

BABY



# A-Z of baby care

THERE'S A LOT TO LEARN ABOUT LOOKING AFTER YOUR NEW BABY. HERE MIDWIFE AND AUTHOR **LOIS WATTIS** EXPLAINS EVERYTHING FROM KANGAROO CARE TO TUMMY TIME

**S**o you've just arrived home from the hospital or birth centre with your new baby and can't believe how blessed you are. However, this can also be a daunting time. You're now on your own without the support of the midwives and lactation consultants. If you're feeling overwhelmed read on...

**A**TTACHMENT Babies are "hardwired" to be close to their mums and to demonstrate their needs. They come into this world attached to their mothers until their placenta is born and separated from them. When a newborn baby is placed in his new "habitat" – on his mother's chest – the profound attachment process ignites for both mother and baby.

Returning baby to this natural skin-to-skin habitat frequently during the early weeks will assist the explosion of hormonal responses for both mother and baby. Baby's closest carers can also connect with baby via eye contact, touch, smell and voice, establishing and confirming their unique attachment to one another.

**B**REASTFEEDING Breastfeeding is the natural culmination of growing and giving birth to your new baby, and this extraordinary continuum has ensured both the survival and development of our species. Modern women may doubt their own capacity to completely nurture their child but scientific discoveries continue to confirm the wondrous properties and unique benefits of human breastmilk for newborns to toddlers and beyond.

Babies know how to feed and they know when they need to feed, and they give clear signals to let their carers know their needs – these are called "feeding cues". These cues or signals progressively intensify as baby's need to be fed increases.

Babies need to be fed frequently day and night to sustain their rapidly changing bodies and brains. In the early hours and days of life babies do best if they are cuddled with mum in skin-to-skin contact, which enhances the baby's instinctive responses and the mother's breastfeeding skill development. Beginning >



**baby**

breastfeeds with a breast crawl “switches on” baby’s instinctive feeding reflexes, and mum can help baby to attach to the breast however she finds works best for her baby and her own comfortable breastfeeding experience.

**CIRCUMCISION** Circumcision of baby boys is discouraged by health professionals around the world. Complications after infant circumcision surgery can be very serious and even fatal. If circumcision is performed on a baby boy it is essential to follow the medical advice provided about surgical dressings and

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cleansing of the wound until it is completely healed. Babies should be given regular oral pain-relief medication for at least a week and if any signs of infection appear medical care must be sought immediately.

**DEVELOPMENT** At each well-baby check-up baby’s head circumference, height and weight will be measured and then recorded on a growth chart. Baby’s developmental milestones will also be observed and explained.

Your baby’s developmental milestones may be unevenly achieved. In fact, consistently moving through a progressive sequence is more important than the actual age baby achieves a new developmental skill. Babies grow differently to one another and there is a wide variation in normal growth and developmental patterns.

Charts may imply smooth steady progression but most babies grow in “spurts” with bursts and pauses in their development. In addition, breastfed and bottle-fed babies show different growth patterns. It is important that this is taken into account when assessing your baby’s overall development.

**EXPRESSING** Most mothers will express their breastmilk for their baby at some time and it is common for mums-to-be to have a breast pump on their baby shower wish list. While breastmilk expression most often occurs after baby is born, in certain circumstances such as when a mother has diabetes, hand expression and collection of colostrum before baby is born may also be recommended.

Early lactation is driven by the hormonal changes after the birth rather than “supply and demand”. Supply and demand (or actually it is the other way around – baby demands and supply increases) dominates the lactation process from a few weeks after the birth and is regulated in response to baby’s changing needs as he grows.

It should also be understood that it is not only the breastmilk volumes that change as baby grows, but also the constituents of the breastmilk produced, which constantly change as the baby matures. The constituents also vary according to the time of day it is expressed and whether it is before or after a breastfeed.

**FEEDING** Breastmilk is the optimal food for babies. Skin-to-skin contact with baby laid on mother’s bare chest prompts baby to instinctively search for the breast. Baby begins by lifting his head, bobbing and stroking his face and cheeks on her skin, and with upper body movements and perhaps crawling motions of his legs and feet, he begins wriggling towards a breast. The mother instinctively gives baby gentle support of his body, and when his chin comes in contact with the breast tissue under the nipple, he will gape his mouth widely with his tongue down and forward, and “launch and latch” to the breast. This is an inborn ability that all well newborns can demonstrate when given the opportunity and environment.

It is important how a baby is held during bottle-feeding. Breastfed babies spend lots of time in close contact with their mums, allowing time for them to gaze at one another, enhancing



bonding. Bottle-fed babies can miss out on this physical and eye-contact time, particularly as a bottle-feed is usually completed in a shorter time than a full breastfeed. Holding a bottle-fed baby in a similar position to breastfeeding allows your baby to relax and enjoy physical communication with his mother during feeds.

**GIRLS** It is important to always cleanse a baby girl’s bottom in a stroking motion from front to back. An upward motion from back to front could transfer the poo from the rectum to the vagina and urethra, and cause bacterial contamination and potential infection of those delicate areas. A front to back action will ensure this can’t happen.

Newborn baby girls often have a mucousy discharge from the vagina, which may also be blood stained. Although this may be disturbing to the parents it is a normal occurrence due to hormonal changes occurring in the baby girl’s body after birth. Sometimes the mucous or

bloody discharge from the baby girl’s vagina can be quite profuse and continue for several weeks. This is normal and is not harmful. Baby girls sometimes have little skin tags, which protrude from their labia or vagina. These don’t usually cause problems and gradually shrink and recede out of view as the baby grows.

**HUNGER** Well newborns are naturally inclined to breastfeed immediately after birth. Hunger or feeding cues include turning the head with an open mouth, licking the lips and protruding the tongue, and movements with tense arms and clenched hands. Baby places the hands towards the mouth, sucking the fists or fingers. Restlessness and fussing leads to crying if there is not a prompt response to the earlier hunger cues or signs. If baby is crying he needs to be calmed down before he can feed effectively. Baby will feed frequently in the early days of life.

Baby may be satisfied easily in the first day >



**baby**

that the milk arrives with one session or phase per feed. Over the next day or so this will alter and baby will begin to seek a second or third phase to most breastfeeds until he is satisfied. Giving supplementary feeds during this time

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will interfere with establishment of the mum’s milk supply so avoid giving any unnecessary formula feeds. Effective drainage of the breasts will encourage your supply to meet the baby’s growing needs.

**I**NTOLERANCES Food sensitivity is a broad term covering intolerances and allergies, which usually manifest as stomach or bowel upsets in your baby. Intolerances can occur in

response to infant formula and less commonly in exclusively breastfed babies. One of the most common foods that causes intolerances is cow’s milk protein. Breastfed babies may also show signs of intolerance to certain foods eaten by their mums. It is important to obtain a diagnosis from a specialised medical practitioner if food intolerances are suspected in both breastfed and formula-fed babies.

**J**AUNDICE Most newborn babies have some jaundice (yellowish skin) temporarily, from day two to day seven of their life. This is called physiological jaundice and happens as a result of baby’s natural adjustment to life outside of the womb as excess red blood cells break down, resulting in a release of bilirubin molecules. If the condition is mild and baby continues to wake up for feeds every few hours, and does plenty of wee and poo to excrete the bilirubin molecules, jaundice does not cause problems for baby.

If the baby becomes very sleepy he should be woken for feeds if he does not self-waken, and he may need stimulation and prompting to continue feeding properly after latching.

Parents need to be aware of the importance of baby taking frequent and effective feeds if he is jaundiced. If baby is very jaundiced blood tests need to be done to determine the bilirubin levels and if they are high, phototherapy (light) treatment must be commenced without delay, as jaundice in its advanced form can be life-threatening to baby.

**K**ANGAROO CARE Kangaroo Mother Care (KMC) is regarded as the optimal method of care for premature babies, however term newborns benefit greatly from KMC too. KMC has three parts, commencing with skin-to-skin contact between baby’s front and the mother’s chest; the more skin-to-skin contact the better. For comfort, a small nappy on baby is fine and

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a cap may be used for warmth. Skin-to-skin contact is commenced at birth but is beneficial at any time. Ideally the skin-to-skin contact is continuous – both night and day – but shorter periods are also helpful.

Exclusive and unlimited breastfeeding is the second component of KMC, allowing baby direct access to suckling. For premature babies expressing breastmilk and additional nutrients may be needed. The third component of KMC encompasses support of the mother and baby to avoid separating them. Medical, emotional, psychological and physical support in addition to modern equipment is provided to enhance the wellbeing of mother and baby.

**L**ATCH Obtaining a comfortable latch for both mother and baby is the key to successful breastfeeding. A technique which works well starts with baby positioned on an angle with his hip towards the mother’s hip and held securely over his shoulders, not his head. Mother snuggles baby close so his chin touches the breast below the areola. It is the chin being in firm contact with the breast, not just nearby, that triggers baby’s reflex to gape widely and to “launch and latch”.

When baby’s head is tilted back so his chin contacts the breast, the mother shapes her areola and nipple, poised waiting for baby to gape his mouth open wide with his tongue down and forward. As baby gapes she hugs baby closer to her breast, folding the areola and nipple into baby’s mouth, and keeps that position momentarily as baby draws the breast tissue and nipple into his mouth and begins sucking. When the mother feels he has established the latch, she can gently take her hand away from the breast, and rest her arm under baby’s back or shoulders for comfort.

**M**ASSAGE Just about everyone enjoys massage! For babies massage enhances development, and relaxation and readiness for sleep. Massage also stimulates the release of endorphins – the feel-good hormones – and lowers levels of the stress hormone cortisol.

Loving touch has profound effects on both of the participants, and studies have shown a positive effect for reducing postnatal depression symptoms in mothers and enhancing father-baby bonding when dad massages baby. Baby massage therapists can guide parents with techniques but it is not necessary to follow a specific method to enjoy the many benefits that baby massage offers.

**N**AILS The easiest time to cut your baby’s fingernails is after a bath, when she is asleep. You can use baby nail clippers, but the method I prefer is to use little nail scissors >



**baby**

with rounded ends for baby. You make a tiny snip at the corner of the long fingernail, then peel it off. This method does not leave any sharp corners on the nails. You can also use a fine emery board very gently on baby's nails if you wish. Some parents prefer to bite their baby's fingernails instead of cutting them.

**OVERTIRED** Just as babies signal to their parents that they are hungry by showing "feeding cues", they also show "tired signs" when they need to sleep. Parents quickly learn to recognise and respond to their baby's early "tired signs" to avoid him becoming overtired. An overtired baby may find it very hard to go to sleep even though it's what he really needs.

A newborn baby will become tired when they have been awake for an hour or more – including his feeding time. Their arm and leg movements become jerky, and they may yawn, frown, fuss and look away from stimulating toys or faces. Their hands may be in fists, their arms tense, and they may arch backwards when being held. Fussing turns to crying and when very overtired, they may "lose the plot" and it can be difficult to calm an overtired crying baby. Responding to baby's early tired signs by preparing baby for comfort and sleep will avoid baby becoming overtired.

**POOBS** Copious amounts of sticky black meconium are passed by the newborn in their first day or two. Then the colour begins to change to brownish "transitional stools" and when baby is digesting milk, the poo changes to a mustardy yellow with a soft and runny consistency in breastfed babies, and a more formed light-brown poo in formula-fed bubs.

Your baby's wees and poos are a good guide to how the baby's feeding is going. The expected output of a well baby from day three to four is six to eight nappies per day, and three or more of these should be poos. If a breastfed baby is producing two or less poos in each 24 hours from day three onwards, this is the first sign

that the volume of breastmilk being transferred to baby is insufficient. Seek advice from a child health nurse, lactation consultant or doctor.

**QUIET ALERT & ACTIVE ALERT** Your baby is in a quiet alert state when she is attentive and absorbed in whoever or whatever is within her view. She may respond with facial movements and cooing sounds. The quiet alert state is ideal for interacting with your baby with facial expressions, words and song and waiting for his responses.

When baby is in an active alert state she will be clearly aware of movement and sound around her, turning her head to look at toys or other stimuli. She may respond with body movements and vocal sounds, and engage in play with toys or pictures, especially faces. If and when she has had enough she will begin to fuss, and be more sensitive to noises. She is letting you know she is ready for a change of pace, and it is sensible to back off with the games and stimulation, removing her to a quieter environment if necessary.

**RELATIONSHIPS** Babies are born into all types of relationships and it is inevitable they will be changed by baby's arrival. Couples are often overwhelmed by the responsibilities of caring for a baby and can forget to care for one another in the same way they did before baby became the centre of attention.

At the same time, the intense feelings of love experienced by new parents can create a new and different level of connection. Less time for sleep and conversation can challenge even the best relationships, and it is wise to discuss feelings openly both before and after baby arrives, and seek professional help if difficulties arise.

**SWADDLING** Most newborns enjoy being wrapped securely (called swaddling) to settle to sleep. Babies have a natural startle reflex, which occurs periodically when they >

**baby**

are sleeping. This reflex is believed to protect baby from sleeping so deeply they forget to breathe, but it can also disturb and waken baby before she has had sufficient sleep.

Swaddling baby firmly around the shoulders and less firmly around the hips and legs can help baby to settle and sleep well. Baby can be swaddled using flannelette bunny rugs or lightweight muslin wraps. These are made of a light, open-weave cotton so they "breathe", ensuring baby does not get overheated. It's handy to have a couple of the larger sized muslin wraps as well because baby may still enjoy swaddling to settle as she grows bigger.

Ready-made swaddle suits and wraps are another easy option; some close with velcro and others have zips. Make sure the fabric is soft, closures are comfy and easy to undo, and the suit is not too small for your baby. Baby should not be swaddled or wrapped when in a baby car seat or capsule.

**TUMMY TIME** Baby should have some tummy time on a rug on the floor every day, although younger babies will do a lot of "face planting" during these closely supervised times and an adult will need to move your bub when she's had enough of that position. Baby can then be turned over onto their back for a change of scenery. Play mats with pictures and textured fabrics to explore on the base, and an arch that can hold a couple of toys or objects suspended overhead, will provide all the extra entertainment a young baby needs during the early months of play time.

**UMBILICAL CARE** Nappy time is the ideal time to also care for baby's umbilical cord stump. Your baby may still have the cord clamp in place when he is discharged home from the hospital. Ensure the clamp is always positioned outside the nappy. This will be more comfy for baby and also assist the umbilical cord to dry out, which is necessary to enable it to fall off and for the umbilical base to heal.

This area should be gently cleansed with plain water and a cotton ball or cotton tip at each nappy change. Keeping this area clean and dry will assist it to heal. It is not necessary or recommended to apply any other products (such as methylated spirits, antiseptic creams or powders, or Betadine solution) to the stump for cleansing or for healing. These products will, in fact, slow separation and healing of the umbilical stump.

If the area becomes red have it checked by your midwife or child health nurse. The stump will naturally become a bit smelly as it dries up and becomes ready to fall off. When the stump has separated, cleanse the umbilicus base with water and a cotton ball at each nappy change and it should heal within a few days.

**VOMITING** Babies will often bring up a little of the milk (called possetting) when they bring up a burp. The official name for this is gastro-oesophageal reflux or GOR, which is a common and benign (nothing to worry about) condition caused by the immature sphincter muscle at the top of baby's stomach, which does not close very firmly, and when some wind comes up a bit of milk comes too.

Provided a newborn baby is gaining weight and does normal amounts of wee and poo (a minimum of two poo nappies each 24 hours and five wet nappies) GOR is not a problem except for the extra washing it may create. It is never normal for a baby to vomit bile. If this happens your baby should be seen by a doctor as soon as possible.

**WIPES** These are handy to use when water is not available to cleanse baby's bottom, however using them for every nappy change can mean baby's skin is frequently exposed to chemicals of some type, even though claims of "gentle and organic" appear reassuring. There are a few health concerns associated with commercial nappy wipes, all of which contain chemicals and can lead to >

**baby**

skin irritations on babies' and parents' skin. A new product has recently been released here called WaterWipes, which are guaranteed to only contain water and no chemicals.

**X-RATED** Sex and intimacy can seem like a thing of the past when a new baby takes centre stage. Hormonal changes and recovery from the birth naturally put sex on the back-burner for a time, but most couples work out when they both feel ready to resume sexual relationships. Differences in levels of sexual desire require honest discussion between couples, and patience, cuddling and tenderness without actually having sex goes a long way towards reuniting on a physical level.

Many women find breastfeeding is a very sensual and sexual experience and surprise themselves that their libido actually increases. This is because the hormone oxytocin has a central role in breastfeeding and also stimulates sexual arousal. An Australian study found that about 40 percent of first-time mums had sexual intercourse within six weeks of giving birth, and 80 percent had resumed by 12 weeks.

Breastfeeding mothers often find milk leaks from the breasts during sex so feeding baby or expressing before having sex may be helpful. If vaginal dryness is a problem using a lubricant can make sex more comfortable.

**YOURSELF** It is natural for parents to become totally absorbed with caring for their baby but caring for yourselves is essential too. This is a time of transition and requires nurture of the whole family unit. Be prepared to accept offers of practical assistance such as meals, housework and shopping. You do not have to be superwoman to be a great mum and partner. Eating healthy food, getting as much rest as you can, and getting active and outdoors will all help to restore your energy and enthusiasm for life, which will enhance your mothering experience. The way to get over the inevitable sleep deprivation is to sleep when

baby is sleeping, go to bed early at night and nap whenever you can. Baby's sleep patterns will gradually align with your own as he grows, and the crazy tiredness does pass eventually.

**ZZZZ** Expectations regarding your baby's sleep can be the source of great anxiety for parents if they believe their baby is not sleeping "well" or "enough". Understanding how variable baby's sleep patterns are from baby to baby, and from week to week according to individual feeding, growth and developmental stages, can relieve parents' concerns, and free them to "go with the flow" of their baby's needs.

Parents will learn how to interpret their baby's needs by closely observing baby's facial expressions and movements. Baby's sleep states transition between active sleep and quiet sleep. Drowsiness upon waking transitions to the

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quiet alert state often combined with feeding cues – the perfect time to feed baby. Young babies often move from state to state quickly so parents who respond to baby's changing cues swiftly encounter fewer feeding and sleep problems. Babies arouse frequently between sleep states, which is believed to be part of their in-built survival mechanism, which may protect them from SIDS. Baby's sleep patterns alter as they progress through developmental changes and growth spurts, so it is a sign of normal growth for baby to go through periods of sleeping well and of being less settled. ✦  
Lois Wattis is a registered midwife, International Board-certified Lactation Consultant and author of the newly released New Baby 101, a free app that includes videos on swaddling and changing your baby. Topics can be unlocked for 99c each or all 50 frequently asked questions for \$6.99. The New Baby 101 e-book is \$19. See [newbaby101.com.au](http://newbaby101.com.au).