

Hillerød Hospital
Gynaecology and Obstetrics

After childbirth

After childbirth
April 2011

REGION

Gynaecology and Obstetrics
Hillerød Hospital



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Introduction

This brochure is to be considered a supplement to the oral counseling, which you will receive in our unit, as well as from your health visitor later.

The postnatal ward is staffed by nurses, student nurses, midwives and student midwives.

We are ready to offer you information, support and counseling depending on your needs, with the aim of building confidence in your new family situation.

We will see to it that you interact with as few of us as possible during your stay. If you have any special wishes or expectations, please feel free to tell us.

Becoming parents is a major event, even when it happens for the second, third or fourth time.

The Staff

Gynaecology-Obstetrics

Postnatal Ward G 0142 & G 1543

Tel: 4829 3750

After childbirth

Bleeding

Your uterus draws itself together after childbirth. This can be felt as after-pains, which is especially the case with women that have given birth several times. Many women experience after-pains mostly in connection with breastfeeding.

Bleeding from your vagina diminishes in the course of the first week after childbirth, and eventually bleeding turns into vaginal flux that has a brownish color. Vaginal flux may last 6-8 weeks. Some fresh bleeding may occur when you come home, but this diminishes relatively fast.

You must be meticulous about your hygiene and often change sanitary towels during bleeding/ vaginal flux. You should moreover be aware of an increased risk of abdominal inflammations. We urge you to avoid swimming pools, tub-bath as well as using tampons.

You should seek medical help if:

- your bleeding suddenly increases
- you get a fever or abdominal pain
- your vaginal flux has an unpleasant smell.

Stitches

If you were stitched after giving birth, the stitch employed will dissolve within 14 days. Even though the wounds are healed, the scar may still feel tight.

You should contact your own doctor if you experience complications after discharge.

Medical examination

Your uterus has drawn itself together completely after approximately 8 weeks, and your flux has stopped. At this point of time, you must make an appointment with your own doctor

in order to undergo an abdominal examination. Moreover, the doctor will offer you counseling related to future birth control.

Sexuality

Sexual life can be resumed again, when you feel the desire. You can become pregnant even though you breastfeed and bleed. We advise you to use condoms as long as you have vaginal flux, because of the risk of abdominal inflammation.

Mood changes

You may feel very vulnerable after childbirth, unsure of yourself and may be experiencing mood changes without an apparent reason. This is completely natural. If you are experiencing prolonged periods of sadness, depression or identity crisis, you can get advice and counseling from a health visitor or your own doctor.

Self expectations

You must not expect that you will be able to manage as much as before childbirth. Try to accept that you spend most of your time watching over your child, breastfeeding, eating and sleeping. Peaceful surroundings are important for breastfeeding and for your relationship. You should relax when the child is asleep. Enjoy your time after childbirth with your family.

Becoming a family

It is a major event to experience giving

birth to a child. It is an overwhelming feeling that can not be compared to anything else.

Becoming parents is time consuming as well. Actually, you are going through a stage of development, which makes it important to understand your different reaction patterns. It requires a great deal of patience from most people, which is why open discussion and honesty are of the utmost importance.

A father and a mother deal with the child in different ways - they supplement each other.

A child thrives on these differences and needs them. A child experiences the world through the senses of sight, smell, hearing and taste as well as through skin to skin contact. A mother has close, intimate contact through breastfeeding, while besides body contact a father is able to participate in actively stimulating the infant.

The more parents engage in the infant's initial life stage, the stronger the attachment between the parents and the child gets. You can stimulate the infant by bathing, changing diapers, performing baby exercises and baby massage, playing with it, singing, whistling, talking to the infant. All this is of importance for the child's development. The child's personality is formed during the first years.

Sibling jealousy

A child may be experiencing difficulties understanding and accepting

that it is no longer a focal point of the family, or that it is not alone in demanding attention from its father and mother. Thus siblings need some time to get adjusted to their new role within the family. Most small children tend to react with jealousy toward getting a little brother or sister.

As a consequence it is a good idea to include them as much as possible, in order to avoid that they feel passed by. Allow the older one/ones to take part in nursing and bathing and ask for their advice, so that they may feel included.

It is helpful as well if the older children receive attention and presents from family and friends. Siblings can feel rejected when their mother breastfeeds. You may deal with this situation by the father being attentive to the siblings, or perhaps the older brother or sister can sit by their mother. If you need guidance and counseling about sibling jealousy, feel free to ask the staff or the health visitor.

About your infant

Health examination

Your infant has been examined by a midwife or a pediatrician immediately after birth.

When your child is 5 weeks old, you will be offered a health examination by your general practitioner.

Your child's well-being

In the following we present a list of

signs indicating that your infant is doing well:

- The child is enthusiastic about puttering about.
- It is happy about and interested in sucking.
- It has a sound skin color (as opposed to grey or pale nuances).
- It is comfortable most of the time (as opposed to being dull or slack).
- It has wet diapers which do not smell badly (approximately 6 wet diapers a day when mother's milk is available)
- The infant's feces changes within the first 4 days from black to yellow. Bottle-fed children must have bowel motions on a daily basis.

The navel

Normally the navel stump falls off within 10 days.

Nothing should be done about the navel stump, unless a rash develops around the navel, or if it becomes dirty and foulsmelling. In this case it should be washed with water and a mild soap. You should contact your health visitor or your doctor, if this does not lead to improvement.

Bathing your infant and hair wash

If your infant's hair is very dirty it may be washed with plain water. We recommend that the child is at least 2 days old before the first bath.

When bathing your child you should note that you must not put soap or oil in the bathing water, until the navel is

healed. It is not necessary to use soap when you change diapers.

Jaundice

Many children get jaundice 3-5 days after birth, and this is quite normal. This is caused by an immature liver and decomposition of the congenital, high hemoglobin percentage.

If the child gets jaundice, the skin is colored by a yellow waste product called bilirubin. When your milk rises, and the child has received more nutrition, then the liver is enabled to decompose this waste product and the yellow color diminishes. Very few children are affected by jaundice, but some become distinctly yellow and passive; they tend to sleep excessively and eat less. If this occurs, you must get in touch with the hotline of the ward.

Sleeping positions reducing the risk of cot death

- Place your baby on the back to sleep, in a cot in a room with you.
- Do not smoke or let anyone smoke in the same room as your baby.
- Do not share a bed with your baby if you have been drinking alcohol, if you take drugs or if you are a smoker or overweight.
- Never sleep with your baby on an armchair or sofa.
- Do not let your baby get too hot.

PKU/Hearing screening

PKU is a blood test, where a blood sample is taken from the child's heel

between 48 and 72 hours after birth. The blood sample is examined in relation to several metabolic diseases. These diseases are very rare, and we will get in touch with you if the test shows anything extraordinary. The result is available within 5 days. The test is taken by a nurse from the postnatal ward.

We also offer all new parents to have their baby's hearing screened between 9 and 14 days after birth. This hearing screening is done in order to examine whether the child has some congenital hearing impediment. The hearing examination is best done when the child is asleep, it only takes a moment, it does not hurt and the result is immediately available.

The screening takes place in the laboratory at Hillerød Hospital. The appointment date, documents and written information in relation to the test is handed over at discharge from the hospital.

Health visitor

The midwife informs your health visitor about the childbirth. The health visitor will get in touch with you within 10 days, and make an appointment with you about her visit. You are moreover welcome to contact her if you need to .

Vitamins

Your infant has received an injection containing vitamin K immediately after its birth, which fulfills its need.

Vitamin D is given from the point of time when the infant is 2 weeks old and until it is approximately 2 years old.

Nursing/breastfeeding

First milk/breast milk

During the course of the first few days after delivery, you will have first milk available in your breasts for your infant. First milk normally fulfils the infant's needs, provided that the child has ready access to the breast. Breast milk usually rises 3-4 days after delivery. This may take more time for some. In this relation your breast may feel tense. If this occurs, you can get relief by:

- Warmth (warm showers, warm compresses, woollen clothes).
- Frequent breastfeeding
- Supportive bra, without underwire.

If the breast is tense to a degree that the infant is not able to take hold of the nipple, you may milk out a little with your hand, or may use a hand-pump (refer to the instructions further in this text).

Breastfeeding positions

There is a variety of different breastfeeding positions. You should find positions that are comfortable for you. Place your infant where it feels comfortable. You must avoid that the infant has to turn its head to get a good grip on the breast. The most

important issue is that the child has a good grip on the breast, and that you are able to relax and keep the child close to you, regardless of how long breastfeeding lasts. Feel free to change your breastfeeding positions. It is a good idea to find a sitting position, in which you are not limited to a particular chair or a particular pillow.

Breastfeeding should be painless, when the child has a good grip, even though you may experience some initial aching in the nipple at the exact moment the child latches on. If you are in doubt, you can seek help or counsel from the staff, or from your health visitor after hospital discharge.

The infant takes a good hold when:

- Sucking movements are seen in jaw muscles.
- The nether lip is tilted downwards, and covers a large part of the nipple's brown area.

Let your infant control breastfeeding

- Latch on when your baby seems alert and interested, when it performs sucking movements, puts its fingers/hands in its mouth, or moves its head from side to side with an open and seeking mouth.
- The first milk, which the infant receives during the first days, does not change its composition in the course of a single meal. Offer both your breasts each time. Shift sides when the infant lets go.



Correct breastfeeding technique. The nether lip is tilted downward and the nose is free



Correct sucking technique. The nipple is deep inside the mouth; the tongue points forward and clings around the underside of the nipple

- Let the infant suck as often as it wants- at least six times during the course of 24 hours. The number of breastfeeding sessions in 24 hours is very variable from child to child - some breastfeed 6-8 times, others 16-18 times. A newborn child tends to be tired, full and/or nauseated, and may only want to suck when it is approximately one day old.
- When mother's milk has acquired a high nutritional value, normally on the third or fourth day, the meal is changed. Eventually, the fat, substantial milk rises. Let your infant empty one breast at a time.

Breastfeeding tips

You are bound to receive a lot of good tips about breastfeeding from your

family and friends.

Rely on yourself and your infant - and you will eventually find your own rhythm. It is necessary for you to rest during the day, in order to accumulate the energy needed for breastfeeding during the course of 24 hours. While you are breastfeeding, you may eat and drink as you have done during your pregnancy.

There will be days when the infant suddenly wants to eat more (appetite surges). By latching on your infant frequently, your milk production will increase, and this will harmonize with the infant's need.

Your newborn child is more sensitive about alcohol than you, which is why your alcohol consumption must be very limited. If you are a smoker, you must be aware that nicotine is excreted in mother's milk, and thus has an impact on your infant. As a consequence, it is recommended, that - if necessary - you smoke only after breastfeeding. It's better to use a nicotine plaster in connection with breastfeeding than smoking and breastfeed.

Many women cease to breastfeed earlier than planned, because they think that they do not have enough milk, or because they assume that their milk will suddenly disappear. Because of this, it is important that you latch on your infant frequently and get your rest as well, in order to increase your milk production.

Preventing breast inflammation

We urge you to use varying breastfeeding positions. Your breasts are thus being emptied differently, and the nipples are kept protected. Make sure that the infant has a good grip on your nipples. Fissured nipples give room for bacteria and yeast infections which may eventually lead to inflammations. As you gradually produce more milk, you get a feeling of how the breasts are best emptied, and in correspondence to which breastfeeding positions.

Empty one breast per breastfeeding session, in order to enable the infant to receive the thick, nutritious milk, that comes at the end. A clogged milk duct may result in a sudden high temperature, rash, as well as breast pains.

The treatment is: warmth, after which the infant is placed on the aching breast. Try using tender massage on the aching spots, simultaneously with your infant sucking. If you feel the need, you may take 2 tablets Paracetamol (1 gram). We urge you to contact either the staff in the ward, or your health visitor, for counsel and guidance. Make sure to ask for advice about pumping your breast milk, if you do not experience any improvement.

Sore nipples and fissures

If you get sore nipples it is important that you pay attention to your infant's sucking technique, and that you perhaps shift your breastfeeding position. You may press a little breast milk out

on the nipple after breastfeeding, and let it air-dry.

To protect your nipples temporarily you may use a nipple shield .

You should seek help if you:

- Experience that there is a lump in your breast, which you are not able to reduce or make disappear after a couple of breastfeeding sessions.
- Suddenly develop a fever and/or you experience a rash and pains in a particular area of the breast.

You are advised to get in touch with the ward that you have been discharged from, since we have abundant experience concerning these issues.

Pumping breast milk manually

It is under normal circumstances not necessary to pump breast milk.

On the other hand you may need to do so if:

- You are separated from your infant
- If your infant is too weak to suck
- If your breasts are very tense
- If your nipples are very aching
- If you have aching and lumpy areas in the breast, after breastfeeding
- If you simply want to stimulate your milk production.

You may use your hand or a breast pump. Many women prefer pumping breast milk manually, after they have mastered the technique. Manual pumping is gentle with your nipples, and moreover it stimulates milk produc-

tion and milk ejection at least just as well as a breast pump. A breastpump can be hired from Falck, chemists and baby care stores.

You pump your milk manually as follows:

1. If convenient take a warm bath, or place a warm compress on your breast.
2. Scald out a cup, a bowl, or some other container, if your infant is supposed to get the milk afterwards.
3. Make yourself comfortable. Try to relax. Breathe deeply and think about your baby.
4. Start your milk flow by gently massaging your breasts against the nipples in small circular move-



Support the breast's underside with your hand



Press inward toward the chest wall squeezing gently with a slight rolling action toward the nipple



The milk flows out

ments. You can also try to stimulate the nipples between your thumb and index finger, or by leaning forward a little and slightly shaking the upper part of your body.

5. Lean forward and press/lift your breast by placing your hand flatly against the chest under the breast.
6. Place your thumb over the nipple, and the two adjacent fingers under the nipple, at the edge of the brown area.
7. Press inward toward the chest wall squeezing gently with a slight rolling action toward the nipple. The milk flows out.
8. Try to simulate your infant's sucking rhythm by squeezing your fingers around milk ducts and then let go. Alternate between squeezing and letting go.
9. Move your hand around in order to get hold of all the milk ducts. If convenient use the other hand as well.
10. Continue until the milk ceases to flow.
11. Repeat from stage 5 on the other breast.
12. Be patient, even though you do not succeed right away.

Care-by-parent rooms

After a relatively uncomplicated delivery, we offer the mother, the father and the newborn child observation and counseling for 2 days, which practically means 2 nights, as we ask you

to leave the room at 12 o'clock on the day of discharge. Should any problems arise, which would demand your continuous presence at the hospital, this would of course be taken care of. A transfer to a 2-bed hospital room would at this point be relevant, though.

We expect that your stay at a care-by-parents room will help to:

- Create a spatial frame, where you can be together as parents, during the first days after the childbirth.
- Enable you to get acquainted with your newborn child together as parents.
- Empower parents/infant contact from the beginning.
- Give you an opportunity to support each other during the first few days.

Practical information

After being transferred to the postnatal ward, you will be met by a nurse, who will discuss your hospitalization with you including mutual expectations, individual needs and choice of diet. The nurse will monitor your bleeding and your child. You will be shown around the ward, in order that you get acquainted with the ward's structure and the location of different facilities.

You are kindly asked to contact your nurse when you need to go to the toilet for the first time.

In addition, we recommend that you contact your nurse, when you want to

nurse your infant for the first time. It goes without saying, that you are entitled to counsel and guidance by the staff, 24-hours a day. Your child is not routinely going to be examined by a pediatrician during the hospitalization. It must nevertheless be examined by your general practitioner at 5 weeks old. You are expected to make an appointment. yourself.

Besides, we recommend that before discharge, you have a talk with your nurse.

Visiting hours in care-by-parent rooms are as with the rest of the ward between 3.00 p.m. and 4.00 p.m. and between 7.00 p.m. and 8.00 p.m. Rest hours are between 12.30 p.m. and 2. p.m.

If you or your companion, need a personal session with a doctor, this can be arranged by the staff.

Postnatal session with a midwife can be arranged on any weekday.

It is important that you leave your room at 12.00 o'clock on discharge day.

Especially for new fathers Food

If you wish to eat in the postnatal ward, ordering and paying takes place in the kiosk/newsstand situated in the assembly hall.

Your food will be delivered to the postnatal ward with your name on the mobile food-trolley.

Breakfast is available free in the ward.

Lunch (hot meal) must be ordered not later than 10.00 a.m. on the same day. Dinner (cold meal) must be ordered not later than 12.00 p.m. (noon) on the same day.

An overview of the menu of the day will be attached on the whiteboard outside the office.

Price: Lunch - DKK 61,-
Dinner - DKK 49,-
(Prices are subject to change)

Water, ice cubes and juice are to be found in the kitchen, and are at your disposal.

You are of course welcome to bring your own food, and you are allowed to place it in the refrigerator with your name on. Furthermore it is possible to buy a light meal in the kiosk/newsstand in the assembly hall.

Hot drinks can be bought from the coffee machine in the day-room.

Bed/room

There is a bed in care-by-parent rooms that you can sleep on. Before you go home, we kindly ask you to remove the bed linen from quilts and pillows, and put it in a laundry basket.

The quilt must be placed where you have initially taken it.

Furthermore, we ask you to maintain order, and thus make it possible for us to do the cleaning during morning hours. You are expected to take your flowers with you, and put the vases in the laundry room /"Skyllerum".

Bath/toilet

We urge you to use the small bath room and the toilet situated near the ward's entrance, unless you have your own toilet.

Clothes

We ask you kindly to bring your own towels and toilet items, as well as your own clothes.

Hotline

Hotline telephone number:

4829 7306

You will have the opportunity of receiving telephone-based help all 24 hours, until you have established a contact with your health visitor. This help is primarily about breastfeeding and taking care of your infant. If there are any indications of breast inflammation, you are urged to get in touch with us during the whole period of time while you are breastfeeding

The hotline is open 24 hours; when dealing with minor problems please contact us between 08.00 a.m. and 3 p.m. with the exception of 10.00 a.m. and 11.00 a.m.

If you need medical help we urge you to get in touch with your general practitioner/GP or with the out-of-hours medical service (telephone number: 48250041).

The postnatal outpatient department

Before discharge, you may be referred to the postnatal outpatient department by your primary nurse. After discharge you may be referred to the above department via hotline, your general practitioner or health visitor. Here you will be treated by a nurse, or a doctor if necessary. You must get in touch with us through our hotline telephone number, if you are unable to come to the appointed time.

The postnatal outpatient department is open between 08.30 a.m. and 3 p.m., with the exception of 10.00 a.m. to 11.00 a.m.

Homepage

www.hillerodhospital.dk/baby

Practical information about the postnatal ward

Clothes for the mother

We advise you to bring comfortable clothes, suitable for the event. You are welcome to borrow our clothes, if you have not brought your own.

Clothes for the infant

Baby-clothes may be borrowed, but we encourage you to use your own baby clothes as well as your own quilt/duvet for the baby.

Valuables

The hospital insurance does not cover theft of money, jewellery, cameras, pc's, etc which is why we urge you to avoid bringing these to the ward.

Cleaning up

Everybody enjoys having nice and cozy surroundings during the stay, which is why we expect you to clean up after you and your guests in the course of the day, as well as before you leave the ward. Used dishes are to be put on food-trolleys, and used vases/old flowers are to be placed in the laundry room.

Food and drink items

Besides the three daily meals we offer the new mothers tea, coffee, cakes, fruits and bread. You will be able to find these in the kitchen. Coffee and tea for guests and fathers, are bought from the coffee machine in the day-room.

Smoking

Hillerød Hospital is a complete non-smoking area.

Telephone / Internet

You are welcome to use your mobile phone in the ward. There are pay-phones in the ward. The number is attached on the telephone. Free Wireless internet is also available - ask the nurse for password.

Visiting hours

The newborn child's father and siblings are welcome in the ward during the day and evening with the exception of rest hours between 12:30 p.m. and 02.30 p.m.

Other relatives are welcome between 03.00 p.m. and 04.00 p.m. and between 07.00 p.m. and 08.00 p.m.

These rules should be respected, as new mothers need a lot of rest.

Discharge

When you have made a decision to go home, you should make an appointment about when during morning hours you wish to be discharged, because of the planning schedule and resting hours.

A nurse will make some concluding statements, and make sure that you have received all the relevant information.

If the postnatal period has been normal, you will neither be examined nor automatically have the opportunity to speak to a doctor before your discharge.

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