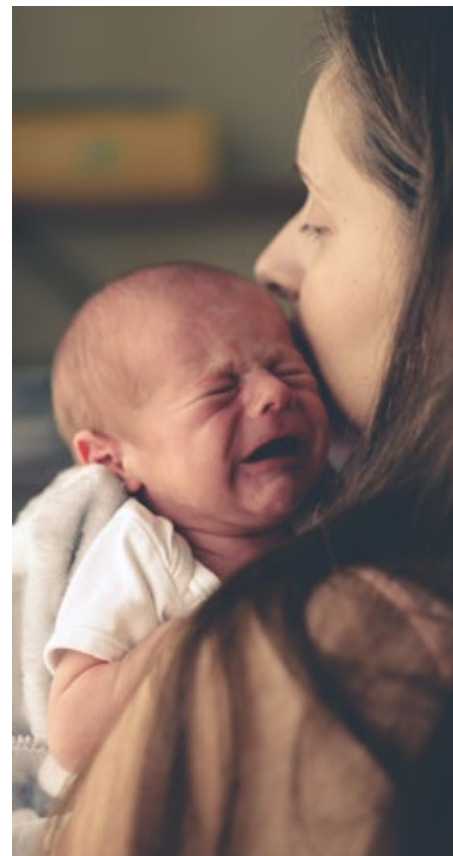
If you experience symptoms related to blocked milk ducts or mastitis, follow the instructions on p. 24–25. Empty your breasts often, and use pain medication regularly. If you need further instructions or want a professional to assess

your symptoms, contact the hospital or your child health clinic.

Baby

Contact your child health clinic or maternity hospital in case you notice or suspect any of the following symptoms:

- Yellowing of the skin, if your baby is unusually drowsy, doesn't eat well, or the yellowing persists after your baby is one week old.
- Your baby is not eating well.
- Your baby becomes unusually drowsy and floppy.
- Heavy vomiting (unlike normal spit-ups)
- Continuous, unusual crying
- Watery diarrhea absorbed by the nappy
- Fever, over 38 °C
- Baby is struggling for breath or breathing fast
- Skin is pale or turning blue



Useful contact information

My health centre
Tel.

My child health clinic
Tel.

Online chat with a pediatrician. For more information, visit www.sairaalanova.fi.

Useful phone numbers

Hospital Nova emergency care On-Call help	116117
Maternity ward	014 269 1002
	014 269 1005
Gynecological emergency care and delivery ward	014 269 1204
Consider donating milk? Milk service	050 4723351

Helplines

National breastfeeding support line	09 4241 5300
Mannerheim League's support line for parents	0800 922 77
Teratology Information Service (information on pharmaceuticals and breastfeeding)	09 4717 6500

Monday to Friday 9:00–12:00, normal price

Useful websites

Information on women's health (in Finnish) www.naistalo.fi

Kansaneläkelaitos – The Social Insurance Institution of Finland www.kela.fi

National Institute for Health and Welfare (info on vaccinating) www.thl.fi

Family Federation of Finland www.vaestoliitto.fi

MLL – Mannerheim League for Child Welfare
www.mll.fi

Breastfeeding support group in Jyväskylä, see Facebook: Jyväskylän imetystukiryhmä ry

Imetyksen tuki ry (Breastfeeding support)
www.imetys.fi (available also in Swedish, Russian, Arabic, and Somali)

Crisis Center Mobile. Tel: 044 7888 470
www.kriisikeskusmobile.fi

Federation of Mother and Child Homes and Shelters
National: <https://ensijaturvakotienliitto.fi>
In Central Finland: www.ksetu.fi (in Finnish)

Finnish Multiple Births Association
www.suomenmonikkoperheet.fi/finnish-multiple-births-association/

Äimä ry (peer support for postpartum depression)
www.aima.fi

Kevyt – Association of Premature Babies' Parents (in Finnish) www.kevyt.net

Miessakit ry (support for men) www.miessakit.fi

Rainbow Families Finland www.sateenkaariperheet.fi

Know Your Breasts www.tunnenrintasi.fi



Sairaala Nova

Give us feedback

Please fill in the following survey concerning the experienced quality of care, and family-oriented, baby-positive guidance. We want to hear about your experiences, and value all the feedback we get as a way to further improve our work. Survey is available in Finnish only.

You can use this QR code for easy access to the survey on your phone.

You'll also find the surveys online:
www.sairaalanova.fi/perhekysele

You can answer surveys anonymously. Your identity won't be disclosed at any point.



**Customer survey
for families giving
birth (available
only in Finnish)**



**[www.hyvaks.fi/
sairaala-nova/
synnytykset](http://www.hyvaks.fi/sairaala-nova/synnytykset)**



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