

Baby Basics

Here are a few tips to help you through the first weeks.



Hospital Stay –

For most new mothers its 2-3 days, 4-5 days if you have a C. Section, use this time to bond with your baby, rest and learn how to look after your baby's needs - feeding, winding, changing, bathing etc.. The midwives are there to help you, but you are encouraged to care for your baby yourself. All babies wear two identity bracelets matching their mothers whilst in hospital, these bracelets should remain on your baby and you need to inform a midwife if one or both of them has come off. A baby tagging security system is also in operation, all newborn babies are fitted with an electronic tagging alarm (on their ankle) and this will remain active until it is removed prior to discharge.

Checks –

The baby will be checked by the midwife looking after you each day, we will be assessing the feeding and the general well-being of your baby, and if you have any concerns don't be afraid to ask her.

The Paediatrician - (baby doctor)

Will check the baby on the second day of birth, two doctors will check the baby prior to discharge, one checks the general health and the other checks the hips - if you are unsure baby has been checked ask your midwife - don't go home before baby is checked.

Blood Spot Screening –

A blood sample is taken from your baby when he/she is between 72 & 120 hours old, usually by the Public Health Nurse. It is carried out to detect certain metabolic disorders;

- Phenylketonuria
- Maple syrup urine disease
- Homocystinuria
- Galactoseamia
- Cystic fibrosis
- Congenital hypothyroidism

If there is a problem with the test or if it has been damaged it will be repeated. If normal, you won't hear anything. You can read more about these conditions on www.newbornscreening.ie, or ask your midwife or public health nurse.

Vitamin D -

Vitamin D is important because it helps our bodies use calcium to build and maintain strong bones and teeth. Children (and adults) in Ireland have low levels of vitamin D which can lead to weak bones.

In severe cases low levels of vitamin D can cause rickets in children. There has been an increase in the number of cases of rickets in Ireland in recent years.

Vitamin D is known as the 'sunshine vitamin' because our bodies can make vitamin D from the sun. However, it is not possible for babies to safely get the vitamin D they need from the sun. Therefore the paediatricians in Cavan General recommend that all babies whether you choose to breastfeed or formula feed, should receive 5 micrograms of vitamin D3 every day for the first year of their life.

BCG -

BCG is a vaccine that protects against tuberculosis (TB). The vaccine contains a weakened form of the bacteria that causes TB. This stimulates the immune system to protect against TB.

It is recommended that the BCG vaccine be given by the time the baby is six weeks old.

Location	Phone Number
Cavan	049 4373149
Monaghan	047 39001
Meath	046 9078845 / 9078711
Longford	043 3350157
Sligo	071 9155122
Leitrim/West Cavan	071 9650314
West Meath	044 9395006

Public Health Nurse –

She will visit you when you go home and check baby's weight as necessary and do the P.K.U. test .She will be your contact in the community.

Winding –

Most babies have some wind which can be relieved by burping, position baby either over your shoulder or sitting upright on your knee and rub her back until she burps.

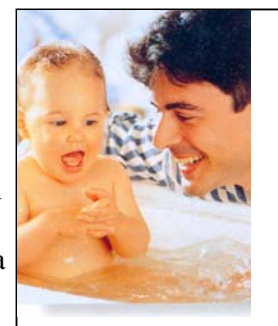
Cord Care –

The cord is clamped at birth and you clean the cord with cotton wool and water and pat dry - the stump is dead and doesn't hurt the baby, it will fall off between 7 -14 days, before it falls off it may smell a little don't be alarmed it is just separating.

Bathing –

You will be given a bath demonstration by your midwife.

Babies don't need to be bathed every day; 'topping & tailing' is sufficient. Bath the baby in a warm room, have the bath level with your tummy so you don't have to bend too much. Run the cold water first and check the temperature with your elbow before putting baby in. Never leave a baby or small child alone in the bath or on a raised surface. Use a mild baby bath, wash their face with plain water then their hair - dry the



hair before washing the rest of their body because they lose a lot of heat from their head.

Changing nappies –

Use cotton wool and water - no wipes for the first month even sensitive ones. Use Vaseline on baby's bottom; keep the 'Sudocrem' for when they are sore. Meconium is passed by baby for the first day or so - it is like 'black tar' the next stage is 'green pooh' for another day or two which changes to 'yellow seedy pooh' when the milk comes in.

Boys - 'little fountains', clean around the penis and testicles but don't push back the foreskin. Remember to point the penis down in to the nappy.

Girls - clean from the front to the back.

Nappy tip - the pictures are on the front and when changing stick the tabs onto the nappy not baby's leg.

Sleep –

For the first few weeks sleep when she sleeps - forget about housework, cooking shopping and concentrate on yourself and baby - accept all offers of help it is only for a short time. From about 2 weeks most babies have between 12-18 hours sleep in 24 hours - usually taken in several naps and one or two longer sleeps. At night you may take baby into the bed to feed or settle her though don't do this if you have a duvet, you or your partner smoke, have taken sleeping pills or alcohol.

Some babies like to sleep in your arms this is not starting bad habits you are just responding to their needs at this time as she gets older you can teach her to go to sleep on her own.

Soothing baby –

There are various ways to soothe your baby, here are some suggestions - take them into a quiet room, no stimulation, dim the lightening, hold her close and rub her back or rock her.

Crying - their way of communicating, but what do you do?

Here are some ideas –

- feed her, change her, wind her.
- play music or sing lullabies
- hold her upright against your shoulder, rock her slowly,
- gently patting her back and talking softly to her
- take her for a car ride (in a appropriate seat)
- or a walk
- if crying unbearable take 'time out' put her safely in another room and make yourself a hot drink, listen to music or watch the TV, go back to her when calm - NEVER SHAKE YOUR BABY.



Colic –

Occurs as a result of trapped bubbles of gas, which cause pain, colicky babies have problems bringing up wind their symptoms include persistent crying, red in the face, bringing knees up to chest.

Treatment – ‘Infacol’ or colic drops can be used from birth, gripe water can be given after one month, patience it usually passes by four months.

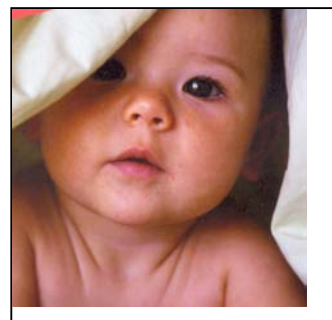
Grumpy or Sick

Call for advice if baby:

- *misses more than one feed and seems to be listless,*
- *much sleepier than usual or simply not her normal self,*
- *often your ‘mother’s instinct’ will tell you if baby is ‘off colour’,*
- *continues to vomit for an hour or more,*
- *suffers persistent diarrhoea that lasts for more than a day,*
- *develops an unexplained rash,*
- *seems to be uncomfortably hot or feverish and is constantly fretful.*

Get medical help fast if your baby:

- *has a convulsion, experiences breathing difficulties or is blue in the lips or face, has symptoms that may indicate meningitis, these include:- a high temperature - refusing feeds - vomiting - high moaning cry - unusual sleepiness with difficulty waking - pale blotchy skin - a rash of tiny spots - and a bulging fontanelle (the soft spot on baby’s head).*



REMEMBER

*Your baby is like a sponge
If you're tensethey are tense.*

*If you are calm and relaxed
..... So are they !!!*

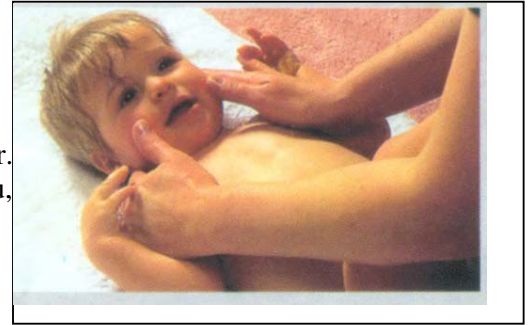
Baby Massage

Massaging your baby is a wonderful way to relax together. She enjoys the pleasure of close physical contact with you, and your gentle caresses help her feel calm and secure. Massage can soothe a fretful baby and encourage her to sleep better. It also boosts circulation, aids digestion, and may even relieve pain caused by colic.

You can enjoy massage from your baby's earlier weeks. Many parents find it helps them to build up confidence in touching and handling their baby.

If your baby is very young and doesn't yet seem very responsive, massage can be especially helpful in building a closer relationship.

It's also an opportunity for Dad's to become more closely involved with their baby, or for older children to help bond with the newest member of the family.



Getting started:

- Make sure the room is quiet, warm and draught free.
- Thick towel to lay your baby on.
- Remove your watch and any jewellery.
- Ensure your nails have no sharp edges.
- Wash your hands in warm soapy water.
- You can dim the lights and play soft music.
- or simply sing a song or lullaby to relax the baby.

What you'll need:

- Massage oil - a light vegetable based e.g. olive oil or grape seed oil - not baby oil.
- Cream - Aqueous cream or Silcock's Base - not baby lotion.
- Saucer or bowl - pour a little oil into the bowl so you can dip your fingers in.
- Thick towel to wrap baby in after the session.
- Nappy and clean clothes.
- Tissues or cotton wool.

Your massage session:

- Baby should be relaxed and comfortable before beginning the session.
- Avoid massage just before or after a feed.
- After a bath may be a good time.
- Always ask your baby's permission, talk softly to her explaining what you are doing, and offer reassurances.

- Keep the sessions short (5 minutes to start with) and build up gradually.
- Keep your touch smooth and steady and let the strokes flow into each other.
- Repeat each movement three to four times to start with - be guided by baby's response.
- If she loves a stroke do more or it but if she doesn't avoid it and try again in a few days.
- Use only enough oil to help your hands glide over baby's skin.

Safety tips:

- Never leave your baby unattended-especially on a raised surface.
- Never heat massage oils.
- Don't massage baby in direct sunlight.
- Make sure there are no objects or hot drinks near by that could fall on baby.
- If your baby has just had a vaccination wait a week before massaging her.
- Do a patch test - try a little oil on baby's arm to check for allergic reaction - use a cream if there is one.

Your baby's head

- Do not use oil on face
- Start by stroking her head gently, from her forehead right to the back of her neck, using alternate hands.
- Put your hands on either side of her forehead and stroke down from her cheeks to her chin, avoiding her eyes.
- Next, support her head between your hands, and use your thumbs to stroke out from above her nose towards her hairline.
- You can use oil on her head if she has cradle cap, massage a little in using small circular movements with your fingertips).



Your baby's tummy and chest

- Dip your fingers in your massage oil and rub your hands together to warm the oil.
- Place your hands flat on baby's tummy.
- Rub them gently up her tummy, chest, round her shoulders and back down the sides of her body, coming back in the middle of her tummy.
- Think of it as making a heart shape- this movement is called effleurage.
- Place the pads of your thumbs at the bottom of her breastbone and make small, circular movements over her chest, working up from the breastbone and outward over the collarbone.
- Or you could try tapping your fingertips gently across the top of your baby's chest, using alternate hands.
- Then rub your hands over her chest across her shoulders and down her arms.



- Using the flat of your hand, make several big, slow circles in a clockwise direction on your baby's tummy.
- Next, using your fingertips, make little circles within the larger circle.

Your baby's arms

- Put your hands on either side of your baby's neck and stroke downwards towards her shoulders.
- Then slide your hands down her arm to her wrist.
- Stroke her arm upwards from wrist to shoulder several times.
- If she likes this you could also hold her forearm with one hand and massage her upper arm with thumb circles: then massage the lower arm in the same way.
- Use your thumbs to massage the palm of your baby's hands and rub each of her fingers gently.
- Repeat with the other arm. (Avoid using oil on her hands as she may rub it into her eyes and irritate them - wipe your hands with a tissue before touching the hands.)



Your baby's legs

- Add a little more oil to your hands, warm it, then massage the tops of your baby's legs, gently kneading them.
- Support one leg with your hand and with the other hand, stroke your baby's leg firmly from ankle to thigh in smooth, sweeping movements, with your fingers on top of your thumb underneath her leg.
- Repeat this with the other leg.



Your baby's feet

- Use your thumb to stroke the sole of her foot from heel to toe.
- You could also make small circular movements with your thumb if your baby enjoys this.
- Rub each toe individually.
- Repeat with the other foot.



Your baby's back

- Gently turn your baby onto her tummy with her head to one side.
- Move your fingers up either side of her spine (not on it) across her shoulders and down her sides.
- Repeat this heart-shaped movement at least three times.
- Using the flat of your hand, massage your baby's buttocks with large circular movements.
- Use your thumbs to make small circular movements up either side of her spine from bottom to neck.
- Softly squeeze her shoulder muscles, and then finish by running your fingers gently down her spine with feathery-soft strokes.



Your massage is finished, wrap your baby in a warm soft towel and give her a loving cuddle. Wipe away any excess oil with tissues before

**IF YOUR BABY IS ILL –
SEEK MEDICAL
ADVICE.**

**Don't use pillows, quilts
or bumpers for babies
under 18 months – use
natural fibres, cotton
sheets, cellular blankets
and an over blanket – all
tucked in well**

Your baby needs
somewhere warm, safe
and secure to sleep.
Help keep him/her safe
by following these
guidelines aimed at
reducing the risks of cot
death.

The safest place for
your baby to sleep is in
his/her crib/cot.

**S.I.D.S. = SUDDEN
INFANT DEATH
SYNDROME
Or
COT DEATH**

Lay your baby on his/her back to sleep

No longhaired toys under a year old

**Never bed share if
either of you
SMOKE,
Have taken
ALCOHOL,
MEDICATION
Or
ILLEGAL DRUGS**

**Babies should be
placed in their
cot/crib/basket in
the
'FEET TO FOOT'
position, with baby's
feet close to the
bottom of the cot
and the covers
coming no higher
than the chest.**

Sleep Safely



**Keep your baby's
head uncovered
indoors.
If baby is asleep
when you bring
him/her in from
outdoors remove
their coat, hat and
extra garments.**

SMOKING – PROVEN LINK WITH S.I.D.S.

- **YOU SHOULD STOP SMOKING WHEN PREGNANT.**
- **ENCOURAGE YOUR PARTNER TO STOP TOO.**
- **NEVER ALLOW ANYONE TO SMOKE AROUND OR IN THE SAME ROOM AS YOUR BABY**
- **SMOKE LINGERS IN A ROOM FOR TWO HOURS AFTER THE CIGERATTE HAS BEEN SMOKED**

Don't let baby get too hot or cold

Check their temperature by feeling the back or their neck or their tummy

- If too hot and sweaty remove some blankets
- If too cool add blankets

You do not need to adjust your home heating, use clothes and blankets to regulate their temperature
Your baby shouldn't sleep beside a radiator, heater, window or in a draft.

Never allow yourself or someone else fall asleep on a sofa or chair whilst holding baby in their arms – risk of smothering

Caring for Your Baby at Night

Becoming a parent is a very special time and can be one of the most rewarding experiences of your life as you get to know your new baby and learn how to care for her needs. However, it can also be challenging, especially when you are tired and your baby is wakeful and wanting to feed frequently during the night. It may be reassuring to know that it is not only normal but essential for your baby to feed during the night. Babies grow quickly in the early weeks and months of life and they have very small stomachs. They therefore need to feed around the clock to meet their needs. Whilst it can be frustrating when your sleep is disturbed during the night, it can also be a lovely quiet time to be with your baby away from the bustle and distractions of daytime. Babies rely on the security and comfort of being close to their parents and need this during the night as well as during the day.



To keep your baby safe and to reduce the risk of sudden infant death (sometimes called cot death) always make sure:

- You put the baby down on their back to sleep, never on the front or side.
- The cot is beside the parents' bed for at least the first six months.
- The mattress is firm and flat – waterbeds, bean bags and sagging mattresses are not suitable.
- Your baby is not overdressed or covered with too much bedding (no more than you would use yourself).
- The bedding must not be able to cover the baby's head.
- The room is not too hot (16-20°C is ideal).
- The room in which the baby sleeps is a smoke-free zone.

Bed sharing

Some parents choose to sleep with their baby in bed and some fall asleep with their baby during the night while feeding and comforting whether they intend to or not. Therefore it is very important to consider the following points.

If you decide to share a bed with your baby:

- Keep your baby away from the pillows.
- Make sure your baby cannot fall out of bed or become trapped between the mattress and wall.
- Make sure the bedclothes cannot cover your baby's face.

- Don't leave your baby alone in the bed, as even very young babies can wriggle into a dangerous position.
- It is not safe to bed-share in the early months if your baby was born very small or pre-term.

WARNING

- The safest place for your baby to sleep is in a cot by the side of your bed.
- Do not sleep with your baby when you have been drinking any alcohol or taking drugs (legal or illegal).
- Do not sleep with your baby if you or anyone else in the bed is a smoker.
- Do not put yourself in the position where you could doze off with your baby on a sofa or armchair.

Safety in the Home

Some helpful safety points for the different stages of your baby's development.

	IN THE HOME	AT PLAY	ON THE MOVE
FROM BIRTH	Never leave your baby unattended on a changing unit of any high surface.	Place mobiles out of reach of your baby's grasp.	Use a safety harness in the carrycot, pram or buggy
CRAWLING	Always use a safety harness in the highchair and never leave your baby unattended. Fit baby gates to the top and bottom of the stairs.	Remove all small toys of items, which your baby may be able to reach. He may choke on them. A playpen may be helpful for short periods at this stage.	When using a pushchair, always use a 5 point harness.
WALKING	Make glass doors and low windows safe by fitting safety glass or covering the glass in safety film. Protect your toddler from harmful discoveries by fitting safety catches to cupboard doors, drawers and fridges. In the kitchen put saucepans on the back burners and turn handles inwards. Keep all electrical leads out of their reach. Use plug covers on unused plugs.	Baby walkers are popular at this stage, but physiotherapists advise they can delay baby's walking, so if you use one use it for short periods only. Always supervise your baby and use the walker on flat surfaces away from steps.	When your baby starts walking outdoors a harness with reins can be helpful. Ensure the play area is safe and free from animal excrement.

Is your car safe enough for your baby?

You've been keeping your baby safe all these months, so why expose him or her to danger the minute you step out of the hospital? NOW is the time to start thinking about your baby's safety, not in a couple of years' time. Make sure you have an approved infant or baby seat. Look for either the BSI Kite mark, or the EC Regulations mark, and remember, as your child grows, the safety seat must be replaced to reflect his or her size. One extremely important point worth noting, a rearward facing child seat must never be placed in the front passenger seat of a car which is equipped with an airbag. Safely belting your baby in the car right from day one will not only ensure his/her maximum safety, but will also begin to instil safety awareness. Every time your child travels in a vehicle, he or she will become familiar with using a seat bet and gradually it will become second nature.

The following facts and figures are a disturbing reminder of what happens when infant safety is ignored.

- **FACT:** Each year over 7000 children are killed or injured while travelling unrestrained in the rear of cars.
- **FACT:** Children have been killed in crashes at speeds as low as 5 miles an hour.
- **FACT:** If a child is involved in an accident whilst unrestrained in a vehicle travelling at 30 miles per hour, it will be thrown with the same force as being dropped from a fourth floor window.
- **FACT:** Most accidents occur within a few miles of the home, at speeds of less than 30 miles per hour and on 'everyday' trips to school, shops or the park.

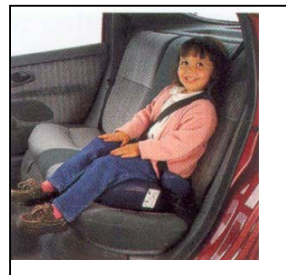
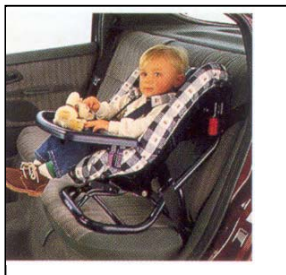
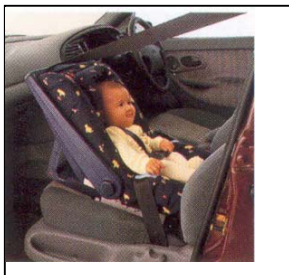
SOURCE: BRETS Road craft Centre, Ealing, UK.

FOR YOUR BABY'S SAKE, MAKE SURE THAT EVERY JOURNEY IS SAFE - STARTING WITH THE VERY FIRST ONE HOME.

Car Safety Checklist

- Always insist that your child is secured in a car seat or wearing an appropriate restraint, even on the shortest journey.*
- Check your child's weight regularly and make sure that you are using appropriate seat or restraint.*
- Fit your child's car seat carefully, according to the manufacturer's instructions. If you are in any doubt, seek the advice of a reputable retailer or garage.*
- Regularly check that all harnesses and straps are properly adjusted to ensure your child has maximum protection.*
- Metal fittings on child seats and harnesses may become very hot if the car is left in direct sunlight. Prevent accidental burns by covering the seat if you have to leave the car standing.*
- In the event of an accident you must replace your child's seat as hazardous damage may go unseen.*
- Keep your children occupied on long journeys and give them regular breaks.*
- Secure all items especially heavy and sharp things as they can cause damage in the event of an accident.*

- Never buy or use a second-hand car seat as the protective structure may be invisibly damaged.*
- Never carry a child on your lap in the front of a car, even with a seat belt. It is not only illegal, but also highly dangerous, as in the event of a crash you could crush and kill your child.*
- You must not use a rear facing baby seat in the front seat of a car fitted with a passenger-side airbag.*
- Do not use a cushion instead of a booster cushion, it will not provide any protection.*



How to Help your Partner in Labour

PUT ON TENS

BEING THERE

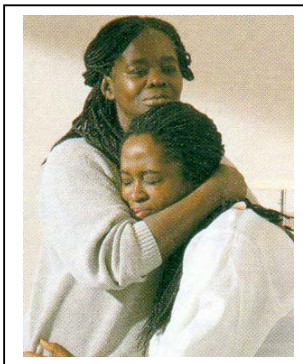
RUN BATH

TELL HER HOW GREAT/WELL SHE'S DOING

MASSAGE

HELP HER MOVE AROUND

BREATHE OUT



ASK QUESTIONS

HAND HOLDING

BE PATIENT

COMPANIONSHIP

ANTICIPATE HER NEEDS

BE CALM/SUPPORTIVE

ENCOURAGE HER TO DRINK/TAKE GLUCOSE SWEETS

BELIEVE IN HER STRENGTHS

REASSURE

VISIT LABOUR WARD

BREATHE TOGETHER

HELP MAKE HER WISHES KNOWN

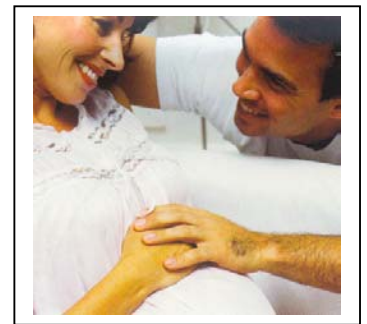
*CREATE A GOOD ATMOSPHERE: MUSIC ON/DIM
LIGHTING - AS SHE WISHES!*

*ENCOURAGE AND KEEP HER THE CENTRE OF ATTENTION-
NOT THE MACHINES!*

BROW MOPPING

REARRANGING FURNITURE FOR HER COMFORT

FIND OUT WHAT THE MIDWIFE THINKS



CUT THE CORD?

A Few Helpful Hints for Birth Partners

- ***Being with her***, just by being present even if you feel that you are doing little, you are in fact being supportive. You can be ***especially important*** in early labour, before she comes to hospital when no one else is around.
- You may not like hospitals and feel in the way - however, you are not interfering if you are helping to make someone's labour easier. She knows you and ***you are a familiar face*** - which is very important. If at any time you are not sure how you can be most helpful - ask the midwife you can ***all work as a team***.
- ***'Breathe'*** with her during the contractions - by breathing with her you are positively reinforcing what she is doing - and can help if she's in a muddle.
- Be aware of over breathing. This may happen if she is breathing too hard or fast. She may become dizzy, experience 'pins & needles' in her fingers and may see 'spots' in front of her eyes - ***encourage*** her to breathe slowly and deeply ***focusing*** on her breathing.
- Make sure she is ***well supported and relaxed***, that you are both familiar with relaxation techniques. You can help by encouraging her to be aware of her body tensions - sometimes these can be eased by ***touch*** e.g.. Stroking a tight shoulder muscle and stroking the face. Make sure she has enough pillows behind her.
- ***Massage*** - this could be strong massage to the lower spine if she is having backache and/or fingertip massage to her tummy, thighs and shoulders. Be aware that she ***may find touch annoying*** in labour.
- ***Eye-to-Eye contact*** - looking into her eyes helps her focus her attention away from the pain.
- ***Discuss pain relief beforehand*** - it can be difficult for her to make decisions in labour so be aware of her wishes - but respect her option to ***change her mind*** at any stage.
- ***Positions*** - work through different positions before labour, understand different positions may be useful at different stages of labour - you could suggest different positions that may make her ***more comfortable***.
- ***Help her*** to remember there is no blueprint for labour and that there is no such thing as right and wrong in labour. Take each contraction as it comes and concentrate on each individual contraction.
- Do not anticipate events or try to plan ahead in labour - ***go with the flow***.



The Father's Ten Commandments

I

Thou shalt not faint for risk of being walked on or ignored.

II

Thou shalt not panic or smoke except outside in hospital grounds.

III

Thou shall wear a light cotton T-shirt or shirt during labour. Having a baby makes fathers sweat.

IV

*Thou shall work in partnership with your partner and midwife. **THEY** will tell you what to do!*

V

Thou shall help and comfort your partner and be patient and understanding if the going gets tough.

VI

Thou shall massage her back and mop her brow

VII

*Thou shall encourage her to **KEEP BREATHING** and to remain as calm and relaxed as yourself.*

VIII

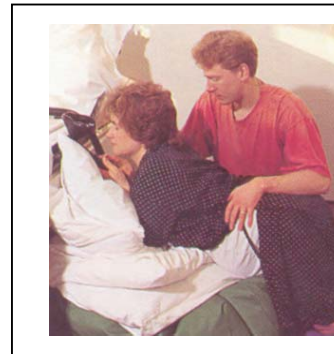
Thou shall be an interpreter of the midwife's instructions/guidance

IX

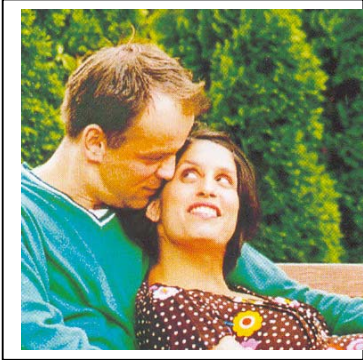
Thou shalt have change in your pocket and a list of telephone numbers to inform the nation of the joyful event

X

Thou shalt be present at the birth(if so wished- no pressure).



FIRST TIME FATHER (& Second & Third & so on..)



Becoming a father is a major step in a man's life although the experience may be seen to be less significant than that of the mother. The father-to-be will have his own special joys, rewards, anticipations and anxieties, but throughout pregnancy, childbirth and the ensuing months he can help his partner by being especially loving, supportive and understanding. When both mother and father are experiencing parenthood for the first time there is every opportunity to develop a deeper understanding between them.

PREGNANCY

A Period of Extra Love, Support and Understanding

One of the first things to remember is that the chemical and glandular changes, which occur naturally in early pregnancy may cause a mother-to-be to suffer from, for example, nausea, tiredness, rises to great heights of happiness and plunges into insecurity and despair. All this can be very wearing and hard to understand but it is important for her partner to try and remain calm, rational, supportive and loving. Although some women remain sexually responsive throughout their pregnancy, others may experience a lessening of sexual desire, which can be upsetting for both partners. However, they should not worry that the loss of interest is permanent or that their sexual relationship will never be the same again. This is purely related to the pregnancy, and love and understanding from the father-to-be will be of great help. Whatever the situation, he should try to support his partner's wishes and make sure he reassures her that he still loves her at each stage of her pregnancy - she will still enjoy an evening out despite her changing shape!

A mother-to-be needs time to adjust to pregnancy. If she has been used to a career, she may miss the working routine. She will also miss all the friends she knew at work and may feel lonely at times or possibly insecure about her new way of life or the need to make new friends. The father-to-be can help through this adjustment period by making time every day to talk about the psychological and emotional adjustments they have to make.

ANTENATAL CARE.

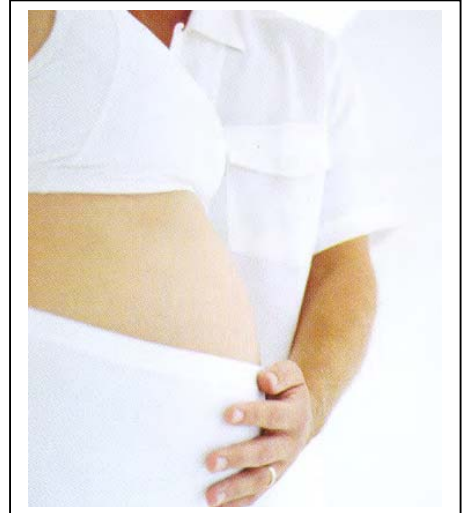
Throughout her pregnancy she will visit the antenatal clinic for routine checks the father-to-be can also attend if he so wishes. This not only gives moral support but also helps create a level of involvement in the pregnancy. The ultrasound scan provides a chance to see the developing baby- perhaps one of the most wonderful experiences related to early pregnancy and something to be shared.

When a mother-to-be starts her antenatal classes there will be an opportunity for fathers to attend one if not all of them. He can learn a good deal about the physiological process and the emotional changes of labour, he can understand his own part in it, and will often have the opportunity to see videos of labour and childcare.

In the last months of pregnancy a partner can be of enormous help to the mother-to-be by relieving her of some of the routine household chores, and making sure she gets plenty of rest. She should be discouraged from carrying heavy shopping so he may take over the supermarket duty, or come as well in order to load the boxes or bags into the car. If there are jobs in the house that entail moving furniture these are now his and he can also take on some of the more strenuous chores that involve bending down whilst the mother-to-be does easier tasks.

Generally by being involved from the start the father-to-be will be able to understand his own and his partner's changing emotions, and feel better equipped to give - and feel - the love and support so important throughout pregnancy and childbirth.

It is also a good idea for parents-to-be to read one or two books on pregnancy and childbirth together, taking the pregnancy stage by stage. There are several good books available to buy or alternately borrow from the library; you could gain relevant information from Internet sites.



PRE-BIRTH

A time for Preparation

As a mother-to-be nears the end of her pregnancy it is important for her partner to consider his wishes with regard to being present at the birth. The decision should never be based on, or biased by, what others do. The parentcraft classes can help you make up your mind.

At least a month before the baby is due it is essential to note the numbers for the hospital, midwife, emergency services and a reliable taxi firm.

If the plan is to drive to the hospital, it is a good idea to keep some blankets and cushions in the car and make sure there is **enough fuel**, as well as working out in advance the **best route** to the hospital and know where to go once there. During labour some women may require some sort of pain relief and it can be helpful for partners to discuss the alternative methods in advance, so that if the mother-to-be would prefer relief from gas and oxygen, pethidine or an epidural, her partner is in a position to help explain her preference to the midwife. Prior to the birth the father-to-be can help by checking the list of required hospital items:

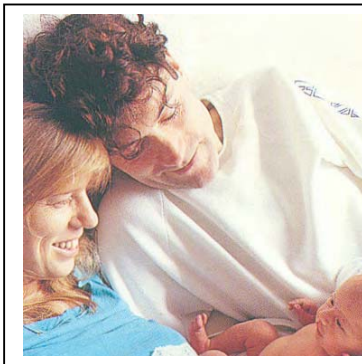
- Toiletries
- Night dress/pyjama's
- A camera
- Phone numbers for family and friends
- Loose change for the pay phone.

BIRTH AND THE ENSUING COUPLE OF DAYS

A time for sharing.

The birth of a baby is a time for sharing an experience of incredible happiness, and many fathers want to be present for the labour and the birth. However, if the father-to-be wants to do more than just watch it is important for him to have learnt in advance exactly how he can help most effectively and to obtain the approval of the maternity staff.

The parentcraft classes can be useful in helping him understand what is happening and



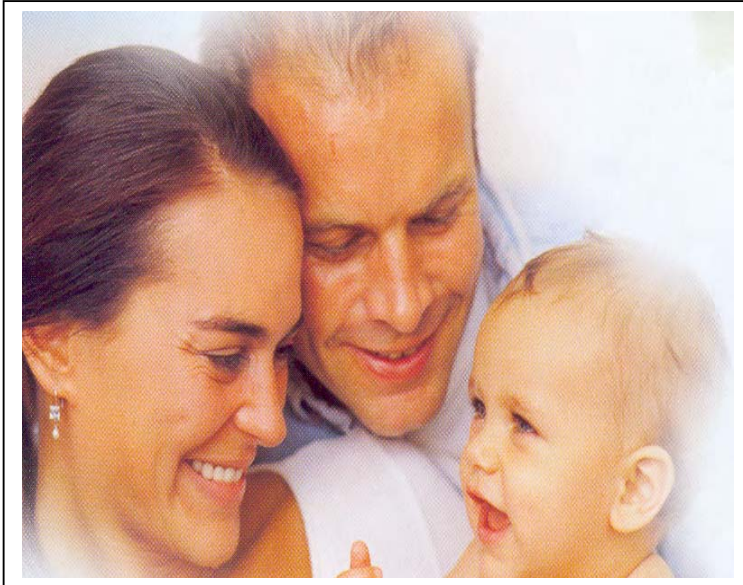
teaching him what he can do to help his partner.

It is not simply a question of holding hands, although this can be a way of giving emotional support, but of being able to judge where and when guidance and encouragement with relaxation is needed. The father-to-be can also 'breathe' with his partner at times when she needs extra support. Perhaps he can also rub her back, doing a gentle, light massage over her lower abdomen when the uterus is opening up and provide other kinds of stroking and firm pressure for her shoulders, arms and legs.

The father-to-be will be there to give any assistance required and to encourage and support throughout what is an enormous physical experience.

It is important to be aware that often after all the excitement of labour and birth, the following few days may seem a bit of an anticlimax. Some women experience an abrupt drop in mood and a sudden feeling of depression at some stage during the first few days after the birth. A new mother may also have had stitches: these may be uncomfortable; she may also find the hospital routine very different from what she is used to. Therefore the new father can help by being extra loving and caring.

HOME FROM HOSPITAL



Becoming a parent is a responsibility, which requires adjustments for both mother and father. It is not uncommon for the new father to experience feelings of being superfluous and he may be a little jealous as the bond between mother and baby is developed. If he goes out to work he may only see the baby properly at weekends. In order to get to know his baby and share in parenthood from the start he will want to spend as much time as possible with the baby at weekends.

During the period of breast-feeding, father can also be involved, by changing the nappy - helping mum to be comfortable and perhaps winding the baby - extra cuddles for the baby and mother will help too!

If the baby is bottle-fed the father can help with the preparation and giving of feeds. Hand hygiene is extremely important, hands should be washed before preparing a feed and all the feeding equipment should be sterilized. Before feeding, always check the milk temperature by shaking a few drops on the inside of your wrist, it should feel comfortably warm.

Babies swallow air as they feed so at the end of a feed the baby should be 'winded'. A baby should never be left alone with a bottle. It is extremely dangerous as he could regurgitate some of the feed and choke. Never add cereals or sugar to a bottle-feed and never save unfinished feeds.

HELPING WITH THE OLDER BABY

Having a baby in the family can be great fun and it is important to get to know the new baby! Learning to play with him and finding out which special toys he liked to play with- perhaps even making up games to entertain him, all help in the process. If he has a special or soft toy that he likes to hold for comfort parents should let him enjoy this.

A mother will need a break from some or the routine daily chores she has to do every day. A father can help her by looking after the baby whenever possible. A crying baby can be tiring, fathers should get to know the reasons for a cry: the baby may be hungry, have a wet or soiled nappy or may simply need comforting - find out what is upsetting him and either feed, cuddle or change him, according to his needs.

Bath time is another event for father to become involved with. It is important to check the temperature is comfortably warm - with your elbow, never leave a baby alone in the bath, even when he can sit unaided. Put a towel or a non-slip mat in the bottom of the bath to prevent him slipping over. Some fathers enjoy having a bath with their baby.

Putting baby to bed can also be fun too and is something fathers do very well. In the early days babies are swaddled for sleeping. The correct sleeping position for babies is on their backs. At whatever age bedtime routine should never be rushed and should consist of a quiet period spent together just before - perhaps reading a bedtime story or simply cuddling him before putting him in the cot. If the baby continues to be unsettled at bedtime a night light or a loud ticking clock may be comforting to him - some babies do not like the feeling or being alone or of total darkness.

WHEN DAD BECOMES MUM



It is not uncommon today for the mothers in some family to go out to work, whilst the father stays at home to look after the family. In other circumstances both parents may work shifts and the care of the baby is shared. Therefore, to make looking after the baby easy and enjoyable it is sensible for the father to have become familiar with baby care during the pregnancy, childbirth and the ensuing months at home. The task of looking after his own children becomes less daunting and time spent with the children becomes one of the most wonderful periods in family life, a time to be enjoyed !!!!!!!!

Support and Advice Directory

Baby Friendly Hospital Initiative Cavan Monaghan Hospital Local Breastfeeding Support Groups

Breastfeeding groups facilitated by Midwives, Public Health Nurses or by Mothers themselves provide access for Mothers to receive encouragement and support from professionals with knowledge relating to breastfeeding management. Support groups provide an opportunity to meet other mothers, share experience, gain more knowledge, increase confidence, enjoy social interaction and help mother's breastfeed for longer.

Cavan	Monaghan	Longford	Leitrim	Meath
Support Services Building, Cavan General Hospital. 1st Tuesday monthly @ 11.30am-12.30pm. Contact: Anna McDermott at Community Care. Tel: 049 4373125 049 4373126	Castleblaney, La Leche League, 2 nd Tuesday monthly @ 8.30pm Mary, La Leche League Leader 042 9741223. Contact: Margaret McGuigan Tel: 047 80922	County Clinic, Dublin Road Thursdays 3pm-4.30pm Contact: N O'Reilly/ E Flynn Tel: 043 3350158	Ballinamore Community Centre, Trathona Tues 11am-12pm Contact: M. Gibbons, Public Health Nurse Tel: 071 9644965 or 071 9644040	Johnstown Health Centre, Navan Monday 2.30pm-3.30pm Tel: 046 9076230
Voluntary Peer Support : Helen Whelan 042 9660912 Olivia Boyle , Bough, Cootehill, Co. Cavan Tel: 086 6024683 Support also available at <u>Mother and toddler Group</u> Wed 10am- 12pm. Venue- Church of Ireland hall, Cootehill	Emyvale Health Centre, 1 st and 3 rd Wed 11am-12.30pm Contact: S. McKenna/ Margaret Gilmore Tel: 047 86203104	North Longford Area Smear Health Centre Contact: M. Mimmagh Tel: 043 84158 between 9.30am-10.30am	Voluntary Peer support Noirin Mc Caffrey Bawnboy Tel 087 9027102	Kells Health Centre Wednesday 2pm-3.30pm Tel: 046 9240480 or 9249475 between 9.30am-10.30am
	Patricia Jenkins, Clones Practice Nurse. Tel: 087 7999814 or 047 86203104 N. McCluskey 9am-12pm Tel: 047 51919			

***Or drop in support available at Cavan Maternity Unit from
Aileen/Remmi (Clinical Breastfeeding Specialists) 10am-4pm Mon-Fri***

**049 4376864 bleep 229, leave a voice mail, or contact Maternity Unit on
049 4376328**

**More information on breastfeeding support groups is available on
www.breastfeeding.ie or HSE INFOLINE 1850 24 1850**

National Sudden Infant Death Register, George's Hall, The Children's University Hospital, Temple Street, Dublin 1. Tel: 01 8788455 Helpline: 1850 391391 www.sidsireland.ie	The Irish Infant Death Association, Carmical House, 4 Brunswick Street, Temple Street, Dublin 1. Tel: 01 8732711 www.isida.ie
Postnatal Depression Ireland, Tel: 021 4923162 www.pnd.ie	Samaritans 24hr listening service Tel: 1850 609090 www.samaritans.ie
Parentline 1890927277 www.parentline.ie	Cuidiu – Irish Childbirth Trust 01 8724501 www.cuidiu-ict.ie
Aware 1890 303302 www.aware.ie	Grow 1890 474474 www.grow.ie
Physiotherapy Department, Cavan: 049 4376208 Monaghan: 04739017 www.physicaltherapy.ie	
www.healthpromotion.ie	www.yoursexualhealth.ie
www.hse.ie	www.newbornscreening.ie
www.immunisation.ie	www.hpsc.ie
www.kellymom.com Breastfeeding information site	www.drjacknewman.com Breastfeeding physician's site
www.infantrisk.com Information about medication and breastfeeding	www.breastfeedingmadesimple.com site by 2 lactation consultants
www.breastfeeding.ie HSE breastfeeding website	www.la lecheleagueireland.com La Leche League in Ireland
www.thebreastway.com Irish non-profit organisation supporting	www.friends of breastfeeding.ie Irish organisation supporting

breastfeeding	breastfeeding
www.breastfedbabies.org Northern Ireland Health Promotion Agency's breastfeeding website	www.alcireland.ie Association of Lactation Consultants in Ireland