

The Baby Birth Book

Give yourself an unforgettable
maternity period

kraamzorglimburg.nl


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Foreword

The birth of your baby is one of the most special events in life, which you carefully prepare for. Like every parent, you want to welcome your baby in the best possible circumstances and surround your baby with the best possible care.

You will be making choices and decisions from the very beginning of your pregnancy: where will I give birth, how will I give birth? What name will I give my baby? What colour will the baby's room be? Will I choose breastfeeding or bottle feeding? You have probably already heard stories and testimonies from friends and family or received advice from them.

This Baby Birth Book contains information about childbirth and the neonatal period.

Our maternity nurse will help you in every way possible during your neonatal period. Our staff regularly attends refresher courses so that they are up to date with the latest developments and protocols. Where needed, they will discuss the care with your midwife or other healthcare professional.



Your Cicogna Team



Important contact information

Availability

Cicogna Maternity care

Tel: 043 – 4504990

Available 24 hours a day

On weekdays after 5 pm, on weekends and public holidays, we are only available for emergencies, deliveries and direct use of Cicogna Maternity care.

When should I call?

Towards the end of your pregnancy, you should discuss with your midwife or gynaecologist the times when you should call or go to the hospital. The midwife signals when the maternity nurse should be called to help with the birth. In most cases, she will then get in touch with us straight away.

Early childbirth support from the maternity nurse

It is a good idea to agree with your midwife beforehand at what stage of the birth you would like to make use of the support and coaching from the maternity nurse. If you want early support and coaching during your delivery then it is important to clearly state this in your birth plan and to your midwife.

Notify us that you are starting labour

When labour has started, please call 043-4504990 if you are having a home birth or having an outpatient birth at a hospital.

We would also like to know if an induced labour is planned or if you know that you will be having a caesarean section. We would appreciate it if you could let us know during office hours by calling 043-4504990.

When you know when you can expect to be home from the hospital, we would be grateful if you could let us know by telephone via 043-4504990. The Maternity can be started at home as soon as mother and baby leave the hospital.

Direct use of maternity care is available for:

- * Assistance in the event of a home birth or outpatient birth in a hospital.
- * After discharge from hospital between 8 am and 6 pm.
- * After discharge from hospital between 6 pm and 8 am, maternity is provided at home if there is an indication for care in the evening or at night.

Preparing for the birth

Home birth

The Maternity Room

- * Adequate lighting (an extra lamp can be useful)
- * A well-heated room
- * Ample walking space around the bed or the bathtub
- * An extra table or ironing board
- * An extra chair
- * A torch within reach (check batteries beforehand)
- * A firm mattress
- * The height of your bed (70 cm high to the top of the mattress)
- * Is the room in a place where it's possible to bring in a stretcher?
- * Birth plan

About 3 to 4 weeks before the due date, it is time to raise the height of the bed (if needed) where you will be staying during the neonatal period. This is also a good time to put the mattress protector included in the neonatal package over your mattress. The bed must be at least 70 cm high, measured from the floor to the top of the mattress. Raising the bed is necessary to alleviate the burden on the maternity nurse and midwife's hips, knees and back. This enables them to carry out the work around and on the bed in a way that is safe according to the health and safety regulations. If the bed is not raised high enough, the maternity nurse unfortunately cannot and may not carry out any work around or on the bed. Bed risers and other aids can be ordered from <https://duxxie.nl>

What needs to be prepared?

- * Maternity package
- * Plastic bowl or tray
- * Toilet paper
- * Po (also known as a bedpan)
- * 2 rubbish bins and 1 rubbish bag

Birth in a hospital

What do you take with you?

- * Toiletries
- * Nightgown or Pyjama
- * Slippers
- * Warm socks
- * Comfortable clothes for the birth (a big shirt or loose-fitting T-shirt, easy to wash)
- * Clean, comfy clothes for after childbirth
- * For the baby: bonnet, bodysuit, jumper, pants, socks, jacket or baby cape, blanket and Maxi-Cosi
- * Telephone with the stored numbers of family, friends and Cicogna Maternity Care
- * Camera
- * Insurance card
- * Maternity card
- * Birth plan
- * Eventually something to eat and drink for you and your partner
- * If required, prescriptions and medications
- * Any dietary requirements

Your due date is merely a guideline. Natural childbirth usually takes place between 37 and 41 weeks. You can already start planning your baby's arrival around three weeks before the due date.

- * Even if you give birth in hospital, your bed has to be raised up to 70 cm at home.

If labour starts spontaneously



Signs

Hard stomach and early labour contractions

In the last weeks of your pregnancy, the muscles of the uterus may start to contract regularly. These are the so-called “Braxton Hicks”. Your stomach feels hard and tense, but not painful.

Mucus plug

During these last days, before contractions start, you may lose the so-called mucus plug, a thickened, slimy “wad” with a bit of blood. This means that the uterus is maturing and softening. But then it can sometimes still take several days before labour actually starts.

Breaking of the waters

At the end of your pregnancy, your waters may break spontaneously. You will lose amniotic fluid, sometimes in small amounts and sometimes in bigger amounts all at once. Amniotic fluid has a slightly sweet smell and is usually clear in colour. If the amniotic fluid is not clear, you should contact the midwife immediately. Usually, contractions start on their own after the waters have broken. If after 24 hours after your waters have broken you still do not have contractions, you should wait under hospital supervision and perhaps have the birth induced. Sometimes the waters only break during the dilation contractions or are broken by the midwife/gynaecologist during labour.

The birth

Often labour starts with menstrual cramps or lower back pain. Gradually, the cramps become more painful and it becomes clear that labour has started. Dilation contractions are regular and come every few minutes. You can recognise contractions because they start gently, then increase in intensity and then subside again. You usually feel nothing between the contractions. You can now prepare the last things for the arrival of your baby.



During a home birth and sometimes during an outpatient delivery in the hospital, the maternity nurse will help with the birth. The maternity nurse who is coming to help with the birth will go over everything with you one more time. She checks the baby and neonatal room and makes sure that everything is ready for you and your baby. During labour, the maternity nurse helps the midwife and supports and coaches you and your partner, so that you can fully concentrate on giving birth.

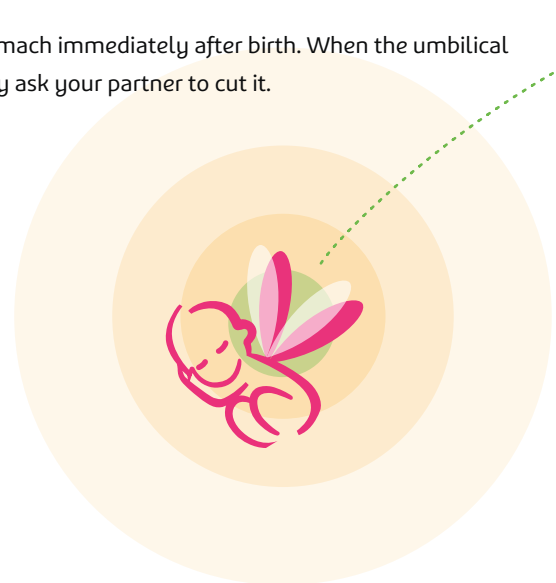
At the end of the dilation period, the contractions follow each other up more quickly and become more and more intense. These contractions cause the cervix to fully open up.

Full dilation

When the dilation reaches 10 cm, the baby is ready to be born. In this stage, you will experience pushing contractions. The midwife/gynaecologist will guide you through the birth of your baby. She will tell you when you can push or when you have to puff away the urge to push. For a first child, expulsion can take about an hour, but sometimes it can go faster or slower. And then it's finally time: your baby is born!

Sometimes mother and baby need to give nature a helping hand. This may mean that the midwife/gynaecologist might need to cut you open a bit so that the baby can be born faster or easier. It occasionally happens that during or after a home birth or outpatient delivery, a medical indication makes it necessary for a gynaecologist to take charge of the delivery. For a home birth, this means that you need to be taken to hospital.

In most cases, the midwife/gynaecologist will place your baby on your stomach immediately after birth. When the umbilical cord has stopped beating, the midwife/gynaecologist will clip it and usually ask your partner to cut it.



The afterbirth

Shortly after delivery, you will start to have contractions again: the uterus will contract and the placenta will detach itself from the uterine wall. The midwife/gynaecologist will ask you to push during a contraction and gently press on your stomach. These contractions are often less intense, also because your baby is already in your arms!

After some time (between 10 minutes and an hour), the placenta is delivered. The midwife/gynaecologist checks the amount of blood loss and how fast your uterus contracts. She also checks that the placenta is complete, so that no leftovers of the placenta remain in your womb. If stitches are necessary, this will be done under a light local anaesthetic.

After delivery, the midwife/gynaecologist will check whether your uterus feels firm. The uterus has to contract properly in order for the blood vessels to be able to squeeze together and limit the loss of blood. The maternity nurse will check this regularly in the first two hours after the birth and during the neonatal period by pressing firmly above or below your navel with the flat side of her fingers. A properly contracted uterus feels hard. Make sure you urinate regularly so that the uterus is able to contract properly.


If you are planning on breastfeeding, a good time to latch your baby onto your breast for the first time is within an hour after giving birth. After that and after the first checks, you can try taking a shower.

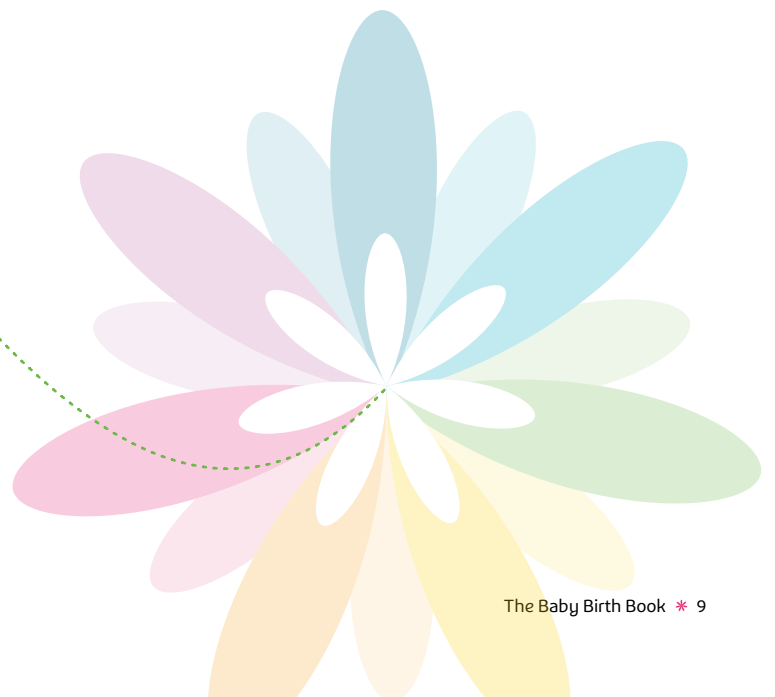
The maternity nurse always stays around to help you if you need it. If the blood loss is too heavy, or if you feel dizzy, the maternity nurse will freshen you up in bed and, if necessary, help you onto the po. You are encouraged to urinate as soon as possible after giving birth so that your uterus will contract better.

If you gave birth at home in the evening or at night, the maternity nurse will stay with you for at least two hours after the birth. She takes care of the baby, can dress it if need be, checks the temperature, the belly button and whether the baby has urinated. She will prepare the neonatal room and provide you the information that you need to care for your baby. She will show you and your partner how to give your baby a clean nappy, how to prepare hot-water bottles, how to keep an eye on your baby's temperature and what to do when your baby cries. Before she leaves, she also discusses what time someone will be with you the next day.

* Do not get up alone during the first hours after giving birth, but always with someone close by and ask your partner for help if you need to.

* The long wait is over. You can hold your baby in your arms and gaze at it.

 **Your baby is born!**



The Maternity period

It is a wonderful thing for you as parents to have expert help at home. Both of you will be tired and overwhelmed from everything that has happened and you are going to have a busy and exciting time ahead of you. The maternity nurse teaches you how to take care of your baby and makes sure you are able to rest and recover from the birth.

Tasks of the maternity nurse

- * Daily medical checks on the mother and baby
- * Provision of information, advice and guidance
- * Consultation with, and handover to the midwife and JGZ paediatric nurse
- * Registration of medical and other necessary data
- * Maintaining hygiene
 - Keeping the toilet(s) and bathroom hygienically clean
 - Keeping the neonatal room and the baby room hygienically clean
 - Keeping bottles, teats, breast pump, etc. hygienically clean

The maternity nurse really helps you with your physical, social and mental health.

Although the main task of the maternity nurse is to look after you and your baby, she will also provide care for any siblings. It is important that brothers, sisters and your partner are all involved in the care of you and the baby.

Her tasks also include light housework such as laundry, keeping the sanitary facilities, the maternity and baby room hygienically clean and providing meals.

- * It is important to coordinate what you want and what your expectations are beforehand so that you know what to expect from the maternity nurse and you get the care you need.

The maternity nurse is there for you and your family and will help you with advice and assistance. You can go to her with all your questions and doubts. She works with you to lay the foundations for the healthy development and bonding of your baby. The aim is that after the neonatal period, you should be able to look after your baby on your own and with confidence.

The maternity nurse will evaluate the care with you regularly. Feel free to give feedback. After all, you shape this care together.

- * **Treat yourself to an unforgettable neonatal time!**

The partner

The arrival of a baby is also a major change for the partner. So a lot of partners wonder what role they have to fulfil. The same applies to your partner: familiarise yourself with your baby by cuddling and looking at your baby a lot. Above all, help with the care of your baby, that way you will bond more quickly. This includes changing nappies, giving the baby a bottle or burping it when breastfeeding, bathing, walking with the baby in a baby sling and lying on the couch with your baby asleep on your chest.

The first days after the birth are also very tiring and exciting for the partner. It is a good idea to take an afternoon nap together. You sometimes hardly have time for each other in a busy neonatal period with lots of visitors. The afternoon nap can be a time for you and your partner to unwind and recover from all the emotions.

Observations & medical checks on the mother

Childbirth is one of the most emotional events in a person's life. A lot is asked of you both mentally and physically. The maternity nurse is often in your family for a large part of the day after the birth and will help guide you in taking care of your baby. In order to ensure that your physical recovery goes well, the maternity nurse will observe you and carry out a number of medical checks, such as taking your temperature, checking your pulse, assessing the position of your uterus, checking your breasts and legs, and keeping an eye on your bleeding and bowel movements. She will take notes of her findings in your digital file, which you and the midwives can also access.

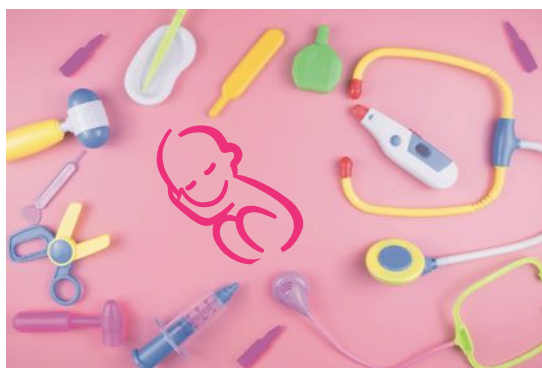
Bleeding

You may experience some blood loss in the first hours and days after giving birth because there is a wound in the uterus where the placenta was. The blood loss in the first few days is significantly more than during a normal period. It is also normal to lose blood clots that can be as big as a small fist. Always let the maternity nurse or midwife know. The bleeding can continue for up to 6 weeks after delivery. At first, the bleeding is bright red in colour, which gets darker as time goes by. The maternity nurse will regularly check your post-natal dressings during the first few days to see if your bleeding is normal.

- * If you have more than 2 full neonatal pad per hour, then you are losing too much blood. If so, notify the midwife immediately and try to urinate.
- * An unpleasant smell from the discharge could be an indication of an infection. Always tell the maternity nurse or midwife.

Perineum tears and stitches

The section of skin between the vagina and the anus is called the perineum. The perineum feels sore and swollen after childbirth. Any stitches may feel tight or painful after a few days. There is no need to worry about these coming loose, not even when urinating or having a bowel movement. There are several ways to reduce pain and discomfort. For example, urinating in the shower or flushing a little lukewarm water from a bottle down the vagina when urinating on the toilet. Talk to your maternity nurse about what works best in your situation.



Preventing infections

The perineum and uterus are susceptible to infection during childbirth. With proper hygiene, a uterus infection or stitches can be prevented, saving you a lot of discomfort.

- * Wash your hands before and after every visit to the toilet.
- * After urinating or having a bowel movement, rinse the area around your vagina with water (use a water bottle or measuring jug).
- * Change your neonatal pads– of your menstrual pads regularly and do not use a tampon.
- * Make sure that the toilet and shower are hygienic and clean.

Urine and bowel movements

Your body retains an extra one-and-a-half to two litres of fluid during pregnancy. After childbirth, this fluid is discharged through urine and perspiration. You will notice that during this period, especially at night and when exerting yourself, you may perspire more than usual.

After a few days, your intestines will also start to work again. The first bowel movement after childbirth can be somewhat more difficult and harder, due to the loss of fluid and less exercise. It can also be quite scary to exert pressure on the lower body again after giving birth. However, it is important that your bowel movements get back on track. Drinking plenty of fluids and eating foods rich in fibre helps. The maternity nurse and midwife can give you tips to ensure that bowel movements return to normal.

Haemorrhoids

During the pushing process, a great amount of pressure is exerted on the anus. This can cause you to suffer from haemorrhoids. These swollen blood vessels can appear either internally or externally and can be very annoying and painful. Keep your bowel movements soft by eating a varied diet rich in fibre and drinking plenty of fluids.

Temperature and pulse

The maternity nurse will take your temperature during the neonatal period. This is done according to the national protocol and rectally, as this is the most accurate way of measuring. She also checks your pulse. Heart rate and temperature are good indicators of your health. Too high a temperature and pulse can be an indication of an infection.

Legs

During the first few days, a close watch is kept on your legs and they will be checked for thrombosis. In the case of thrombosis, a blood clot forms in the veins of the legs, obstructing the flow of blood. The legs become red and swollen and feel warm and painful. If you notice these symptoms yourself, it is best to warn the maternity nurse or midwife.

Breasts

Your breasts will feel a little tense after giving birth, even if you are not breastfeeding.

The maternity nurse will check your breasts daily for anything unusual.

(for more information, see “Drinkt z’n melk zo zoetjes” from Cicogna Kraamzorg)

Healthy food

A good, healthy and varied diet is the prerequisite for regaining strength very quickly. It is important to drink a lot (one-and-a-half to two litres a day) and to eat plenty of fresh fruit and vegetables. If you are breastfeeding, you will also need a few more calories. Discuss with your midwife whether you should take any extra vitamins.

Emotions and fatigue

You have done an absolutely great job! And you need to recover properly from that. A lot of mothers feel so radiant and energetic right after giving birth that they think they can handle everything again. This has to do with the amount of adrenaline you still have in your body and, of course, the euphoria you feel for your beautiful baby. But childbirth demands a lot from your body and fatigue impedes recovery. Therefore, make sure you get enough bed rest and listen to your own body. Especially when your baby If the baby still needs to be fed at night, it is important to get enough rest during the day. In addition to rest, it is also important to get enough exercise. The maternity nurse will help you to find a healthy balance.



Pink clouds & baby blues

The birth of a baby is one of the most emotional events in your life. It turns your whole life upside down. This is often accompanied by a lot of questions and uncertainties. Do not hesitate to discuss any questions and uncertainties you may have with the maternity nurse. You will notice that your hormones have a considerable influence on your physical and mental state during the neonatal period. Your cheerful mood and the feeling that you can take on the whole world can suddenly turn into crying fits. This is all part of the neonatal period and these feelings usually subside after a few days. Talking about it often helps.

Sometimes sad feelings turn into postpartum depression. If you think you may be prone to this, discuss this beforehand with the midwife or maternity nurse. You definitely shouldn't feel ashamed or guilty about it.

Back in shape

Overall fitness with an emphasis on abdominal and pelvic floor muscles is important during and after pregnancy. You can avoid problems in later life such as uterine prolapse and incontinence with these exercises. Once you have recovered a little, you can start exercising. Always do this in consultation with the midwife. You will feel fit again more quickly if you exercise while you are still on the neonatal bed and it is also better for your figure. Exercise a few times a day and not too long in one go. The exercises should not be painful. Always breathe calmly and through your stomach when doing the exercises.



Exercising pelvic floor muscles

You can begin very soon with this. Lie on your back flat on the mattress with your knees bent and your feet – slightly apart – . Try to contract your anus a little while breathing out. Then tilt your pelvis slightly forward and tense your stomach muscles. Then let go of everything in the reverse order. Relax for a few moments and repeat the exercises. You can do this exercise a few times a day, e.g. while sitting during feedings as well.

Training stomach muscles

These are a number of exercises that you can already do soon:

- * Tilt your pelvis forward and push your back into the mattress while breathing out, inhaling and gently letting go again.
- * Hold your stomach while breathing out and then let go as you breathe in
- * Lie on your back flat on the ground with your knees bent and your feet slightly apart. Tilt your pelvis back. When exhaling, bring one knee to your chest and then move it back. Then do the same with the other knee.
- * Lie on your back flat on the ground with your knees bent and your feet slightly apart. Cross your hands over your stomach to support the abdominal muscles. Lift your head as you exhale and lower it as you inhale.

You can do the following exercises from the fourth day. And here again, in consultation with the midwife.

Get down on your hands and knees :

- * Tense your abdominal and buttock muscles and arch your back.
- * “Wiggle” your hips.
- * Tense your abdominal and buttock muscles and stretch one arm at a time straight out in front of you.
- * Tense your abdominal and buttock muscles and, while stretching your arm forward, stretch your opposite leg out backwards.

Lifting

If you watch your posture, you will basically be able to lift the same things as you could before giving birth. A good position for lifting is with your feet slightly apart, bending your knees and keeping your back straight. If you are in any doubt, ask the midwife for advice.

- * After a caesarean section, different advice is given for lifting and exercising the abdominal muscles. This is why you should always consult your midwife.

Your newborn baby

Childbirth is also a strenuous event for your baby. The baby receives everything it needs from the mother through the umbilical cord in the womb. From the moment the baby is born, it has to do everything on its own: breathe, drink and produce bowel movements. The maternity nurse will check all your baby's initial functions during the neonatal period. Right from the start, your baby has a tremendous need for love and a sense security and safety. Lots of cuddling, skin-on-skin contact and talking to your baby will help establish a close bond between you both. The more contact you have with your baby, the easier it will be for you to understand and satisfy its needs. Comfort and cuddle your baby as much as you want!

First introduction

Immediately after giving birth, your baby is often wide awake for a while. This is a wonderful moment for a first introduction. Lay the baby naked on your bare skin and let this skin-on-skin contact last for at least an hour. We also call this "The Golden Hour". Your baby recognises your voice and your partner's voice - after all, these were the voices your baby heard most during the pregnancy. They may sound slightly different outside the womb than inside, but your baby is able to recognise them faultlessly by their rhythm and alternating pitch. It is wonderful for your baby to be held and cherished by you and your partner now that he has accomplished such an amazing feat.



If you cannot have skin-on-skin contact immediately after the birth, catch up on this at a later time when you can.

Apgar score

Immediately after the birth and 5 and 10 minutes after the birth, the midwife/gynaecologist determines the so-called apgar score of your baby. They then check the baby's heartbeat, breathing, muscle tone, reaction time and skin colour. These scores give an indication of the condition your baby is in immediately after the delivery.

The baby's reflexes are also checked:

- * Seeking, sucking, swallowing reflex. When you tap your baby's cheek, he will turn his head towards your finger, open his mouth and close his lips around it, and then suck your finger and try to swallow as if it were a nipple or teat.
- * The grasping reflex is tested by touching the baby's palm. A baby will immediately grasp a finger that touches his palm.
- * The so-called stepping reflex is tested by holding the baby upright with his feet on a surface. As soon as his foot touches the surface, he will pull his leg up and it will look as if he is "taking a step".

Vernix Caseosa

When your baby is laid on top of your stomach, he may look wet and a bit oily. We call this oily layer the Vernix Caseosa. This vernix caseosa protects the baby in the womb from the amniotic fluid it spends all its time in. Even right after birth, vernix caseosa is good for the baby's skin and protects it from minor infections. This is why this oily layer is not washed off immediately, but absorbed into the baby's skin. Vernix caseosa often smells slightly sweet.

Breathing

Most babies still breathe irregularly at first. Sometimes your baby's breathing sounds very light and you can hardly hear it, and sometimes it can be slightly faster, louder or full of sighs.

Choking

Sometimes your baby chokes a little bit or swallows some amniotic fluid after the birth. He may then feel a little short of breath. Occasionally, when your baby is choking a little bit, his skin will turn blue although a gasp of breath will always follow. Don't panic, lay the baby on his side and rub his back. This way, any fluid can drain from his mouth. If you can still see mucus in his mouth, you can remove it by wrapping a piece of gauze around your finger and using it to remove the mucus. The maternity nurse can show you how this is done.

By letting your baby sleep in your room for the first while, you will always be close by if this situation ever arises.

Observations & medical checks on the baby

The maternity nurse keeps a very close eye on whether your baby is doing well. She keeps an eye out for various signals and does a number of checks. These checks are also logged in your digital file. If needed, she will consult the midwife.

Temperature

A newborn baby cannot yet regulate its own body temperature properly. Which is why the baby's temperature is measured regularly. A good temperature is somewhere between 36.5°C and 37.5°C. If the temperature is lower than 36.5°C, it is important to try and raise the baby's temperature. This is preferably done through skin-on-skin contact. Put your baby on your or your partner's bare upper body with just a nappy, bonnet and socks.

Lay a blanket over your baby. Usually, the temperature will have risen again after about an hour and a half. If the temperature has not risen within an hour and a half, call the midwife.



*** Call the midwife immediately if your baby's temperature drops below 36°C.**

Always use at least one hot water bottle when the baby's temperature drops below 36.8 °C. Your baby really needs to be able to use his energy to grow, not to heat himself up. The maternity nurse will give you information and advice on how to use a hot water bottle.

If the temperature rises above 37.2°C, you can put on more lightweight clothing, remove any water bottles and breastfeed your baby more often. If the temperature rises above 37.5°C and remains high, or if the baby does not respond as well or drinks less, you should contact the midwife.

The room where the baby is sleeping should be neither too hot nor too cold, between 16°C and 18°C is fine. When bathing the baby, you can heat the room to about 21°C.

* You can use a small electric heater to heat just the room where the baby is staying instead of the whole house.

* For a good regulation of heat after the neonatal period see TOG values and heat



Tip: Your baby should feel as warm in its neck as your hand, and is usually too warm when the hairs in your baby's neck are wet from perspiration.

Hot water bottles

The maternity nurse will give you advice on how to use a hot water bottle. For example, when to use a hot water bottle, how to prepare it, how many hot water bottles you need and when to change them. There are several different hot water bottles on the market, but the “old-fashioned” aluminium hot water bottle is still the one that heats best and can bring your baby back to a good body temperature the quickest.

Filling the hot water bottle

- * Place the hot water bottle inside the sink to prevent it from tipping over during filling. Should this happen, then it will tip over into the sink.
- * Fill the hot water bottle with boiling water or hot water from the tap according to the instructions of the maternity nurse.
- * Check that the hot water bottle is not leaking by rolling it over the counter.
- * Roll the hot water bottle in a hydrophilic cloth and close it with a flat knot
- * Place the hot water bottle with the cap facing downwards next to the baby's tailbone, between two blankets with the closure knot facing the baby. Leave a hand-width of space between the baby and the hot water bottle.
- * If needed, place a second hot water bottle near the feet. Again, between two blankets, with the closure knot facing the baby and a hand-width of space between the hot water bottle and the baby.
- * After use, store the hot water bottle according to the instructions on the leaflet.

Please note:

- * Only use boiling water in the hot-water bottle during the neonatal period and after being instructed to do so by the maternity nurse.
- * After the neonatal period, you can use hot water from the tap to fill the hot water bottle.
- * For safety reasons, always use a hydrophilic cloth to wrap the hot water bottle in. Never use a hot water bottle without a cover!

Other types of hot water bottles

Besides standard hot water bottles, there are other types of hot water bottles on the market, such as electrical hot water bottles, for example. Ask the midwife or Cicogna Maternity care for advice when you want to buy or use another type of hot water bottle.

Babies and heat after the neonatal period (TOG value)

A baby regulates its own body temperature mainly through its head. A baby's head is relatively large compared to the rest of its body and accounts for 20% of its body surface. This is 9% for an adult. This is why babies cool down faster than older children or adults. Newborn babies are not yet able to regulate their own temperature properly. The advice is to put on one more layer on your baby for the first month than what you are wearing, but there's no need for your baby to wear a bonnet inside the house (please note that this information is for the seventh and eight days of the neonatal period).

Babies from 2 to 3 months onwards can regulate their own body temperature effectively, although this depends on the parent. After all, your baby isn't yet able to throw off a blanket like older children and adults do when they are too hot. As a parent, you must always keep an eye on your baby that your baby is comfortable, not too hot, but not too cold either. You can check a sleeping baby by feeling the back of his neck with the back of your hand. A baby who is sweating is too hot, so remove one layer of clothing or bedding.

Temperature

After the neonatal period, keep the bedroom temperature between 16-20° C 18° C being the most ideal. It's better for the baby to keep the ambient temperature a bit lower than too high (if the baby is able to maintain its own body temperature). And to give your baby an extra layer of clothing rather than to turn on the heating.

Do not overcompensate, i.e. add extra warm blankets, and don't do this in winter either. And also don't unnecessarily worry about overheating. If your baby is too cold, he will need to exert a lot of energy to maintain his body temperature. This energy is needlessly sapped from the energy baby needs to grow and develop.

Bedding

The safety of bedding is determined by thermal insulation, air permeability, thickness and the way you make up your baby's bed. Because, as can be read on veiligheid.nl, "Thermal insulation and air permeability will only influence the risk of cot death if a baby's head is under the covers. As long as a baby lies with its head above the bedding, it will be able to release enough heat through its head and proper ventilation takes place."

Making the baby's bed up safely

To minimise the risk of your baby being covered by the blankets, make sure that you don't pull the blanket/quilt 'all the way up'. Lay the baby down with his feet almost touching the end of the bed. Leave a gap the size of a fist in between so that the baby can properly stretch his legs.

Loose bedding is also unsafe. If you lay the sheet and blanket crosswise, you can tuck them in at the sides under the mattress and they will stay in place more securely. A firmly tucked-in baby cannot roll over as easily, feels safe and stays nice and warm.

Blanket

The thicker the blanket, the higher the insulation value (TOG). The weight of the blanket has no influence on this. On the question of which material is the safest, TNO (Netherlands Organisation for Applied Scientific Research) could not provide an answer back in 2003. Wool, cotton or polyester all have good and not so good properties. Most parents instinctively prefer cotton.

What is TOG value?

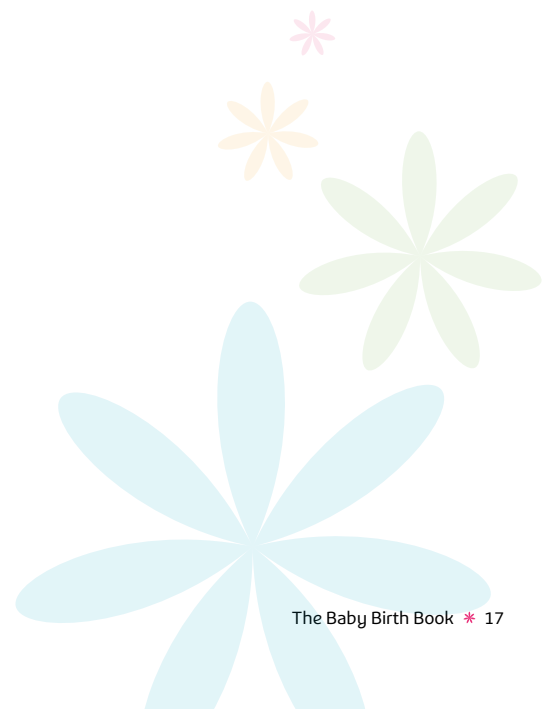
TOG stands for Thermal Overall Grade and is a standard to indicate the extent to which blankets, sleeping bags, swaddling cloths, clothing etc. retain body heat. The higher the TOG value, the more difficult it is for heat to escape through the fabric. And the lower the TOG value, the greater the heat loss. In order to strike a good balance, you can add up the TOG values clothing and bedding. As a guideline, not as a law.

* To help the baby sleep safely and comfortably, you can use about 3 TOG at a room temperature of 16-18 °C.

Apart from the ambient temperature, humidity levels are also important. This is usually fairly stable and average indoors, but a wet nappy, for example, does not insulate as well as a dry one. In non-breathable clothing, your baby can become damp and will cool down with damp skin. Washed bedding and clothing have a lower insulation value, better air permeability and absorb perspiration better than new, unwashed clothing.

Average TOG values (according to the British Textile Technology Group)

Bodysuit without sleeves or with short sleeves ..	0.2 TOG
Sheet	0.2 TOG
Pyjama tencel	0.5 TOG
Duvet cover	0.5 TOG
Jersey	0.5 TOG
Fleece	0.7 TOG
Terry cloth	1.0 TOG
Pyjama suit /jumpsuit/pyjamas cotton	1.0 TOG
Old blanket (1 layer).....	1.5 TOG
Fleece	1.7 TOG
New blanket (1 layer).....	2.0 TOG
Teddy.....	2.3 TOG
Swaddle blankets	0,2 – 2.9 TOG
Summer sleeping bag	0.3 – 1.0 TOG
Winter sleeping bag.....	2.5 – 3.5 TOG
Duvet	8.0 TOG



If the baby has been swaddled for a long time, warmer days can be a reason to phase this out. If your baby is weaned off too early, then he may feel warmer as a result of restlessness than he did when he slept all swaddled up. When it comes to summer temperatures, it is a matter of judging for yourself. Consult with the neonatal clinic if you are not sure.

Even if it is warm, you can lay your baby down to sleep in a bodysuit and under a sheet no problems. The bodysuit will absorb any perspiration and a firmly tucked-in sheet gives the child a sense of security.

* Testing TOG values is done in The Netherlands by TÜV Rheinland in Enschede, an independent testing institute. This institute issues the following TOG values as guidelines:

Room temperature	TOG values	Clothes / Bedding
>= 25°C	0,5	Diaper + Body suit Diaper + Bed sheet
23 – 24°C	1,0	Diaper + Body suit + Bed sheet Diaper + Body suit + Summer sleeping bag Diaper + sleeping bag + Bed sheet
20 – 22°C	2,0	Diaper + Body suit + sleeping bag / Bed sheet / pyjama + blanket
16 – 19°C	2,5 – 3,0	Diaper + Body suit + Winter sleeping bag /pyjama + blanket
<16°C	3,0 – 3,5	Diaper + Body suit + Winter sleeping bag / pyjama + blanket

The TOG values of bedding and clothing are added up together to provide safe TOG value for a particular temperature. A baby feels safer and more comfortable if a blanket or sheet is used in combination with a sleeping bag. So a thin sleeping bag with blanket is preferable to a thick sleeping bag without a blanket/sheet.

The standard for a safe level of sleep comfort for babies is 2.5 to 3 TOG at a room temperature of 18 to 20° C. Use a thin blanket or sleeping bag (with a bodysuit).

* All this information and values are indications and intended for babies who are able to maintain their own body temperature. Every child is different, as a parent, you will soon learn what the perfect combination is for your baby.

Meconium and Bowel movements

Meconium is the baby's first bowel movement. It is pitch black, sticky and difficult to remove from the baby's buttocks. You keep a watch on your baby's bowel movements together with your maternity nurse. After the initial black meconium, bowel movements will become lighter and lighter in colour until it is light brown or yellow.

 **Tip: Meconium can be removed more easily if you rub Vaseline on the baby's bottom beforehand.**

Urination

The maternity nurse keeps a daily record of how many wet nappies your baby has. For the first few days, there will be at least two or three wet nappies. After that, the baby will have a wet nappy before or after every feed.

If your baby does not urinate a lot during the first few days, you may notice an orange-coloured deposit in the nappy. These are urine crystals. Always inform the maternity nurse or midwife and keep the nappy.

Sometimes, girls can secrete a little blood and mucus as a result of the mother's hormones. This will pass on its own accord and is harmless.

Growing

In the first few days after birth, it is normal for the baby to lose a bit of weight. It then loses more moisture through urinating than it takes in through feeding. The midwife or maternity nurse will weigh your baby regularly. If there is a weight loss of between 7% and 10%, the maternity nurse and midwife will keep a close eye on the weight and adjust the feeding schedule if necessary.

- * A baby will be back to its birth weight after about 10 to 14 days.

Jaundice (icterus)

A baby may start to look a little yellow two to three days after birth. This is because the liver is not yet functioning properly and the waste produced by the red blood cells (bilirubin) is not yet being discharged properly through the bowel movements. If your baby looks jaundiced, it is important that he drinks enough so that more bowel movements are produced to get rid of the waste. The yellowish colour will then disappear by itself.

The maternity nurse will discuss with the midwife whether it is advisable to have the bilirubin value in the blood checked. Sometimes it might be necessary for your baby to lie under a special lamp. If your baby looks jaundiced and is drowsy, always warn the midwife.

- * If you have any concerns, always discuss them with your maternity nurse or your midwife.

Stomach cramps (colic)

A baby's intestines are not properly matured when it is born. This is why almost all babies suffer from colic. A baby with colic pulls up its legs when it cries. Usually, these cramps disappear by themselves around the age of 3 to 4 months. These cramps are unpleasant, but they are quite normal. Comfort your baby and hold him close to ease his distress. It is not necessary to use remedies for colic, these often contain more sugar and/or salt than is good for your baby.

Tips to relieve colic

- * Hold the baby upright while feeding him and rub his back.
- * Put a warm cloth on his tummy.
- * Give the baby a warm bathtub.
- * Make gentle cycling movements with the baby's legs.
- * Lay the baby on his stomach in the crook of your arm, to give it a little counter-pressure.

Infectious diseases and Hygiene

In order to keep a baby in good health, it is a good idea to protect it from germs. As your baby's immune system is not yet fully developed, he might need some help to avoid getting sick.

- * Always wash your hands before touching the baby, so that there are no germs like the flu, colds or food infections on your hands that you could pass on. This applies to anyone who touches your baby.
- * Avoid visitors with flu, colds or other transmissible viruses.
- * Always wash your hands when you have finished caring for your baby, for example after feeding him or changing his nappy.
- * Regularly wipe down the changing mat and commode with disinfectant.
- * Keep toys clean and dry. Germs survive easily in a humid environment.
- * For hygiene and feeding, see the "Drinks milk so sweetly"

Cold sores

For adults, a cold sore is annoying, but in principle it's not dangerous. Because a baby's immune system is not yet fully developed, a herpes infection in a baby can be very severe. A cold sore is contagious, so it is good for parents to be vigilant about it. Not only for yourself but also for visitors.

- * Treat the cold sore with a cold sore cream and cover the cold sore with a special cold sore plaster.
- * Make sure you don't touch your lip with your hands.
- * Always wash your hands thoroughly with soap before and after touching and caring for your baby.
- * Wear a face mask when caring for your baby and during breastfeeding.
- * Do not cuddle or kiss your baby until the cold sore is completely healed.
- * Do not allow visitors with cold sores until they are completely healed.
- * If you have any questions, you can ask the midwife, the maternity nurse, the health clinic or your family doctor.
- * A maternity nurse can still do her job safely with a cold sore. She strictly adheres to the national protocol that has been established for caregivers with cold sores.


Crying

Your baby has gotten used to the warmth, sounds and movements of your body during pregnancy. Especially in the womb where during pregnancy, your baby's needs were satisfied in a natural way and which was a safe and secure place. When your baby is born, he needs to make it clear to you that he is hungry, or wants to be comforted and cuddled. This is stressful for your baby. So, your baby's crying has a function, it is a form of communication.

By observing your baby carefully and keeping him close to you during the first few weeks, you will get to know his different types of crying. Is he hungry, is he tired, is he too hot or too cold or does he just want to be close to you?

The best way to comfort your baby is to take him into your arms. Your heartbeat, smell and voice are familiar to your baby and will comfort him. Give your baby as much attention and love as you can. At this stage, you really can't pamper them too much. When you are restless or stressed, it is nice to have someone else comfort your baby for a bit. Often a baby picks up your feelings of restlessness.

Don't pick up your baby for each little sound, but do it when he cries for a longer time. Love, undivided attention, a sense of security and a regular routine are important for babies. This is also the quickest way to get to know your baby and it becomes easier to cater to your baby's needs. Being alert and responsive to your baby also creates a good and safe bond between you and your baby and reduces stress.

 **Tip: Dunstan Baby Language can help you learn to understand your baby better. Crying sounds different when the baby is hungry, needs a nappy change, burps or is tired.**

For more information and the link to the app, go to <https://www.babytaal.nl>



How much does a baby cry on average?

Sometimes it seems as if the crying won't stop. From the moment of birth, the overall duration of crying gradually increases over time. A peak is reached at 6 to 8 weeks after the birth. During this period, the baby cries for around 2 to 2 ½ hours a day. After this period, the crying subsides again and from 12 weeks to the first year of life, a baby cries for an average of 1 to 1½ hours a day. As a parent, you can feel quite helpless when your baby cries and may even get angry yourself at times.

Shaken Baby Syndrome

Shaken Baby Syndrome literally means a baby that has been shaken hard and has been harmed that way. The syndrome occurs in babies who are shaken hard or are laid down in a rough-handed way.

This usually occurs in babies younger than one year of age and is often a reaction to the baby crying a lot. Your baby's crying often causes a feeling of helplessness and, in combination with uncertainties, stress, lack of sleep and feelings of anger or other vulnerabilities, can be a major risk factor for Shaken Baby Syndrome or other forms of abuse.

A baby who is shaken hard can suffer significant brain damage as a result. The baby can suffer from deafness, blindness, convulsions or even learning difficulties at school years later on in life. In the worst case, the baby may die as a result of a brain haemorrhage.

A baby's neck muscles are not strong enough even past its first birthday to keep its 'heavy' head upright when swung to and from vigorously, and definitely not if it is shaken hard! In this case, his head is shaken back and forth fast and hard, which can cause small arteries in the brain to rupture. Bleeding will then occur inside the head, inside the brain.

Playing with the baby normally cannot cause Shaken Baby Syndrome. For example, dancing around the room is very nice to do together when the baby's head is properly supported. However, even well-intentioned shaking can do a lot of harm, for instance if you throw your baby up in the air when playing aeroplanes.

- * In the neonatal period, the maternity nurse will tell you about the campaign "Niet Schudden Breekbaar" ("Don't Shake, Fragile") and watch the information film with you.
<https://www.youtube.com/watch?v=rLOz4jryBgo>

Step-by-step plan in case of crying

Step 1: Try to find out why your baby is crying.

- * Is your baby hungry or wants to suckle?
- * Does your baby need a clean nappy?
- * Is your baby tired?
- * Does your baby have a fever or is he in pain?
- * Is your baby getting too much stimulation from his surroundings?
- * Does your baby need some attention and reassurance?

Step 2: Help your baby relax when he keeps on crying.

- * Gently rock your baby back and forth in your arms.
- * Gently rub your baby's back.
- * Lay your baby in bed and tuck the blankets in tightly.
- * Create a quiet environment.
- * Talk or sing softly to your baby.



Step 3: Make sure your baby stays safe at times of anger, despair or when things get too much for you.

- * Lay your baby down in a safe place, like in his cot.
- * Literally distance yourself from your baby by going to another room and only go back to your baby once you have calmed down again.
- * Call your partner, a friend or a family member so you can calm down and ask for help.
- * Ask for help at the health clinic or from your family doctor.
- * <http://www.babyhuilt.info>

Hustle and bustle and stimuli

A baby is usually sensitive to (too much) stimuli. Consequently, our busy world that is full of stimuli can be quite frightening. A baby can become overtired by too much activity. Sometimes this fatigue can be so great that it is difficult for the baby to fall asleep and it has to cry a lot. Some babies are extra sensitive to overstimulation. It is especially important for them not to be overly stimulated. You can do this by making sure that your baby is not passed around too much. You should be aware that mechanically driven toys, the bouncer, the baby gym, sleeping in the playpen, too many visits or outings all conflict with your baby's sleep pattern and can be overly stimulating.

Rest and routine

Every baby benefits from keeping to the same patterns and routines. This does not mean the routine of a clock, but rather the pattern and routine in which you feed, care for, change, sleep and play with your baby. By keeping to a set pattern and set routine, your baby will learn to recognise a rhythm after just 2 weeks. A rhythm like this provides a sense of security and safety for your baby and reduces stress levels that way.

An example of a set rhythm/routine could be e.g.:

- * Changing nappies
- * Feeding
- * Cuddling, talking to your baby, spending some time in the playpen, playing (when the baby is slightly older)
- * Putting to bed when awake to go back to sleep
- * Washing or bathing can be added to this routine at a time that is most convenient for you. That could be in the morning or in the evening.



Tip: Choose a rhythm that suits you.

A newborn baby will fall asleep soon after feeding, an older baby will stay awake longer after being fed. Use this time to play and cuddle with your baby. Talking to your baby is also highly recommended! You might be surprised how nice these little talks can be and how much response you get back from your baby. Always watch out for signals of tiredness from your baby such as:

- * Tilting the head away
- * Crying
- * Yawning
- * Eye rubbing
- * Closing eyes
- * Looking pale
- * Whining
- * Some children actually become overactive when tired



Tip: When your baby is tired, it is best to put him to bed when he is awake, so that he can learn to fall asleep on his own in his own cradle or bed.

Talking, cuddling, looking at him ... bonding with your baby

From the moment a baby is born, it can immediately make contact with its parents. Through instinctive behaviour; crying, laughing, babbling, grabbing, suckling and following around with their eyes, babies try to bond with the people around them. Close bonding is essential for the baby's social and emotional development. It is important that you, as a parent, respond well to these bonding signals. Often this is done automatically due to the influence of hormones and instinct. Sometimes parents need a little help and advice. You can get this help and advice from the midwife, the maternity nurse and the neonatal clinic.



All children, especially newborn babies, love to be touched, held and cuddled. They not only enjoy it, they really need it too. Contact with your baby; touching, looking at him, talking and cuddling is just as important as good nutrition and care. It is important that your baby feels safe and loved. This is how your baby will be able to develop in an optimal way.

Talking to your baby

Your baby listens when you talk to him and he also looks at you. All his attention is focused on you! Talking to your baby from the moment he is born and telling him what you are going to do provides him with a strong sense of security, contributes to language development and promotes bonding. When talking, use high-pitched tones to attract attention and low-pitched tones to reassure babies. You usually do this automatically.

Fostering the bond between parents and baby

- * Skin-on-skin contact between parent and baby.
- * Taking a bathtub or shower with your baby.
- * Carrying your baby close to your body in a sling.
- * Bottle-feeding your baby yourself with your undivided attention.
- * Making contact during feeding.
- * Taking time for the food and care of your baby.

Sleeping

Newborn babies sleep an average of about 12 to 15 hours per day. Most newborn babies fall asleep immediately after being fed. Some babies only wake up when they are hungry, others are more active. A more active baby usually falls asleep immediately after a feed, but wakes up again a bit sooner. Every baby develops its own sleep pattern.

The biological clock of a newborn baby is determined by hunger and not by light and dark, as is the case with adults. A baby sleeps 70% of the time in the slightly active REM sleep. During this sleep, babies move their eyes, arms and legs and have slightly irregular breathing. It is during this sleep that babies brains grow.

Some babies sleep so lightly that they wake themselves up by their own arm and leg movements. Tucking them in or wrapping them up tightly can help. The maternity nurse can advise you on this.

The other 30% concerns the NREM sleep. During this sleep, the baby hardly moves and has regular breathing. This sleep is important for the recovery and development of the nervous system and for the body's rest.



Awake

If you see that your baby is awake and alert, this is a good time to make contact with your baby. In this calm, alert awake state, the baby's eyes are very bright. As babies grow older, these contact moments become longer and longer. After a baby has been making contact for a while, it starts to move around more and more and is particularly interested in its surroundings. The baby is then in the active, alert awake state. If a baby becomes increasingly agitated, looks away, yawns or whines, it is an indication that the baby is tired. It is important to be able to recognise this fatigue so that you can put your baby to bed while still awake.



Sleeping safely

Your maternity nurse will explain everything you need to know to help your baby go to sleep safely.

All current information on sleeping safely, beds, mattresses and bedding can be found on the website [veiligheid.nl](https://www.veiligheid.nl) via the link below.

<https://www.veiligheid.nl/kinderveiligheid/slapen/veilig-slapen>

Preferred position

The safest and most recommended position for sleeping is the supine position (lying on the back). The prone (lying on the tummy) and lateral (lying on the side) positions significantly increase the risk of cot death. It is possible that during the first few days in hospital, your baby will be placed in the side position. This is done based on a well-founded reason and under the supervision of a nurse.

Some babies develop a preference for a certain position. You will find a number of tips and advice below to avoid a so-called preferred posture:



If your baby is awake:

- * Lay your baby on his tummy at least three times a day and keep an eye on him. For example, in the playpen.
- * Do this for 1 to 5 minutes during the week following the birth of your baby.
- * This can be increased to 5 x 15 minutes or 3 x 30 minutes when the baby reaches 3 months of age.
- * Also helps the development of stronger neck muscles in your baby.

If your baby is asleep:

- * Laying the baby on his back, alternating his head to the left or to the right each time he sleeps.

During feeding:

- * Switch between the right and left arms. Also when giving the bottle.

When caring for and carrying your baby:

- * When picking up and carrying your baby, always support him with one hand under his buttocks. Never pick up your baby by the armpits alone.
- * Make sure that your baby is in a rounded position when being carried. This way, a baby won't overstretch itself and the muscles in the neck are under less strain.
- * Carry your baby in the prone position (on his tummy) on your arm, for a change.
- * When dressing and changing your baby, roll him from side to side and back again (rotational nursing). Avoid lifting your baby by the feet/legs when taking care of him and washing him.
- * Make up the baby's bed the other way round.

Maxi-cosi and bouncers:

- * Do not leave your baby in the bouncer for more than 15 minutes at a time.
- * Use a maxi-cosi only when travelling and not for longer than 2 hours at a time

Care

Changing nappies

There are cotton nappies, liner nappies and disposable nappies in all shapes, sizes and brands. Whatever nappy you choose, they all do the same thing. The difference lies in their price, convenience and impact on the environment. You can make a choice that best suits you based on these three factors.



A newborn is best changed every 3 to 4 hours during the day, for example before or after a feed or during a feed when your baby needs a little break. Your baby is usually wide awake when you change him. This is a good time to look at and talk to your baby. Tell your baby everything you are going to do.

In the neonatal period the maternity nurse will ask you to note down the number of soiled and wet nappies when she is not present. This way, you can both make sure that your baby maintains a healthy fluid balance and does not become dehydrated.

Quickly changing soiled nappies can usually prevent your baby from developing a rash or a red and irritated bottom. Rashes are inflamed, red spots that can be slightly swollen. These rashes appear in the folds of the skin, for example in the groin, where the skin cannot breathe. This is why you should always keep the baby's skin clean and dry.

- * Wipe from front to back when you wash your baby's genitals. This prevents bacteria from bowel movements getting into a girl's vagina.
- * Never walk away from a baby while it is lying on the changing table and always hold your baby with one hand on his tummy, even if you have to turn around to pick something up

Basic way of carrying “Lifting up from underneath the baby's bottom”

Your baby is used to not being able to move very much from when he was in your womb and his movements are slowed down by the presence of amniotic fluid. This is why it is important that your baby, once born, is also approached this way and does not feel lost in the huge space he finds himself in after birth. Your baby likes to be lifted in a way that properly supports his head and pelvis. Lifting babies under their armpits, which leaves their bodies ‘dangling’, feels like a ride on a roller coaster for your baby.

By carrying your baby in the basic position, you will properly support the pelvis and the head. This is better for your baby's back. Every baby needs to feel safe and reassured. Supporting your baby's base makes your baby feel safer. Your baby will be able to follow any movements more easily. It also prevents your baby from overstretching. In addition, the basic carrying position is a safe way of lifting, for example, when going up or down the stairs with your baby.

Bathtub, Tummy Tub, shower

Putting your baby in the bathtub or Tummy Tub, but also showering together is one of the most wonderful moments of the day! In the first few weeks, it is not necessary to give your baby a bathtub every day, washing him with a cloth and water is often enough. Using soap dries out a baby's skin and causes it to become irritated more quickly.

During the neonatal period, the maternity nurse will explain and instruct you on how to take a bathtub/Tummy Tub and shower together with your baby. You can give your baby a bathtub at any time of the day, but not right after a full feed. Make sure you choose a moment when you have plenty of time and will not be disturbed.

Tips:

- * Prepare everything you need in advance, such as a hydrophilic flannel, hydrophilic towels, bathtub cape, clothes, nappies, comb/brush, body lotion/oil.
- * You can warm up the clothes beforehand by putting them on top of a warm hot water bottle. Make sure that the press-studs of the romper do not get too hot.
- * Make sure the room is nice and warm, between 21°C and 23°C degrees, and where there are no draughts. You can use a small electric heater to heat just the room where the baby is staying instead of the whole house.
- * Fill the bathtub or the Tummy Tub with water to about 38°C degrees. If you don't have a thermostat faucet, use a bathtub thermometer or feel the water with your elbow first. The water should not feel too hot or too cold on your elbow.
- * If the bathtub is in the baby's room, fill it with buckets of water and do not lift a bathtub or Tummy Tub full of water. This is too much of a strain on your back.
- * Make sure that the bathtub/Tummy Tub can be positioned at a good working height, preferably using a bathtub or Tummy Tub stand.
- * A naked baby cools down very quickly. Therefore, undress the lower part of your baby's body first and wash his bottom. Then undress the upper part of your baby's body.
- * If you have used bathtub oil, then wash his face first with just a bit of water on the commode.
- * Always wash from the outside in around the eyes.
- * The maternity nurse will show you how to hold the baby in the bathtub, in the Tummy Tub or in the shower.
- * It is important that the baby is dried off quickly when he comes out of the water so that he does not cool off too much.



Most babies really enjoy having a bathtub. The warmth and ease with which they can move in water is a reminder of the safety of the womb. Some babies may react a bit frightened by the space they feel around them when they take a bathtub. The best thing to do then is to hold his feet up against the end of the bathtub and make sure his bottom is touching the bottom of the bathtub. The baby feels protected this way. So bathing in a Tummy Tub is a very good solution.

Ears, eyes, tummy button, nails ...

- * Sometimes babies have dirty eyes in the first few weeks because their tear ducts are not yet working properly. You can clean your baby's eyes with a moist cotton pad or a clean hydrophilic flannel and tap water. Always rub from the outside in and use a clean cotton pad and/or flannel for each eye in turn.
- * Simply cleaning the skin behind the ears and the outside of the ears with a hydrophilic flannel is enough. It is important to dry the skin behind the ears after cleaning in order to prevent rashes. You can remove any earwax with a cotton pad. Never use a cotton bud! Earwax will come out on its own accord.
- * A plastic clip is attached to the baby's umbilical stump. The umbilical stump falls off by itself after several days. The maternity nurse will tell you how to care for your baby's belly button.
- * Baby nails can grow very quickly. Sometimes babies scratch their faces with their sharp nails. Often nails break off by themselves, but you can also carefully file them down with a special cardboard file. You can also cut the nails from 6 weeks of age. This is best done with a special pair of baby nail scissors.

Vitamin K and D

Breast milk contains all the nutrients that your baby needs, vitamins K and D are the only ones your baby needs extra of. In addition to baby formula, your baby needs extra vitamin D. When you feed your baby less than 500 millilitres of baby formula then your baby also needs extra vitamin K.

You should start giving your baby these vitamins when your baby is one week old. You can buy special drops with vitamin D and vitamin K at the pharmacy or drugstore.

- * It is best to give babies under 4 months of age oil-based vitamin D. This is due to the potentially harmful substance propyl gallate (E 310), which is contained in water-based vitamin D.
- * Vitamin K is important for blood to clot properly.
- * Vitamin D supports firm and good bone formation and strong teeth, and it also helps to prevent osteoporosis in girls later in life.
- * For the most up-to-date information on taking vitamins K and D, please go to: <https://www.voedingscentrum.nl/nlzwanger-en-kind/borstvoeding-en-flesvoeding/borstvoeding-geven/vitamines-voor-je-baby-naast-borstvoeding>.

Practical matters

Registering the birth

You have to register your baby within 3 days after your baby is born. The day of the birth does not count. The registration is done in the municipality where the baby was born. A birth certificate is issued by the civil registrar after the registration. If the period of 3 days falls on a Saturday, Sunday or public holiday, you will be given an additional 2 working days to register the birth. If you are late with the registration, the registrar reports this to the Public Prosecutor's Office and you risk incurring a fine.

A birth registration can be done by the mother, the father, the co-mother or by someone else who was present at the birth.

If the baby has the Dutch nationality, married parents can jointly choose which surname their first baby will have, that of the mother or that of the father. This choice will then also apply to all other children born within this family and marriage. If the baby's surname is to be the mother's surname, you must both personally inform the civil registrar at the municipality where you live. If you do not do this, the baby will automatically be given the surname of the father.

Unmarried parents can also choose the surname for their baby. If you want the child to have the father's surname, then he must acknowledge the baby before or after the birth. You do this making a joint statement at the civil registry. Without such a statement, the baby will automatically receive the surname and nationality of the mother.

Detailed and up-to-date information can be found on the website of the Dutch Government or the municipality. <https://www.rijksoverheid.nl/onderwerpen/aangifte-geboorte-en-naamskeuze-kind/vraag-en-antwoord/aangifte-geboorte>

Insurances

After the baby is born, you need to notify your health insurance company. Check beforehand what deadline your health insurance company sets for this. This varies from 1 month after the birth to 4 months after the birth. If you miss this deadline, you run the risk that your baby is not insured when he needs care and you could incur unforeseen costs.

You can usually register by telephone or via the website of your health insurer. When registering your baby, keep the baby's details and your own policy close by, you will need these. After enrolling your baby, make sure you receive a policy document or card for your baby.

- * **Don't forget to register your baby with any other insurance schemes that might apply.**

Heel prick test, hearing test and health clinic

After the birth of your baby has been reported to the municipality, this birth notification is passed on to the Dutch Youth Health Care Service (Jeugdgezondheidszorg, JGZ) and the National Institute for Public Health and the Environment (RIVM). This notification will ensure that you automatically receive a message from the Youth Health Care Service when the first contact will take place with the neonatal clinic and that your baby will be included in the national vaccination programme.

Heel prick test

Around the fifth day after the birth of your baby, a district nurse from the Youth Health Care Service will come to your home to administer the heel prick test and hearing test on your baby. Should you need to stay in hospital for a little longer after the birth, they will administer the heel prick test in the hospital.

The heel prick test involves taking a few drops of blood from your baby's heel for testing. Various (metabolic) diseases can be detected at an early stage this way. These diseases are rare and can often be treated effectively if detected early. More information can be found at

<https://www.rijksoverheid.nl/onderwerpen/zwangerschap-en-geboorte/vraag-en-antwoord/wat-is-de-hielprik>

Hearing test

The hearing test takes place at the same time as the heel prick test. During this test, an earplug will be placed in the baby's ear and connected to a measuring device. A signal is sent via the earplug. A microphone is also fitted in the earplug which sends a signal back as soon as the sound is received. This is how the device can register whether your baby's hearing is functioning properly. This test is not at all unpleasant for your baby. Early detection of impaired hearing can significantly contribute to the further language development of your baby.

Health clinic

The care is taken over by the health clinic after the end of the neonatal period. A paediatric nurse will contact you during or just after the postnatal period to make a first appointment. At the end of the post-natal period, the maternity nurse will, in consultation with you, draw up a proper handover for the neonatal clinic so that they can continue to offer you the help and support you need.

Baby & pets

The arrival of a baby marks a radical change in the parents' life, but also in the life of their dog or cat. Suddenly, they have to share their owner's attention and are assigned a slightly different position in the family. Make sure you prepare your pet for the arrival of the baby.



- * Set up the bed/cradle, playpen and pram during pregnancy so that cats can get used to the fact that they are not allowed to lie there. If you notice that the cat still has a tendency to lie in the bed, the playpen or the pram, then put balloons in them.
- * A cat may be inclined to lie with or on top of the baby. This may pose a suffocation hazard. It is therefore important to make sure that the cat cannot get to your baby if he's lying down alone somewhere.
- * Never leave a baby or an older child alone with the dog or cat. An animal reacts to stimuli and can interpret unexpected movements that babies and children may make as a threat.
- * A dog can sometimes react to visitors in an overprotective way once a baby is born. Especially if this visitor gets close to the baby, but sometimes also if this visitor gets close to the baby's mother. It may therefore be necessary to separate your dog when visitors come over, or when the maternity nurse arrives so that she can carry out her duties safely.
- * Let your dog get used to the new smells by, for example, rubbing some baby cream on yourself during pregnancy and after the birth by, for example, letting it smell the baby's nappy or giving it a cuddly toy that has been lying with the baby.
- * Make the new position in the pack clear to your dog after the birth.

Smoking? Keep children out of the way

Not all parents are aware of how unhealthy passive smoking is, which is why we provide awareness training and information on this subject.

What is passive smoking?

When non-smokers inhale other people's tobacco smoke, this is called passive smoking. Passive smokers inhale the same toxic and carcinogenic substances as smokers. Passive smoking is unhealthy for everyone, but babies and small children are especially vulnerable to the adverse effects of passive smoking. Their bodies are still developing and they also breathe faster than adults, which means they take in more pollutants from smoke.

If a room has been smoked in and the smoke has cleared up, it seems as if the room is smoke-free again. But this is not the case. Smoke particles remain on the furniture, carpets, toys, etc. and are released again in the hours and even months that follow. This is called 'passive smoking'. Third-hand smoke also remains on the smoker's skin, hair and clothing. Even if the person smokes outside. Third-hand smoke is harmful. It is especially harmful for young children and for crawling infants. When crawling around, putting things in their mouths and having physical contact with their parents, they can inhale, touch and swallow these smoke particles.

The health risks of passive smoking for children

Cot death

Babies exposed to tobacco smoke have a greater chance of dying from cot death than babies who are not exposed to passive smoking. This also applies to babies of mothers who smoked during pregnancy.

Hearing problems

Babies and children who subjected to passive smoking are more likely to suffer from hearing problems, including acute and recurrent ear infections and ear infections with fluid behind the eardrums. This is because the nose, mouth and ears are connected. Ear infections are painful and can cause children to lose their hearing.

Respiratory conditions

These include pneumonia, bronchitis, shortness of breath, wheezing and coughing. Children aged 0-2 who are subjected to passive smoking are about twice as likely to get lower respiratory tract infections as children who are not subjected to passive smoking. Passive smoking can also cause respiratory infections in children over two years of age. Passive smoking reduces the maximum capacity of children's lungs. It causes the lungs to remain smaller.

Asthma

Passive smoking can not only aggravate, but possibly cause asthma in children. Passive smoking during pregnancy may also cause asthma: Children exposed to tobacco smoke in the womb are almost twice as likely as others to develop asthma later in life.

Long term risks

Over the long term, passive smoking can cause lung cancer and pulmonary emphysema (a form of COPD) and increase the risk of heart disease. Children who are subjected to passive smoking are three times more likely to smoke later in life.

More information about growing up smoke-free can be found at:

<https://www.trimbos.nl/docs/ca66101a-63a5-44f1-8e32-16e1cc4afc85.pdf>

If you are thinking about quitting smoking, then also check out:

<https://www.trimbos.nl/kennis/stoppen-met-roken>

Handy addresses & links

Cicogna Kraamzorg

Tel. 043-4504990

info@cicognakraamzorg.nl

www.kraamzorglimburg.nl

Ordering bed risers and other aids

<https://duxxie.nl>

Hire/purchase of breast pumps and other feeding aids

<https://www.medipoint.nl>

<https://www.vegro.nl>

<https://www.i-mom.nl>

Information about breastfeeding, baby formula, Vitamin K and D and a healthy lifestyle

<https://www.voedingscentrum.nl>

Information about pregnancy and maternity leave, registering and acknowledging your baby and information about the national vaccination programme

<https://www.rijksoverheid.nl>

Information on passive smoking, quitting smoking and the use of alcohol and drugs

<https://www.trimbos.nl>

Information about child safety, safe sleeping etc.

<https://www.veiligheid.nl>

Information about breastfeeding and baby formula

Dinkt zijn melk zo zoetjes..... Het voedingsboek voor jouw baby van Cicogna Kraamzorg

Appendices

- * Appendix 1: List of essentials
- * Appendix 2: Going home with your baby
- * Appendix 3: Temperature List, Questions, Tips, Specifics
- * Appendix 4: Checklist

Appendices



Appendix 1: List of essentials

In order to be well prepared for the birth and the time that follows, we advise you to make sure that you have a number of things ready at home on time.

Bear in mind that most of the list of essentials lists in circulation via magazines and baby shops serve a commercial purpose. You will not be buying any unnecessary items if you use the following list as a starting point.

For yourself

- * 2 packs of regular menstrual pads*
- * 2 packs of maternity pads*
- * 1 digital thermometer
- * measuring jug or bottle (to rinse after going to the toilet)
- * plastic sandwich bags (to dispose of sanitary pads)

For breastfeeding

- * 2 nursing brass, of which at least one is a soft bra (or maternity bra) (preferably purchased after childbirth, but a soft bra can be purchased during pregnancy)
- * 2 packs of nursing pads
- * It is not necessary to buy a breast pump yet. This can be hired during the neonatal period.

For the baby

- * 1 bottle of alcohol 70%*
- * 1 digital baby thermometer
- * 2 large sterile gauze pads 16/16*
- * 2 bonnets
- * 6 bundlers or bodysuits (2 sizes)
- * 4 sets of clothes
- * minimal 6 burp cloths
- * Baby bathtub or Tummy Tub with matching stand (preferably 100/105 cm high)
- * Hair brush and/or comb
- * minimal 2 bathtub capes
- * 12-18 hydrophile towels (to dry the baby off)
- * 6 hydrophile wash cloths
- * 2 packs of disposable nappies*
- * bucket or rubbish bin with a lid to dispose of the nappies
- * zinc cream (for the buttocks)
- * vaseline

For the baby's bed

- * 1 firm mattress between 8 and 10 cm thick
- * 2 flannel covers to protect the mattress (without plastic, so not water repellent, these are not breathable enough)
- * 3 bottom or fitted sheets
- * 3 top sheets
- * 2 woollen or cotton blankets
- * seamless metal hot water bottles fitted with a rubber insert in the cap and certified with the logo of the Keurmerk Instituut (the Dutch Certification Institute). Check these hot water bottles for leaks beforehand, hot water bottle bags are not needed, the hot water bottle is wrapped in a hydrophilic cloth for safety reasons.

When using cotton nappies instead of disposable ones

- * 12 – 24 ready-made cotton nappies for a minimum of 8 changes per day
- Or

- * 6 hydrophile nappies
- * 12 birds eye flat nappies (piqué)
- * 1 roll of paper tape
- * 1 pack of nappy inserts
- * 6 panty-liners / nappy pants

Bottle-feeding

- * 2 bottles with teat (you can have 2 different bottles so you can see which one your baby drinks best out of)
- * 1 bottle brush cleaner
- * 1 Bottle warmer (you can also heat the bottle in a double boiler)
- * Measuring jug
- * 1 pack of baby formula for newborns

For a home birth

- * 2 buckets
- * 2 rubbish bags
- * 1 wash basin (plastic bucket)
- * 1 pack of salt (for rinsing the birth laundry)
- * 1 extra lamp 100 Watt
- * Emergency lighting (strong torch)
- * 1 mattress protector*
- * 10 large sterile gauze pads 10/10*
- * 1 umbilical cord clamp*
- * 5 cellulose mats*
- * liquid disinfectant soap*
- * 1 pack of zigzag cotton wool*
- * 1 roll of toilet paper
- * 1 po in a clean pillowcase
- * 'pre-packed' suitcase: toiletries, pyjamas, etc. (in case you have to go to the hospital unexpectedly)
- * 1 bed riser (to raise the bed to a work height of 70 cm)

* Is part of the contents of a maternity kit

- * During the intake interview with the Cicogna consultant, we will jointly check whether the home situation meets the requirements for a safe home birth. This will be referred back to your midwife.

Appendix 2: Going home with your baby

You are released from the hospital and going home with your baby. If there is no (medical) indication for evening and night care, the maternity nurse will start the next morning. Please always contact us if you're are being release from the hospital. That way we know you're at home and we can discuss the starting time of the maternity care in consultation with you. Off course it's a bit exciting being at home with your baby for the first night. Therefore we have collected the most important instructions on this card so that you know what to look out for so you can get insured and well informed true the evening and night. If you have any questions, you can always contact us.

For your baby

Nausea: The first 48 hours your child can be nauseous and therefore puke a bit and doesn't want to drink anything. Nature has equipped the baby so that he has extra energy to get through these first days. Write down all nutrition's your baby has got for the maternity nurse.

Diaper change: Change the baby for every feeding. It is important to keep an eye on the urine and poop diapers. Most diapers have an indicator bar. If this turns blue, there is urine in it. If in doubt, keep the diaper until the maternity nurse is there, she can check it. Write down all diaper changes and if the diaper contained urine or feces.

Feces: Your baby loses black, sticky feces, the meconium, for the first few days. Lubricate your baby's bottom with petroleum jelly (Vaseline), so that you can clean the buttocks more easily.

Temperature: Check the baby's temperature immediately after coming home. Check this further with every diaper change. A normal temperature is between 36.5 and 37.5 degrees. Sometimes it is still difficult for your child to keep the temperature stable in the first days, this is why jugs are being used. You can use hot water bottles or the electric jug. If the baby's temperature is 36.6 or 36.7 degrees, use 2 hot water bottles, or 1 electric jug. From 36.8 to 37.1 degrees you use 1 jug. Always keep the cap on.

Jug: Place the hot water bottle in the sink. Boil water and fill the jar to the brim (water is bulging), then run a little cold water over it. Always check that the hot water bottle is not leaking. Roll the jar in a hydrophilic diaper and close the diaper with a square knot. Place the jug next to the baby (at the level of the rump) between 2 blankets with the button closure towards the baby and a hand width space (cap down). Place a second jug near the feet. Never use a jar without an enclosure. Do not put a tarp under the baby, you can put a flannel pad without a tarp under your baby.



Skin-to-skin: If the temperature is 36.5 or lower, start skin to skin contact. You do this by placing the baby naked with only it's cap, socks and diaper on, in bed with one of the parents. The parent needs to be bare-chested. Make sure the head is clear and the baby can breathe properly. Stay awake and don't sleep with the baby on your chest. After an hour and a half you temperature your baby again. If the temperature hasn't risen, call the midwife.

Rest: Even if the temperature is right, your baby will love skin-to-skin contact and will become calm. Don't let the baby go from hand to hand too much. Babies can quickly become overtired and become more crying and irritable.

Safe sleeping: your child sleeps the safest on his back in a crib or own bed. Make sure that the bed is made up short so that the baby can rest with its feet against the bottom of the bed and cannot get under the blanket or sheet.



Nutrition for your baby

Feeding signals: Pay attention to the feeding signals of your baby. If your baby is hungry, you can tell by his behavior: sleeping less / waking up, search movements with head or mouth, sucking hands or fingers, looking around or making noises. If you notice these signals, do not wait until your baby is really restless and upset, but try to feed him when your baby asks.

A continuous supply of sugars to the brain is necessary, a baby has a small stomach capacity and will therefore often want to drink small feeds.

Breastfeeding: Try to breastfeed the baby at least every 3 hours. If your child is restless, you can always breastfeed in between. The more often, the better. Letting your baby drink at the breast and keeping your baby with you is good for getting breastfeeding going. It's okay if your baby doesn't drink well every time. Drinking a few minutes per breast is fine for the first 24 to 48 hours. Do not let your baby drink for longer than 10–15 minutes per breast.

Bottle feeding: Try to offer your baby a bottle every 3 hours. As with breastfeeding, you can also bottle feed your baby on request. On the first night, offer 10–15cc in the bottle. Wash your hands before preparing the bottle. Fill the bottle with cold tap water (30cc). Heat the bottle in a bottle warmer, pan with warm water or microwave. Add 1 scoop of milk powder. Gently roll the bottle back and forth between 2 hands until the powder is completely absorbed and check the temperature. Check the temperature through a drop of milk on the inside of your wrist. This shouldn't feel warmer or colder than your wrist. Pour off excess milk, offering up to 15 cc. It is possible that your child does not drink everything, this does not matter. After use, rinse the bottle well with cold water and place it in the refrigerator.

Important

- Write down how many times the baby has urinated & defecated
- Write down the baby's temperature before feeding
 - The baby should be fed every 3 hours
- Contact the midwife if there is too much flow

For yourself

Rest: On the day of the birth of your child, you are tired and excited at the same time. You are in a kind of intoxication. Probably you'd like to show your baby to everyone, but also try to rest and sleep a lot when the baby is sleeping. However, it is not surprising if you can't fall asleep. You may be physically tired, but so much has happened that you are wide awake.

Blood loss: by releasing the placenta, a large wound is created in the uterus. Therefore, you can have significant blood loss. You cannot compare it to a menstrual period. Clots the size of a small fist are normal, don't be alarmed. Always pass it on to the maternity nurse the next morning. Never take a bath immediately after delivery and do not use tampons, from a hygienic point of view.

When are you losing too much blood: If you feel that there is a running tap, if you need more than 2 maternity dressings per hour or if you feel dizzy and unwell, immediately call your midwife!

After effects: The contraction of the uterus is normal, but can be painful. The more you have given birth, the more and/or more severe the after-effects. Even after a fast delivery it can sometimes be quite intense. You can always take paracetamol, even if you are breastfeeding. Talk to your midwife about the maximum dose you can take.

Urination: Make sure you urinate every 3 hours and never try to keep your urine. If your bladder is filled, your uterus cannot contract properly, and this may result in additional blood loss. Because you have just given birth and may have a swelling, cut, or stitches, urination can be scary or stinging for the first few days. Therefore try to urinate in the shower or use a bottle and pour it over your pubic area while you urinate. Always rinse and then pat dry. Use clean maternity dressings after every toilet visit.

Stool: You should also pass stool if possible. Sometimes after giving birth you feel that you have to, but nothing comes or you experience flatulence. Don't be embarrassed. Usually it takes a few days before you really have bowel movements. You don't have to worry about stitches breaking, this is really tightly attached.

Notes

Date: _____



Date: _____



Date: _____



Date: _____



Date: _____



Notes

Date: _____



Date: _____



Date: _____



Date: _____



Date: _____



Notes

Date: _____



Date: _____



Date: _____



Date: _____



Date: _____



Appendix 4: Checklist

Clientnumber: _____

Breastfeeding topics

- Rooming-in of the baby
- Nipple/teat confusion
- Suckling positioning techniques
- Is the baby getting enough/not enough/ too much food?
- Lactation reflex, how does that work?
- The supply and demand principle
- Feeding positions, madonna/rugby/lying down
- Breast care
- Nipple care
- Feeding on demand
- Information breastfeeding coach/lactation consultant
- Prevent breast inflammation and blocked milk ducts
- Nutrition booklet

Baby formula topics

- Rooming-in of the baby
- Giving the bottle
- Heating up food
- Quantity of food each time
- The baby's drinking habits
- Preparing food
- Preserving food
- Number of feeds per day
- Vitamin D
- Nutrition booklet

Mother

- Bleeding and clots
- Perineal tears and stitches
- Infection prevention
- Breasts and legs
- Urine and bowel movements
- Preventing infections
- Physical care
- Controls and state of the womb
- Afterpains
- Food
- Resting and mobilising
- Emotions and fatigue
- Independent care
- Baby massage
- Carrying the baby, rotational nursing
- Pelvic floor exercises
- Evaluation form
- Use of a pacifier
- Skin to skin
- Prevention of sore nipples
- How often should you try to breastfeed
- Thrush, candida
- Weighing
- Checking breasts
- Breast pumping, by hand, hand pump, electric
- Heating up mother's milk
- Organising days

- Feeding advice
- Pressure build-up in breasts
- Vitamin K and D
- Nutrition for mothers
- Effective feeding
- Feeding on demand
- Responsive feeding
- Leftover food
- Different teats
- Types of food
- Hygiene
- Cleaning and storing bottles/ teats

Baby

- Care 1st night
- Use of hot water bottles
- Apgar score
- The baby's temperature
- Vernix Caseosa
- Breathing
- Choking
- Crying
- Meconium and bowel movements
- Wet nappies, urine crystals
- Weight, growth
- Jaundice
- Sleeping safely
- Sleeping
- Baby skin
- Ears, eyes, tummy button, nails
- Going out, transportation
- Physiological blueprint | the baby's behaviour
- Bonding| comforting
- Skin-on-skin contact
- TOG values
- Dunstan baby language
- Thrush
- Cold sores
- Preferred position
- Shaken baby syndrome
- Heel prick test
- Hearing screening
- Handover JGZ
- Pets
- Smoking

Concluding (rounding off on the last day)

- Conclusion
- Highlights and tips for the maternity nurse and the organisation

This checklist must be completed by yourself on the second last day.



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