

Post-natal period

Dear (prospective) parents,

You have one of the volumes of the Growth Guide in your hands. The Growth Guide consists of seven practical booklets:

- Planning for Parenthood
- Pregnancy
- Breastfeeding
- Post-natal period
- 0-4 years old
- 4-12 years old
- Puberty

In this Growth Guide, you will find a great deal of information about pregnancy and about the development, care and parenting of your child during the various phases of his life. You will also be able to find practical tips for the sometimes difficult and troublesome moments in parenting. The Growth Guide can also serve as a handbook for the many major and minor doubts or concerns which, in practice, all parents are faced with. With the conveniently-arranged index, you can easily find the subject you want to know more about. At the back of the various volumes of the Growth Guide, records may be noted, making an easy reference guide.

Every section also offers you space for your own notes and for filing away vaccination records and information from agencies you will be dealing with. For convenience and simplicity your child will be referred to as 'he' and 'she' in the Growth Guide. Of course, girls are also included here. Wherever you read 'midwife' in this booklet, it can also be replaced by 'family doctor'.

Kraamverzorgende in the Netherlands

In the Netherlands we have special kraamverzorgenden for post-natal care. A kraamverzorgende is a medical trained nurse. She comes to your home until your child is eight days old. The kraamverzorgende assists the midwife during the delivery and does important medical check-ups of your health and that of your baby. She supports you as you get started with breast-feeding. She signalises and works together with the midwife. We decided to use the Dutch name 'kraamverzorgende'.

In this Growth Guide, forms and input lists have also been included. At the end of the post-natal period, the kraamverzorgende will transfer the care to the Youth Healthcare Services [Jeugdgezondheidszorg]. This is done with the Transfer Form for the Post-natal period and Breastfeeding. At the child health centre

[consultatiebureau], they know how your Post-natal period has progressed and you can go to them with questions concerning breastfeeding.

Tip

Take this Growth Guide with you when you are admitted to the hospital.



This Growth Guide belongs to:

Midwives/gynaecologists:

Telephone:

Name of maternity centre:

Telephone:

Kraamverzorgenden:

Telephone:

Family doctor:

Telephone:

Index

Getting acquainted again	9
The arrival of the baby in your family	11
Meeting your baby for the first time	11
Immediately after delivery	11
What can a baby do right after birth?	12
Talking, cuddling and eye contact	12
A 'good talk' with your baby	13
Crying	14
The baby's day-and-night rhythm	16
Breathing	17
The baby in your bedroom	17
Heel prick	17
No guarantee	20
Sickle-cell disease and carriership	20
Privacy	21
Hearing test	22
Registering the birth	23
The daily checking of the baby	25
Temperature	25
Urine	26
Weight	26
Umbilical cord	27
Jaundic	27

The care of the baby	29
Changing nappies	29
Bathing time	30
Eyes	32
Ears and nose	33
Nails	33
Swollen breasts	33
Descended testicles	34
Genitals	34
Fontanelles	35
Vernix	35
Pimples and spots	35
The baby's skin	37
Small skin infections	37
Nappy rash	38
Vitamins K and D	39
A mother must recover	40
Position of the womb	40
Perineum and stitches	42
Recovery after a Caesarian section	42
Headaches	43
Breasts	43
Pelvic pain	43
Haemorrhoids	43
Getting up and moving around	44
Lifting	44
Muscle pain	44

Baby blues	45
Post-partum period: Hormonal changes	46
Rest	46
Weight loss?	46
Smoking	47
Alcohol	47
In contact with others	49
Pets	49
Visitors	50
Transporting the baby safely	50
When the baby is asleep	53
Completion of post-natal care	55
More information on the Internet	56
Publishing details	59
Worksheets:	
Personal notes	62
Temperature chart	66
Fluid balance	68
Check-ups after the delivery	74
Checklist	94
Transfer Post-natal period	98
Breastfeeding transfer	100

The arrival of the baby in your family

Meeting your baby for the first time

After birth, the baby is often awake and alert for a while. This is a beautiful moment for a first meeting. The baby 'knows' who he belongs to. He recognises your voice and your partner's voice. These were the voices that he heard the most during pregnancy. They do sound a bit different outside the womb but his recognition of the rhythm and intonation of the voices is infallible. It is wonderful for him to be held and cuddled by you and your partner now that he has arrived.

Immediately after delivery

Immediately after his birth the baby is extremely alert and looks at everything around him. This is when you have the

Tip

On the website www.groeigids.nl you can set up a personal Growth File for your child. The website is (still) in Dutch. Here, you can keep track of your child's growth and development, vaccinations and much more. You can also add photos of your child and print your own booklet with your child's growth curves, vaccinations etc.





chance to get to know each other. If you hold your child and stroke him gently, he will feel comfortable in the new situation. Shortly after delivery is a good moment to put the baby on the breast for the first time.

What can a baby do right after birth?

Immediately after birth, the midwife examines the baby's reflexes. Reflexes are the movements a person makes instinctively and has no control over himself. Some reflexes will remain the entire life. Others disappear as soon as a baby is able to control his own movements.

- The rooting reflex is visible when the baby is hungry. He then searches intensively for the place he knows has food for him. Stroke his lips with your nipple. He will then open his mouth wide and stick out his tongue a bit.
- The sucking and swallowing reflex ensures that the baby drinks from the breast or bottle and that he swallows the milk.
- The baby's grabbing reflex ensures that he holds onto your finger tightly if you touch the inside of his hand.
- If you hold the baby upright under his armpits, you can see the walking reflex. He makes walking movements with his legs. The walking reflex disappears around six weeks after birth.

Talking, cuddling and eye contact

All children -- and especially newborn babies -- love to be touched, stroked, held and cuddled. They not only love it,

they also need it. Perhaps it sounds strange, but physical contact (touching, eye contact and talking to him) is just as important as good care and good nutrition. A baby then feels secure and loved. That secure feeling is essential for the baby to be able to grow and develop. Moreover, through this contact he gets to know not only his parents but also his own body. When for example, you stroke his legs and feet he feels you touching him there. In this way he is not only aware that you are there for him, he also gets to know himself.

A 'good talk' with your baby

It will still take a while before your baby can communicate with words. However he can communicate in other ways. The baby reacts to your voice, your smell, the rhythm of your breathing and the way you touch him. He himself also 'says' a great deal. The cry when he is hungry sounds very different from the cry when he is tired -- or the cry if he feels lonely and wants to be held. If you pay attention, you will learn to react to the various signals that your baby uses to express his needs.

That is incredibly important -- for now and for the rest of his life. During the first days after birth, your child takes his first step in the development of his self confidence.

(‘I can let them know what I need’) and in his parents (‘they understand me and take care of me’). Just look at this: Your baby listens when you talk to him and he also looks you in the eye; all his attention is focused on you! It is good to talk to him a great deal. You can, for example, tell him what you are doing. Even when he is so small, it is an excellent idea to talk a lot to your baby. You create a bond with him and that is good for his development.

Crying

During the first days and weeks after birth, the baby cries when he is hungry, tired, wants physical contact, has a tummy ache or simply does not feel good. Crying is a form of communication. It is completely normal if you and your partner need some time to learn to understand your baby. You actually learn what your baby is trying to tell you by trying out various things. What does he want? It is a bit difficult at the start, but it is wonderful when both you and the baby are satisfied again. He wanted to drink; he wanted to be comforted; he was cold; he had a dirty nappy; he was tired... So, that was the problem! Sometimes you cannot figure out why he is crying. Occasionally comfort and rest are the best you can give your baby at these times. This can be difficult for both parents and child. The average baby cries for around two



hours per day, but there are also babies who spend many more hours crying. The 'top' of the crying age is around six weeks. A parent can feel fairly powerless and even become angry. It sometimes helps to keep track of the amount of time your baby cries because it often seems longer than it really is. Never let it get to the point that you -- out of helplessness and anger -- shake the baby! You can always ask for help if the crying gets to be too much for you. In any case, it is good to know that young babies cannot be spoiled yet. Love, attention, warmth, rest and regularity are extremely important for babies.

The baby's day-and-night rhythm

In the uterus, the baby was often active at night because that was when you were resting. At that moment, he then had sufficient space to move himself around. After the delivery, the baby is still in this rhythm and it will take a little time to switch. You can help him a bit with this by (for example) closing the curtains at night and leaving them open during the day. You could also talk to him and cuddle him a lot during the day and less at night. On the other hand, there are some mothers who enjoy the fact that their babies are wide awake and active at the time of the night feeding. They enjoy this intimate moment together while the rest of the household is in a deep sleep.

Breathing

Newborn babies have an irregular breathing pattern. You can often even hear the baby 'sigh'. That is nothing more than a deep gulp of air. This irregular breathing has to do with the lungs, which are still small and not completely mature. As long as the baby has a normal, healthy skin colour there is nothing wrong with his breathing.

The baby in your bedroom

In view of the safety of your baby, it is advised not to put him in his own room for the first six months, but to have him sleep in his own bed in the parents' bedroom. He then has less chance to fall into an extremely deep sleep and that is better for him during this first period of his life.

Heel prick for newborn babies

After the child has been registered, his birth details are passed onto the Youth Healthcare Services (the child health centre) and the national Central Vaccine Administration Authority [Centrale Entadministratie] which will make sure that your baby is registered in the national vaccination programme. The Central Vaccine Administration Authority arranges the heel prick ('hielprík').



In the first week after your child is born a little blood is drawn from its heel. This is called the heel prick (hielprick). A worker from the child health centre, the family doctor or your midwife will come to your home for the heel prick. They will call you to make an appointment. H/she will prick the heel of your baby with a small device. A few drops of blood will be taken on a special card: the heel prick card. If your child is in the hospital, the heel prick will be carried out there. Children don't enjoy the heel prick. It may even make your baby start to cry. The blood is tested in a laboratory for a number of rare hereditary disorders. The heel prick is important as early detection of these rare disorders can prevent or limit extremely serious harm to your child's physical and mental development. However, this is an important test! The disorders cannot be cured, but with proper care, such as medicine or a diet, they can be managed. At www.rivm.nl/heelprick you can watch a short film about the heel prick. If the result is normal, you will NOT receive a report. If you have not heard anything within three weeks of the heel prick, the result was normal. If the result is abnormal, you will hear from your family doctor.



Tip: Important

The heel prick must be done in time. Your child has not had a heel prick and it is more than eight days since the birth? Please contact the the Youth Healthcare Services or the Central Vaccine Administration Authority in your region. See www.rivm.nl/hielprik. Here you can also find information on the heel prick in many languages.

No guarantee

If the outcome of the heel prick does not show any defects, there is still a small possibility that there is something wrong with your child. If you have any doubts about the health of your child, it is best to contact your family doctor.

Sickle-cell disease and carriership

One of the diseases that is screened for is sickle cell disease. Sickle cell disease is a severe form of hereditary anaemia. The heel prick may also reveal that your child is a carrier of sickle cell disease.

If it reveals that your child is a carrier of sickle cell disease, this means that one or both parents are also carriers of this disorder. They do not have the disease themselves, but they can pass it on. This may have consequences for the health of any future children. Your midwife can tell you