



The first days with the baby

GUIDE AFTER BIRTH

*Our most heartfelt
congratulations for your
newest family member!*

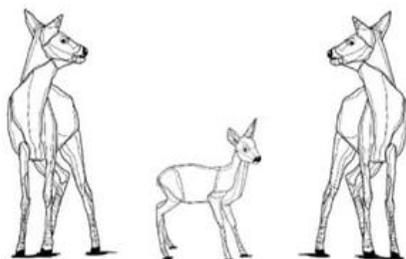


TABLE OF CONTENTS

| | |
|---|-----------|
| 1 Welcome to our Family and Neonatal Ward! | 5 |
| 2 Rooming in with your baby | 6 |
| 3 At the hospital | 8 |
| 4 Normal follow-up and examinations in the hospital | 9 |
| 5 Baby care at the neonatal ward | 11 |
| 6 Breastfeeding | 12 |
| The benefits of breastfeeding and breastfeeding recommendations | 12 |
| Breasts and lactation..... | 13 |
| Responsive feeding | 15 |
| Latching and good breastfeeding position | 17 |
| Breasts during lactation | 20 |
| Sore nipples | 20 |
| Is breastmilk enough for the baby? | 22 |
| Expressing breast milk by hand | 24 |
| Handling and storing breast milk..... | 26 |
| Supplementation..... | 27 |
| Breast infection - early symptoms and treatment..... | 28 |
| 7 Recovering after childbirth | 29 |
| Hygiene | 29 |
| Postpartum bleeding..... | 29 |
| After-pains..... | 30 |
| Urinating and bowel movements..... | 30 |
| Haemorrhoids..... | 30 |
| Tear or episiotomy..... | 31 |
| Recovering from a caesarean section (C-section) | 31 |
| 8 Rest, nutrition, and exercise | 33 |
| Exercise | 33 |
| Strengthening your pelvic floor muscles | 35 |
| Diastasis recti or abdominal separation..... | 36 |

| | |
|--|-----------|
| 9 Mood swings after giving birth | 38 |
| 10 Processing your birth experience | 39 |
| 11 Taking care of your new-born | 40 |
| Sleeping | 40 |
| Bathing and changing..... | 41 |
| Skincare..... | 42 |
| Belly button..... | 42 |
| Nails | 43 |
| Eyes | 43 |
| Ears | 44 |
| Burping..... | 44 |
| Digestive problems | 44 |
| 12 Parenthood | 46 |
| 13 Relationship and sex..... | 47 |
| 14 Contraception..... | 48 |
| 15 Safety..... | 49 |
| 16 Discharge from hospital and returning home | 49 |
| 17 After hospital discharge | 51 |
| Postpartum exam | 51 |
| Breastfeeding clinic | 51 |
| Sexual health counselling..... | 51 |
| 18 Contact information..... | 53 |

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1 Welcome to our Family and Neonatal Ward!

If you have recently given birth, this guide is for you and your family to support and help you with your new-born. From birth, each baby is their own individual person, and each family builds their own family routines.

This is why it is difficult to give advice that is applicable for everyone. This guide has basic information that you can make use of in a way that works for you. For the most part, this book provides information about the first days of a healthy new-born baby at the maternity ward and at home.

If you have any questions during your stay on our ward, please do not hesitate to ask the staff. Our staff will be happy to help and guide you, and you will be able to receive answers to questions that are important to you.

The purpose of this guide is to give you information about recovering from pregnancy and childbirth, caring for the baby and their nutrition, relationships and parenthood, the hospital's practices, and the available support services.



2 Rooming in with your baby

On the maternity ward, you can room-in with your baby and care for them around the clock in the same room. Rooming-in will help you to get to know your baby and the unique way they express themselves. By keeping your baby close, you will learn to recognize the gestures, expressions and sounds they use to express their hunger, wish for contact or other needs.

Going home will be easier when you have already become accustomed to taking care of your baby in the hospital. Babies are sensitive to touch, which is why it is important to touch and caress your baby. Skin-to-skin contact is especially enjoyable for your baby: it helps them to perceive their own body and experience their surroundings. Skin-to-skin contact means holding your unclothed baby against your bare skin. The baby's father or other family member can also hold the baby under their shirt or a blanket in skin-to-skin contact. If you are using a shirt, use a shirt that can be zipped or buttoned down the front so that you can see the baby's face.

Sometimes babies cannot room-in or be in skin-to-skin contact, i.e. kangaroo care, due to illness, the baby's health, or for other reasons. However, it will be made possible as soon as your and your baby's health allows it. Skin-to-skin contact is beneficial no matter how you feed your baby.



In safe skin-to-skin contact,
 your baby
 is on their stomach,
 against your bare chest,
 has their feet in the “frog position”,
 has their head turned on the side,
 and their cheek is against your chest
 has their chin slightly raised, and
 their nose and face is visible.



Skin-to-skin contact is beneficial for the baby because it:

- calms the baby and reduces crying
- keeps the body temperature steady
- keeps the heart beat and breathing frequency steady
- keeps the blood glucose level steady
- helps with latching and suckling
- strengthens the parent-child relationship.

Skin-to-skin contact is beneficial for the mother because it:

- helps them to get to know their baby and their sleep-wake-cycle
- strengthens the maternal bond
- activates parent-baby-interaction
- is calming and relaxing
- promotes lactation and milk production
- promotes contractions

3 At the hospital

In the hospital, you recover from childbirth and practice caring for your new-born. The ward for families and new-borns is located on the 8th floor of the Lighthouse hospital. From the main entrance, you can take the A lifts directly to the ward. If the baby needs treatment in the neonate ward, the family's care takes place at the neonatal intensive care unit on the 3rd floor of the Lighthouse hospital.

If possible, the other parent can stay with the mother and the baby in the ward, where they will get to know the baby and how to care for them. The ward also has family rooms available, as long as there is room at the ward, where the other parent can stay overnight. Both parents are charged a daily inpatient fee for their stay in the family room. You can ask the staff at the ward about current visiting hours.

The cafeteria is located on the 1st floor of the Lighthouse hospital. It is better for the baby to stay in the ward during the cafeteria visit.



4 Normal follow-up and examinations in the hospital

Your baby's health and wellbeing is important to us. This is why we conduct different examinations and tests to all new-born babies during the first few days at the hospital. If your notice changes in your baby's wellbeing, please tell our staff about these changes as soon as possible. A paediatrician is always available if needed.

A paediatrician will perform a routine examination, which usually takes place on the second day after birth. These examinations take place in the "baby examination room" throughout the morning. Both parents can be present during the examination. This is also an opportunity for you to talk with a paediatrician about any questions you might have concerning your child. Your baby's weight is monitored at the hospital by weighting them daily. It is normal for the weight to go down a bit during the first few days. If the baby loses too much weight, they might need supplemental milk. The weight will usually start to increase within five days after birth.



Within the first few hours, a member of staff will measure your baby's blood sugar. The sample is taken from the baby's heel. If necessary, their blood sugar will be monitored regularly according to a paediatrician's instructions. The first-line treatment for low blood sugar is supplemental milk. The yellowing of the baby's skin is measured with a skin test or with a blood sample taken from the baby's heel. The yellowing, known as new-born jaundice, is caused by bilirubin, which reaches its highest levels at around 3 to 5 days of age. New-born jaundice is common, and it is usually treated with phototherapy, also known as light therapy. To diagnose possible hearing loss, a hearing test is conducted at the inpatient ward before you and your baby are discharged.

We will take blood samples from your baby to screen for congenital hypothyroidism and rare metabolic diseases (VASSEU1). The hypothyroidism sample has already been taken from the baby's umbilical cord in the delivery room. Taking part in the screening for metabolic diseases is voluntary. Usually your maternity and child health services clinic (neuvola) has already asked you if you agree to participate, and, if necessary, you will be briefed about the screening at the hospital. If you partake in the screening, we will take a prick sample from your baby's heel 48 to 120 hours (2 to 5 days) after birth, either at the inpatient ward or at a Tyks laboratory. If the test results point to a possible illness, the hospital staff will contact you immediately.



5 Baby care at the neonatal ward

Sometimes babies must be transferred to a neonatal ward, for example due to a suspected infection or low blood sugar. If your baby was born prematurely, they can require special observation and care at a neonatal ward. You and your spouse can be with your baby at the neonatal ward and participate in their care when possible. The staff at the neonatal ward will instruct you how to feed and take care of your baby. Even though your baby is at the neonatal ward, the hospital staff will support the close relationship between your baby and you and your family.

If your baby is receiving care at the neonatal ward and they are unable or do not have the energy to breastfeed, you can bring your baby your own pumped breast milk. Start pumping as soon as possible after birth, preferably within six hours of delivery. Even a small amount of colostrum or first milk is important for the baby because it is particularly effective in providing protection against infections, among its other benefits. In addition, pumping breast milk increases milk production. Continue to pump at least 8 times per day. Sometimes pumping is delayed due to your illness or for some other reason, but you can still breastfeed successfully. You will receive a bag with equipment for pumping and giving milk to your baby from the ward, as well as one on one guidance on how to hand express and pump milk.





6 Breastfeeding

The benefits of breastfeeding and breastfeeding recommendations

Breastmilk is natural food for infants. With the exception of vitamin D, breastmilk contains all necessary nutrients in the correct quantities and in easily absorbable forms. From the age of 14 days (two weeks) onwards, a daily 10 microgram vitamin D supplement is recommended. Besides nutrition, breastfeeding also provides the baby with warmth, shelter, proximity and safety. Proximity helps the parent and the baby to build a mutual bond. Even a small amount of breastmilk is beneficial to a new-born, but breastfeeding exclusively offers the best benefits. In addition to nutrients, breastmilk contains antibodies, which protect the child from infections, such as ear and respiratory infections and gastrointestinal diseases. Breastfeeding can lower a child's risk of developing diabetes or becoming overweight later in life. Breastfeeding is also known to lower the risk of malocclusions, i.e. misalignment of teeth. Moreover, breastfed children suffer a lower risk of SIDS (sudden infant death syndrome).

Breastfeeding helps your body to recover from pregnancy and childbirth, because breastfeeding helps the uterus to contract and return to its previous size. Breastfeeding can also lower the risk of breast cancer, ovarian cancer and type 2 diabetes later in life. Breastfeeding is also practical: breast milk is always fresh and suitably warm. It is an ecological and economical way to feed your child. The more you feed your child, the more milk you will produce. The mother's milk will adapt to their child's needs in changing circumstances. Usually, breast milk is suitable as the sole source of nutrition for new-born babies of normal weight for the first six months.

Exclusive breastfeeding is recommended for the first 4 to 6 months. Breast milk is the primary source of nutrition until the age of 6 months. It is recommended to start introducing solid foods with small taste portions between 4 to 6 months, or when your baby is ready.

The baby-friendly and primary breastfeeding advice is based on recommendations and the contents of the international Baby-Friendly Hospital Initiative. Breastfeeding guidance is based on current research and it is given based on the family's needs and their unique situation. Instruction on how to use supplemental milk will be provided as needed.

Breasts and lactation

Breasts and nipples come in very different shapes and sizes, but usually the size or shape does not affect how much milk is produced. Pregnancy hormones have been preparing your breast for breastfeeding even during your pregnancy. You might have noticed this process if your breasts were more tender than before, or if they increased in size.

You might also have produced a small amount of **colostrum** or first milk even as early as the middle point of your pregnancy. It is nutritionally dense,

thick in consistency and rich in antibodies to fight against pathogens. A small amount of first milk is enough to satisfy the nutritional needs of a new-born. During the first few weeks, the amount of milk increases rapidly. Approximately two weeks after birth your breastmilk will reach a nutritional profile that will remain unchanged as long as breastfeeding is continued. The baby's birth and delivery of the placenta affect your hormone production and start your milk production. By suckling, the baby stimulates your breasts, which causes the milk and hormone production to continue. The most important hormones for milk production are prolactin and oxytocin.

- ✓ **Prolactin** is needed to increase and keep up the amount of milk produced. It is naturally at its highest level on the days immediately following the birth, and especially during the night. To increase milk production, you should breastfeed your new-born multiple times a day, and at least once during the night.
- ✓ **Oxytocin** is needed for the milk to flow, i.e. so that the milk produced in the breasts gets to the baby. Oxytocin is produced not only when the baby is suckling, but also when the baby is held in skin-to-skin contact. Baby rooting for the breast will also help with milk flow. Oxytocin is also known to have other effects: it has relaxing properties, relieves pain and helps with relationship building.

Breastfeeding might feel difficult at first, and sometimes there are problems. However, most breastfeeding problems usually have a solution. Breastfeeding becomes easier when you and your baby learn together. We understand that breastfeeding elicits strong feelings. Our staff, your maternity and child health services clinic (neuvola) and for example the Finnish Association for Breastfeeding Support (Imetyksen tuki ry) can help you find reliable information about breastfeeding.



Responsive feeding

Each baby has a unique feeding rhythm. Healthy new-borns can regulate their own eating rhythm and the amount of milk they eat. Some babies will wake up to eat more frequently, whereas other babies will wake up less frequently.

During the first 24 hours after birth, your baby might nurse only a couple of times. After the first breastfeeding, the baby is usually tired and can sleep for several hours. Baby led feeding means that you offer your breast to the baby always when they express hunger with first subtle cues. This happens when the baby is waking up and sleeping more lightly. When your baby is showing first hunger cues, the baby is still calm and has the energy to root for the breast better than a crying and restless baby. Crying is the baby's last resort to express their hunger, and when this happens, they need to be calmed down before they are calm enough to suckle the breast. With time you will learn to recognize your baby's hunger cues when you hold your baby close and get to know them.



During the second day after birth, the baby will usually become more active and wants to breastfeed more frequently and for long periods at a time. Your baby's stomach is still small, and breastmilk will absorb quickly, so they should eat often. Your baby should be breastfed at least eight times a day. By feeding frequently, your baby makes sure that they receive enough milk. It is very common for babies to want to breastfeed for long periods of time in the evening and in the early hours of the morning. The feeding frequency is not even throughout the day: instead, babies feed at uneven intervals.

From the third day after birth onwards, the amount of milk produced will usually start to increase. There are some clues that indicate your milk production has increased: your baby's suckling rhythm changes and their swallowing noises are more audible. In this stage, your nursing sessions will usually start to become shorter. Your baby might still want to breastfeed frequently however, particularly in the evening.

During the first weeks, frequent breastfeeding sessions are part of babies' normal daily routine, and because of this, it is usually no use trying to keep exact track of your baby's eating schedule. Sometimes you

might have to wake up a sleepy baby to eat. It might take a few weeks for the milk production to stabilize. Because breastfeeding takes time, try to relax and rest while you breastfeed.



Latching and good breastfeeding position

Baby's latch. When you start to breastfeed, keep your baby close so that their mouth is positioned just a bit under your nipple, so that the nipple is on the same level with the baby's upper lip or nose. Do not rush: your baby can root for the breast for some time before they are ready to latch. This rooting phrase will help them to get a good latch. Babies are born with instincts and reflexes to help them achieve a good latch.

New-born have natural instincts which encourage them to seek the breast to suckle. Some babies exhibit there instincts more clearly than others. Some babies need more time and practice to learn how to achieve a good latch.

Signs of a good latch:

the baby's mouth is mostly open
their lips are turned out
their chin is touching the mother's breast
the movement of your baby's chin is visible from behind
their ear
their cheeks stay round and do not dimple
you cannot hear any extra noises, such as smacking sounds, when your baby is suckling
you can hear your baby swallow the milk
the breast stays evenly and firmly in your baby's mouth
their latch is firm, but the breastfeeding does not hurt
after the first few minutes, when your milk starts to flow
after a good latch the nipples look normal and evenly round, and they are not flat.



There are many good breastfeeding positions. You can breastfeed while lying on your side, in a laid-back position or in a sitting position. A good breastfeeding position is a position where you feel comfortable and relaxed and where you do not need to tense your neck or back muscles. Find a comfortable position by trying out different options. In a relaxed position, your milk will flow better and you can rest as well. Use pillows to help achieve a good position. When you start breastfeeding, help your baby into a good and comfortable position on your breast. Getting a good latch becomes possible when the baby is in a good position. Take time to find a good position by trying different options. Finding a good position will contribute significantly towards your own well-being and successful breastfeeding in the future. Breastfeeding can be draining in the beginning – but it is worth it!



A laid-back position (points 1 and 3 in the picture) is a good way to start practicing breastfeeding, because this position is suitable for almost all mothers and babies and it activates the baby's instinctive actions and encourages the baby to root for the breast. Raise the top of your bed slightly, or prop your upper body against a wall, bedframe etc. with pillows. To achieve a position where it is easy to relax, you may want to add some pillows under your arms as well. Place your baby on their belly on your stomach so that the baby's mouth is slightly under your nipple. Let your baby take their time to root for the breast and achieve good latch. Both of your hands are free in this position, so you can help your baby get closer to you, if necessary.

A sitting position (points 2 and 4 in the picture) is suitable for most mothers and it is the most common position as the breastfeeding goes on. Choose a chair with an armrests and a backrest that helps you to achieve a comfortable position. You can use pillows to support your hands. Hold your baby close to you on their side so that your baby's

body is straight and their head is a little bit higher than their bum. If you are breastfeeding from your left breast, make sure that your baby's neck is closer to your left wrist than the crook of your arm. If you are breastfeeding from your right breast, your baby's neck should stay close to your right wrist. When the baby's head is closer to your wrist than the crook of your arm, their head will tilt back slightly. This helps your baby to get a good hold on the breast and achieve good latch. You can support your breast with your free hand to help your baby get a good latch. Use your hand to support the baby from behind their upper back and neck, so that the baby's head tilts back slightly. Remember to relax your shoulders.

In a **sitting position** you can also help the baby to get on your breast by supporting your breast with your hand and using your opposite hand to support your baby. This can be a good position if your baby is having trouble finding a good latch on their own.

Breasts during lactation

The amount of milk you produce will start to increase between 2 to 6 days after delivery. The signs include tenderness or feeling pressure or heat in your breasts. In addition to increased milk production, the increased flow of blood and lymph into the breasts cause the breasts to swell. This is temporary, and the swelling will usually go down in a few days. You can treat the swelling and tenderness with a cold gel pack, for example. Place a cold gel pack from the fridge onto a swollen breast for 20 to 30 minutes to alleviate discomfort.

Sore nipples

Sore nipples are common during the first few days of breastfeeding. Normal soreness will pass and become easier after milk starts letting

down. Breastfeeding itself should not be painful, and pain during breastfeeding is almost always treatable. Pain is usually a sign that the baby is having problems with latching.

If breastfeeding feels painful even after the first couple of minutes, try to fix your baby's position. Help the baby get a little closer to you so that their head is tilted back more (see breastfeeding position). If fixing your baby's position does not help, break their latch. Place your finger between your breast and baby's lips to break the latch, and try to improve your baby's latch. Normal nipple soreness will usually pass in a couple of weeks.

Continue breastfeeding if the soreness is tolerable. If soreness makes breastfeeding difficult, empty your breasts temporarily by pumping at least 8 times a day. If the pain continues and prevents you from breastfeeding, the cause should be investigated. You can ask help from your maternity and child health services clinic (neuvola), the Tyks breastfeeding clinic, or from the Finnish Association for Breastfeeding Support (Imetyksen tuki ry).

Wash your hands frequently and thoroughly: bacteria spread easily from your hands into the cuts in your breasts, and may cause a breast infection.

Possible solutions for sore nipples:

- change breastfeeding positions
- place a small towel that has been soaked in warm water against your nipples for a few minutes after breastfeeding
- air out your breasts (expose them to air)
- squeeze a drop of milk on your nipple after breastfeeding to soothe them
- use lanolin cream on your nipples. You can get some from the ward and you can purchase it over the counter from a pharmacy, and you do not need to wipe it off before breastfeeding.

Is breastmilk enough for the baby?

When babies are born, they have a good amount of stored fat and fluids. Babies are designed to survive on small amounts of first milk during the first days of their life. In most cases, breastmilk is adequate nutrition to healthy babies born at term until the age of six months. Normal weight gain is a good indicator whether your baby is eating enough. During the first few days, it is normal for babies to lose weight. The weight will usually start to rise again five days after delivery, and in the age of two weeks at the latest, babies have usually achieved their birthweight again.

A well-fed baby will sleep for most of the day, but will be alert and well when awake. A baby can be sleepy if they were born prematurely or because of jaundice, and they might require waking up to ensure adequate nutrition.

Your baby's weight gain is usually adequate when they

- wake up to eat on their own
- breastfeed at least 8 to 12 times a day
- have a good latch and you can hear them swallow milk
- produce wet diapers: one diaper on the first day, two diapers the next day, and 5 to 6 diapers a day from day five onwards
- pass dark meconium at least once a day during the first two days
- pass yellow milk stools at least once a day from day four onwards
- have warm hands and feet
- are alert.



If the signs point to inadequate weight gain, wake a sleepy baby to eat by using some of the following methods:

- take the baby to skin-to-skin contact against your bare skin
- undress some of the baby's clothes
- wash the baby's bum
- massage the baby's feet or palms.

If you think your baby does not get enough milk after you have been discharged from the hospital, contact your maternity and child health services clinic (neuvola).

Expressing breast milk by hand

Expressing milk by hand is an easy and gentle way to empty the breasts, and you will not need any extra equipment to do so.

The amount of milk expressed immediately after the baby has been born is small, but due to the antibodies it contains, even a couple drops of breast milk are precious for the baby.

If your baby can not breastfeed on its own and you want to increase your milk production, pump or hand express milk at least 8 times a day, at least once at night. If you need to, you can express milk more efficiently by using a pump to express milk from both breast at the same time. Thinking about your baby, relaxing, warmth, and for example a shoulder massage can also increase milk production. You will receive equipment and instructions for pumping milk from the maternity ward.

1. Wash your hands well, using soap, before you start expressing milk by hand.
2. Find a clean container with a wide opening that you can use to collect the milk.
3. Find a position where you can relax.
4. Gently massage your breast all over: this causes the milk to let down.
5. Position your thumb 3–4 cm away from your nipple, outside your areola, and place your forefinger similarly on the opposite side of your breast. The hold is wide, with your fingers forming the letter C.
6. First, push your fingers towards your chest, and then squeeze your thumb and forefinger together: you are squeezing your mammary gland. Squeeze your fingers together for a moment, and then release your hold. Establish a rhythm and continue. It might take a few minutes for milk to flow.
7. Change your hold of the breast, so that you are squeezing your breast from different places.
8. Move onto your other breast when the flow of milk decreases.
9. You can switch breast several times while hand expressing if you need to.
10. Do not slide your fingers over your skin.
11. If necessary, dry your fingers and your breasts to ensure a better hold.
12. Keep hand expressing until your breast becomes soft. You can express milk by hand by using a small cup.



You might need to hand express in different situations, for example if your baby is transferred to a children's ward and needs breastmilk, the baby is unable to extract enough milk or breastfeed often enough directly from the breast, or your breast start to fill up too much despite breastfeeding.

Handling and storing breast milk

Fresh breast milk has antibacterial properties, so freshly pumped breast milk can be left in room temperature to wait for the baby's next meal. It can be stored in room temperature for up to 6 hours. If you plan to use the milk later, put it in the fridge after pumping. When you take the milk out of the fridge, use running water or a container of warm water to warm the milk to body temperature. Only warm as much milk as you are going to need: milk that has been warmed up once cannot be reheated.

You can also store extra breast milk in the freezer. Cool the milk before freezing in the fridge or by putting the milk into a container of cold water. Freeze the milk as fresh as possible, preferably within the first 24 hours after pumping. You can store separate batches of milk together if they have been pumped within 24 hours of each other. Just make sure you cool each batch of milk separately before you combine them. You can use freezer bags or containers. Defrost frozen breast milk in the fridge. If you need the milk right away, you can also defrost it in room temperature. Defrost a single portion and warm it up right away under warm running water.



Breast milk keeps

- 6 hours in room temperature, when freshly pumped
- 2 days in the fridge, when freshly pumped
- 3 months in the freezer
- 1 day in the fridge after defrosting
- 1 hour after reheating

You should not use a microwave oven for heating the milk. A microwave oven will heat the milk unevenly, and the milk can be too hot inside the bottle, even if the bottle feels cool to the touch. In addition, the texture of the milk can change. Freezing and reheating breast milk can change the milk's smell and your baby can refuse it at first.

If you are producing more milk than you need and you are interested in donating breast milk, please contact the Tyks breast milk bank.

Supplementation

Sometimes your or your baby's wellbeing can require giving your baby supplementary milk. Usually supplementary milk is given due to weight loss or low blood sugar. In general, supplementary milk is only needed during the first few days. Supplementary milk is usually no longer required when your milk production increases and your baby has the energy to nurse well, and it will be gradually phased out.

Give your baby primarily your own, pumped breast milk. In the hospital, your baby is given either donated breast milk or formula, if your milk is not enough. Use a syringe, a bottle, or a feeding device to feed your baby. You can also give your baby small sips from a cup.

Sometimes, breastfeeding does not go as smoothly as you hoped. Sometimes, even with all your best efforts, the amount of milk you produce might not meet the needs of your baby. However, breastfeeding is always valuable, even in small amounts. Even a small amount of breast milk is beneficial to the baby. Keep on breastfeeding in addition to using formula, if possible. Moreover, the breastfeeding experience can be important for you and your baby and strengthen the connection between the two of you. Parenthood and the bond between the parent and their baby forms gradually, regardless of how the baby is fed. Holding your baby close and in your arms is important for bonding and parenthood.

Breast infection – early symptoms and treatment

Symptoms of a breast infection are redness, soreness, pain and hot to touch. The symptoms appear most commonly during the first few weeks of breastfeeding. Breasts that are too full or small cuts on your nipples can lead to symptoms of an infection. If you experience these symptoms, keep baby led breastfeeding. If the baby is unable to suckle or sucks ineffectively, hand express milk 8 times a day. You can reduce the swelling and ease the pain with cool ice packs between nursing sessions and by taking pain killers (NSAIDs, for example ibuprofen) regularly. Heat increases tissue swelling, so avoid using heat packs. We also recommend that you avoid massaging your breasts forcefully.

These steps will usually rectify the situation, but if you experience flu like symptoms and you have a fever of over 38.5 degrees Celsius (101.3

degrees Fahrenheit) in addition to the symptoms described above, consult a doctor. Even if you receive a prescription for medication, it is important that you continue following the instructions given above. Usually, the symptoms will ease within a few days. If the symptoms and the fever do not ease after couple of days, consult a doctor again.

7 Recovering after childbirth

The recovery starts immediately after childbirth, but the process is different for everyone. It is normal for your bottom to be swollen and sore. In 5 to 6 weeks, your womb will have recovered almost to the state it was in before you gave birth.

Hygiene

Make sure you always wash your hands well, because it is a simple and an effective way to prevent postpartum infections. You can shower and use the sauna as usual when you feel up to it. You can swim and bath in a tub after your postpartum bleeding stops.

Postpartum bleeding

Usually, postpartum bleeding is at its heaviest during the first few days after delivery. Postpartum bleeding lasts for 4–6 weeks. The amount of blood will vary, and it will taper off gradually. The colour of the discharge will also change: first it will get darker, and then become lighter again. Wash your genital area and change your sanitary pad every time you use the toilet.

After-pains

After the delivery, you might feel abdominal pain that resembles contractions, and sometimes these can be quite strong. The uterus keeps contracting until it returns close to its original size. Breastfeeding can make the after-pains more intense, and they are usually stronger for women who have given birth before than for first time mothers. You can use painkillers or place a warm heat pad on your lower stomach to alleviate the pain. NSAIDs, such as ibuprofen, are safe to use while breastfeeding as well.

Urinating and bowel movements

Use the toilet regularly after delivery, because sometimes you might not feel the urge to urinate. Constipation or sore bottom can make passing bowel movements more difficult. Using a bidet shower can make urinating easier and help with soreness. Your trips to the bathroom will become easier after a few days. You can promote good digestion by eating whole grain products, plums and berries, and by drinking water and exercising. If needed, you can also take over-the-counter laxatives that are available from pharmacies.

Haemorrhoids

Haemorrhoids caused by pregnancy and delivery are common, and usually they go away on their own. However, they can be painful after delivery and can make passing bowel movements especially unpleasant. You can treat haemorrhoids using over-the-counter haemorrhoid cream or suppositories – you can get these from the inpatient ward, and from a pharmacy after you have been discharged.

Tear or episiotomy

Usually perineal and vaginal tears heal well and quickly, in about 2 to 3 weeks. However, in some cases, the recovery can last longer. The stitches dissolve.

You can promote the recovery of the tear or episiotomy and alleviate pain by

- avoiding sitting on the wound with your whole weight,
- using a bidet shower to apply warm water on the wound when you use the toilet,
- using flexible and loose clothing,
- airing the tear out (exposing it to air),
- taking pain medication.

Recovering from a caesarean section (C-section)

Recovering from a caesarean section is different for every mother. Our staff will try and remove all tubes and catheters which hinder movement as soon as possible at the ward for families and new-borns. It is normal for the C-section wound to be sore at first, but the pain should not complicate breathing or sleeping or prevent you from taking care of your new-born. Postoperative pain is managed effectively with pain medication that is administered into the epidural space, or with a PCA (patient controlled analgesia) pump. Pain is assessed individually. In addition, you will receive oral pain medication, which will quickly replace the PCA pump.

If your incision has been closed with nonabsorbable sutures, they will usually be removed about a week after the surgery at your maternity and child health services clinic (neuvola). You can have bruising and experience numbness at the incision site for several weeks.

You can breastfeed normally after a C-section. However, it might take longer for your milk to come in. You can promote milk production by holding your baby in skin-to-skin contact, by initiating breastfeeding early and breastfeeding frequently.

Here are some actions you can take to promote your recovery:

- Take deep breaths several times a day to help to clear up congestion from your lungs.
- Move your feet in bed to prevent venous thrombosis.
- Get out of bed by rolling onto your side and pushing yourself off the bed with your hands.
- Check your posture and straighten your back when you get up to move around.
- Avoid lifting anything that is heavier than your baby. Avoid stretching the incision area or sudden twisting movements as well: they can cause pain in the incision area.
- Walk and drink water: these promote the normalization of your bowel function.
- Use a pillow to help you when you are breastfeeding your baby or when you need to cough.
- Avoid tight-fitting pants and clothes.

C-section wound care:

- Keep the wound and the surrounding area clean.
- Avoid touching the wound.
- Clean the wound with water daily after the dressing has been removed. Dry the wound carefully by patting it with a clean towel.
- Do not bath in a tub, go to swim or use the sauna before the day after your stitches have been removed.
- Avoid smoking: it delays the healing process by decreasing circulation and oxygen supply to the wound area.
- If needed, you will receive personalized wound care instructions at the maternity ward.

8 Rest, nutrition, and exercise

It is natural to feel tired, even extremely so, after giving birth. Recurring moments of rest are necessary. Learn to sleep while your baby sleeps.

A varied diet, regular meals and eating in amounts that meet your caloric needs are at the heart of healthy nutrition for a breastfeeding mother and the whole family. Good nutrition promotes recovery from childbirth, breastfeeding, and provides you with energy. With your diet, you can affect your breastmilk: particularly its fatty acid composition and the amount of water-soluble vitamins it contains. Eat at least 5-6 portions or handfuls of vegetables, fruits and berries every day. Choose whole grain products such as rye bread and porridge or muesli for most meals. Make sure you get enough vitamin D, 10 micrograms, by taking a daily supplement and by consuming 5 to 6 decilitres (about 2 to 2 ½ cups) of dairy products and 2 to 3 slices of cheese daily. Favour vegetable oils and table margarines made with them. Need for fluids increases during breastfeeding. Make sure you drink enough.

Exercise

You can start exercising after vaginal delivery or C-section gradually, according to your fitness level, when you are feeling well enough to do so. At first, we recommend familiar, less intensive forms of exercise, such as walking, backstretches and light abdominal muscle exercises. Usually they help with back and stomach pain, which are common after pregnancy. You should be physically active at least 2.5 hours a week. Strength training and flexibility exercises should be done at least twice a week. Exercise that aims to increase fitness does not impact milk production or the quality of breast milk.

A caesarean section is a major abdominal operation, and recovering from it takes longer than recovering from a vaginal birth. After C-section, you should get up from bed by rolling on your side. Also heavy lifting should be avoided during the first month.



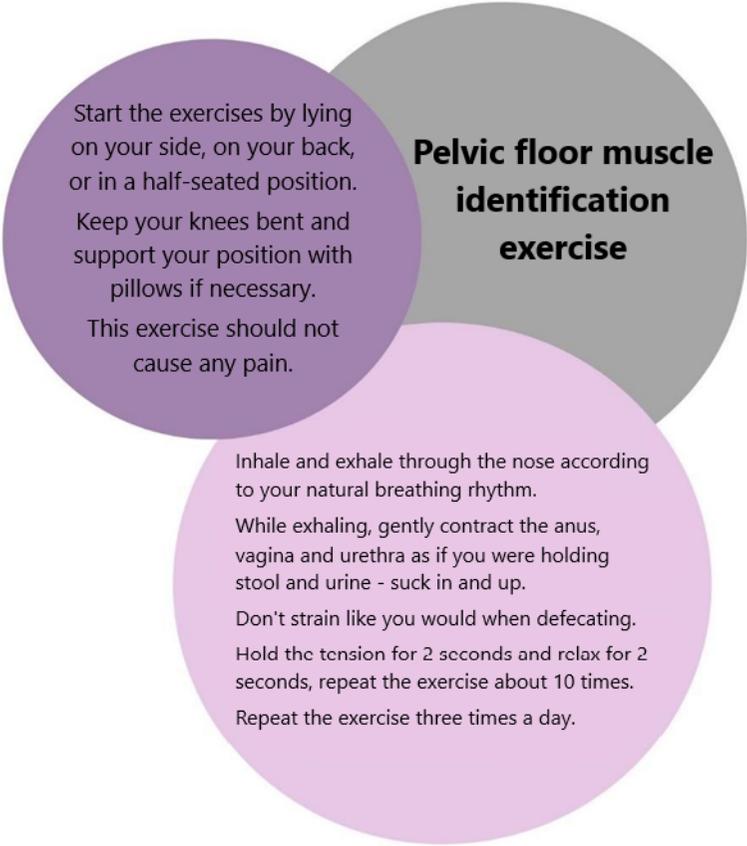
For the first few weeks after a vaginal delivery or caesarean section, you should avoid:

- heavy lifting
- sudden changes in movements, and
- exercise involving jumps

You can lift as much as the baby weights. Increase the strain and load gradually during the first 2 to 3 months. We recommend starting with mild forms of exercise that you are familiar with, such as walks, back stretches, or light abdominal exercises.

Strengthening your pelvic floor muscles

We recommend that you start training the pelvic floor muscles right after giving birth, because the exercises prevent urine and stool leakage, support pelvic organs and increase sexual pleasure. Start training your pelvic floor muscles with identification exercises. You can start the strengthening exercises when the identification exercises are successful. Training can be difficult at first. Make sure that when you contract the pelvic floor muscles, the stomach, buttocks and thighs remain relaxed. A hand mirror can help illustrate the correct direction of movement.



Start the exercises by lying on your side, on your back, or in a half-seated position. Keep your knees bent and support your position with pillows if necessary.

This exercise should not cause any pain.

Pelvic floor muscle identification exercise

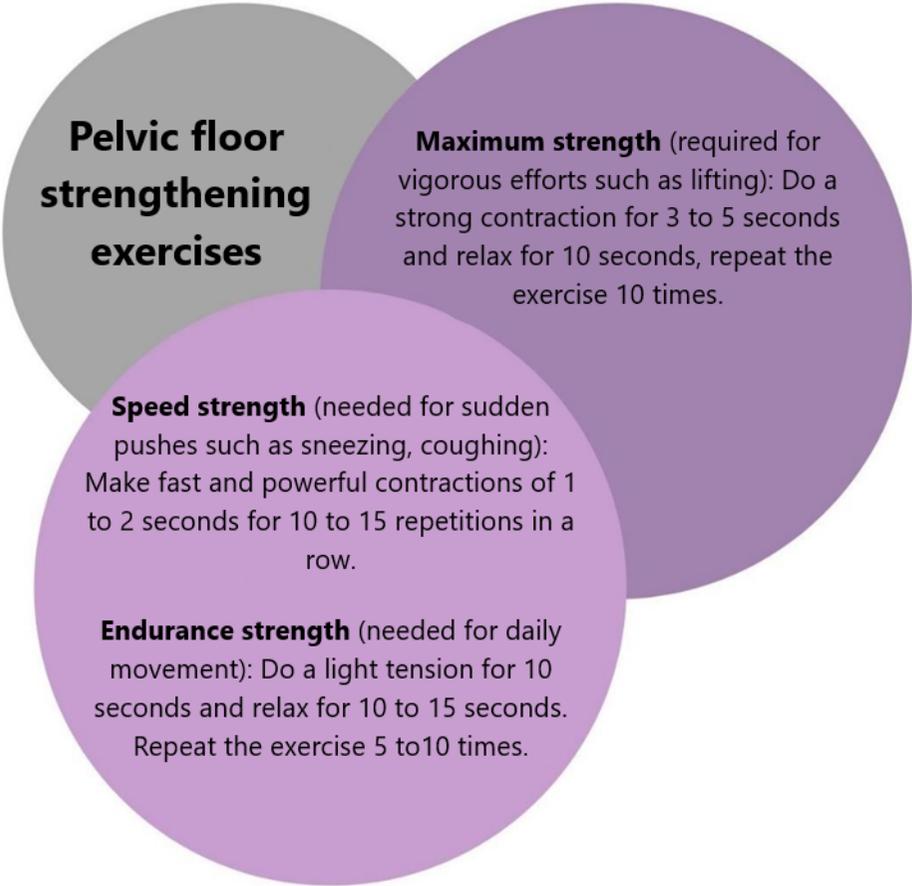
Inhale and exhale through the nose according to your natural breathing rhythm.

While exhaling, gently contract the anus, vagina and urethra as if you were holding stool and urine - suck in and up.

Don't strain like you would when defecating.

Hold the tension for 2 seconds and relax for 2 seconds, repeat the exercise about 10 times.

Repeat the exercise three times a day.



Pelvic floor strengthening exercises

Maximum strength (required for vigorous efforts such as lifting): Do a strong contraction for 3 to 5 seconds and relax for 10 seconds, repeat the exercise 10 times.

Speed strength (needed for sudden pushes such as sneezing, coughing): Make fast and powerful contractions of 1 to 2 seconds for 10 to 15 repetitions in a row.

Endurance strength (needed for daily movement): Do a light tension for 10 seconds and relax for 10 to 15 seconds. Repeat the exercise 5 to 10 times.

Diastasis recti or abdominal separation

Diastasis recti or abdominal separation refers to the overstretching and thinning of the tendon seam between the straight abdominal muscles when the abdominal wall is stretched. The fibrous structure between the abdominal muscles stretches as the uterus grows. Your abdominal muscles will usually recover within three months of giving birth. Separated stomach muscles can cause back pain or pelvic floor dysfunction, such as urinary incontinence. Primary method of

rehabilitation for abdominal separation includes deep abdominal muscle exercises, and paying attention to posture and ergonomics. If you suspect your abdominal muscles are separated, talk to your doctor at your postpartum check-up.

Most often, abdominal separation occurs in the last trimester of pregnancy and after childbirth. Abdominal muscles and tissues begin to recover spontaneously already on the first day after giving birth, and recovery is fastest in the first 2 to 3 months after giving birth. After this, the healing process slows down, but it continues even a year after giving birth.

After delivery, always get up from bed by rolling on your side to reduce the pressure on your stomach muscles. When you turn on your side from lying on your back or on your stomach, rest your head on a surface or on a pillow. Move your legs carefully over the edge, while at the same time using your upper hand to push yourself into a sitting position.

Avoid the following core and abdominal exercises during your recovery:

- lifting the upper body up from supine position straight or while twisting (sit-ups)
- bearing body weight on forearms and elbows/knees (plank/hover)
- lifting lower body up from supine position (leg raises, alternating leg raises and bicycle exercises)

9 Mood swings after giving birth

Life immediately after giving birth can be quite the roller coaster: sometimes you cry, sometimes you laugh. Mood swings can become as a surprise, and there might not be any apparent reason for them. This is normal however, and it is caused by hormonal changes in your body. Motherhood comes with many different requirements, expectations, and social pressure. Sometimes you can experience fear about the thought of being a mother. When you are experiencing these feelings it is good to remember that there is no such thing as a perfect mother. Motherhood is a growing process, and it will last for the rest of your life.

During the first few days after birth, it is possible that your mind is filled with conflicting feelings and thoughts. Your mood can be quite sensitive, and even small difficulties can cause you to tear up. You can feel highly strung and relaxing can be difficult. This is typical after delivery, and it is thought to be related to the change that has happened in your life and adjusting to it.

The mood swings, or baby blues, is at its strongest 3 to 5 days after delivery. It will pass on its own a couple of weeks after delivery. Remember that moments of rest are important during the day as well. Do not hesitate to ask help from your family and friends for everyday chores. Read more from the page "aima.fi" and Baby Blues.

If you are still teary and experiencing low mood more than 2 weeks after delivery, or if your symptoms interfere with your daily life, do not struggle alone with the problem. Discuss your mood with the healthcare professionals at your local health centre (neuvola). Postpartum depression is common and it often goes undiagnosed. It requires treatment. Getting help early promotes recovery.

10 Processing your birth experience

Giving birth is usually one of the biggest and most significant experiences of your life. You will be processing this unique physical and psychological event long after the delivery. Maybe your birth experience was rewarding. Or maybe you have experienced labour and birth as exceptionally taxing, or your mental images of the event are unclear. Maybe your birth ended abruptly, for example with a caesarean section, and maybe you feel like your body has betrayed you, that it has not been in your control, that it has been hurt, or that it has not worked as it should. There can be many reasons why you are feeling this way. It is always important to process your birth experience. Start the process while you are at the hospital. You can ask our staff for clarification, or to fill in missing or unclear aspects of your birth experience. The midwife who discharges you will also go over the birth with you, what happened and how it made you feel. Your spouse can also take part in the discussion.

Processing your birth experience is especially important if the labour did not progress as expected or if your birth experience was negative. In addition, talking with other mothers who have given birth and sharing experiences with them or writing about your experience can help you process your birth experience. If the experiences or thoughts about your labour start to bother you later, talk about your feelings with the staff at your maternity and child health services clinic (neuvola). You can also call the hospital you gave birth in and make an appointment to talk about your experience with a midwife.



11 Taking care of your new-born

Sleeping

Each baby falls asleep and wakes up according to their own rhythm. For this reason, almost all sleeping patterns are normal. Usually, a new-born sleeps most of the day and is alert around late night. The amount of time the baby sleeps at a time can also vary significantly. One baby can sleep for four hours between feeds, when another wakes up every other hour to eat. It is recommended that new-borns sleep in their own bed, and in the same room as their parents. To calm the nights only for sleeping and eating, gradually teach the baby to tell the difference between the night and the day. Socialize with the baby during daytime and create evening routines which the baby will learn to mean that soon it is time to sleep.

Keep the room as dark and calm as possible during night time. Place the baby to sleep on their back, until the baby chooses another sleeping position. The crib mattress should be firm and even. A baby does not need a pillow. Make sure that the baby's blanket does not go over the baby's face when they are asleep. In addition, the room should be free of smoke, and the temperature should be suitable. Make sure that there are no stuffed toys or bedtime toys in their crib that could cause a choking hazard. Also make sure that pets do not get into the baby's crib.

In the summer, the baby can sleep outside right away after you have been discharged from the hospital, but in the winter, the baby needs to become accustomed to sleeping outside first. The temperature limit for keeping babies outside is considered to be -10° degrees Celsius (14° degrees Fahrenheit).



Bathing and changing

Making sure your baby is clean and changing their diapers are important aspects of basic baby care. The baby is usually bathed for the first time the day after their birth at the maternity ward, under the guidance of a nurse. It is recommended that a newborn is bathed 1 to 2 times a week in plain, warm, body temperature water. You can add a bit of bath oil in the water if the baby's skin is very dry and flaky. After the bath, make sure you dry the baby's crooks, folds and the area around the umbilical cord stump especially well to prevent intertrigo (rash) from developing.

During the first few days it is enough to change the baby's diaper a couple times a day. However, always change a poopy diaper. As the baby grows, they begin to excrete more frequently, and the diaper needs to

be changed more frequently and when necessary. Usually a baby is changed before breastfeeding, because the baby will often fall asleep after eating. A poopy bottom is washed with water and carefully patted dry with a towel. If there is only urine in the diaper, a wash is not necessary. You do not need to change the baby's diaper at night if the baby is content.

Skincare

Your new-born's skin is thin and sensitive, and does not require soap or lotion. When they are born their skin is covered by a sticky white substance, called vernix, which protected your baby's skin when they were in the womb. It protects the sensitive skin and will absorb in a few hours. If there is vernix left in the skin folds, it is removed using oil. If your baby has especially dry spots in their skin, you can rub these spots gently with oil that is suitable for babies, such as almond oil. Some new-borns can develop red spots, possibly with a hard light-coloured bump in the centre, during the first few days after birth. The redness and the spots can reappear in different places, but they are harmless. In most cases, they will disappear in a few weeks. The white milia spots and the blueish red veins close to the skin, also known as "stork marks", are also completely normal and harmless. Your baby can also have bluish bruises on their face and body, or have bloodshot eyes. They are harmless, and will disappear in a couple of days.

Belly button

At the hospital, you will be taught how to care for the belly button. Check that the belly button is clean when you change your baby's diaper and clean the belly button when needed, several times a day if necessary. Clean the belly button using a cotton bud that has been dipped into warm water, and dry the area carefully. Grab the umbilical cord stump

or the rubber band that has been attached to it with clean hands. You can lift the stump a bit, so that you can clean and dry all the folds properly. You can use cotton pads or cotton buds to help dry the area. The umbilical cord stump does not have any nerves, so cleaning it will not cause any pain for your baby. Air out the belly button when you change the diaper so that the belly button does not develop an infection under the diaper. Usually the umbilical cord stump will fall off by itself after little over a week after the birth, and after two weeks at the latest. There can be some discharge, such as clear fluid (interstitial fluid) or blood, coming from the area around the umbilical cord stump. Keep the inside of the belly button clean and dry until the discharge stops. Contact your maternity and child health services clinic (neuvola) if the umbilical cord stump starts to smell bad or the skin surrounding the belly button starts to become visibly red.

Nails

Many new-borns have long nails when they are born, and they can use the nails to scratch themselves. Do not cut the nails for the first two weeks, because the cuticle can become infected easily. Use mittens to stop the baby from scratching themselves. Take the mittens off when you are breastfeeding so that your baby can use their hands and promote the flow of your milk by touching you.

Eyes

New-born's eyelids are usually swollen and there can be discharge, or rheum, in the eyes. The tear ducts are narrow and they can still be blocked, which causes the discharge. There is no need to be concerned: the discharge will usually go away on its own. Clean the eyes with a cotton pad that has been dipped in warm water, wiping from the outer corner of the eye to the inner corner of the eye. Use a fresh pad for both

eyes – this way you can prevent any possible bacteria from spreading from one eye to the other. Contact your maternity and child health services clinic (neuvola) at the discharge and redness of the eyes become worse despite regular cleaning.

Ears

Clean your baby's ear lobe and the area behind their ears with a cotton pad that has been dipped in water. Do not clean the ear canal, because it is delicate and self-cleaning.

Burping

Most new-borns will burp during the first few days after birth. You can reduce this by handling the baby carefully and trying to burp the baby after a meal. The baby will start burping milk when they start getting more milk. Burping is normal for infants. It is caused by the digestive system that is unfamiliar with its new role, and it will improve with time.

Digestive problems

Digestive problems are common in babies, and they usually cause crying. You can try to make your baby feel better by massaging or holding your baby. Keep the baby in an upright position rather than lying down: this helps the trapped gas to leave the baby's stomach, which will make them feel better.

Baby care is tenderness and looking after a loved one.

Time a diaper change before feeding the baby.

Clean the belly button daily, first with a cotton swab moistened with tap water, then with a dry cotton swab.

Check the condition of the skin and the skin folds daily.

If necessary, clean the eyes with a cotton pad moistened with tap water.

Shower or bath once or twice a week.





12 Parenthood

Getting to know your baby and taking care of them and adjusting to your new everyday life will take some time. The birth of the first child, in particular, will change familiar habits, and the growth into parenthood will begin. The most important things for the baby are getting food, care, safety and comfort. Finding your own roles in your new young family will take shape gradually, and life will find a new rhythm, built around the individual needs of your baby. What might have worked with another baby might not work anymore with your new baby. Baby teaches parenthood. To adopt this new role is a unique and wonderful experience. Having the opportunity to follow your own child's development and communicating with them brings special joy and happiness into your life. Challenges and surprises are also part of being a parent.

Becoming a parent is a new and life-changing experience. At the latest, becoming a parent will become real when your first child has been born and you get to hold and touch your child for the first time. You can start getting to know your baby right away after birth and hold your baby in skin to skin contact under your shirt during your time at the hospital and later at home. It will bring your new-born safety, comfort and warmth,

and will reinforce your bond with your baby. Bonding with your child will progress gradually by taking care of them and spending time with them.

Moments alone with the dad or the co-parent are important for the baby. Look the baby in the eyes, caress and hold them. Give your baby your time and your undivided attention. By doing this, you are letting your child know that they are important to you. Everyone has their own way of being a parent. We recommend that you share your thoughts and experiences with other parents and professionals. You and other family members have an important role in helping your partner to cope with the recovering. Your partner will need a calm environment to focus on breastfeeding and recovering from the birth. You can support her by encouraging and praising her and by giving her practical support.

13 Relationship and sex

In the beginning, the relationship between the baby and the mother is very close, because taking care of the baby and feeding the baby take a lot of time. The time the mother spends with the baby can cause their partner to feel helpless and inadequate, and the partner can feel like an outsider at times. This is why talking about these feelings and keeping the everyday life going are important for the relationship and parenthood. It can be difficult to find time together after the baby has been born when baby care, chores and hobbies are all competing for your limited time. Giving birth and hormonal changes cause inevitably changes in your relationship and sex life. After the initial recovery phase is over, these changes can be positive. The body is in recovery mode immediately after giving birth, and it will need time to heal. As the body recovers, the desire for intimate contact will resurface gradually and at an individual pace.

Pregnancy and childbirth will change how women view their own bodies. The body can feel undesirable and strange. After giving birth, it is a good idea to go on a bit of an expedition to get to know your own body again, and let your partner get to know your body again as well. It is important to listen to yourself and your own body in a way that does not hurt your or your partner's feelings.

Becoming sexually active again after delivery varies from person to person. General recommendation is to start having intercourse only after the postpartum bleeding has stopped, due to the risk of infection. The recovery from possible tears, perineal cut or C-section scar takes time. The sensitivity of the clitoris will slowly return, and the vaginal muscles and mucous membrane will recover. After giving birth and during breastfeeding, the mucous membranes of the vagina are usually dry and extra lubricant is needed.

14 Contraception

Remember that you can become pregnant before your periods start again after giving birth. Becoming pregnant is possible even if it has been difficult before. Take care of pregnancy prevention together with your partner if you do not wish to get pregnant. Breastfeeding exclusively delays the resumption of active ovarian function, but it is completely possible to become pregnant while breastfeeding.

In the beginning, condom is a good option because it prevents infections as well. Using a condom is recommended at least during postpartum bleeding, in most cases up until the postpartum check-up. For some women, vaginal dryness during breastfeeding increases the localized irritation caused by a condom, which is why using water or silicone based personal lubricant is recommended. Oil based lubricants cannot be used together with condoms, because it will cause condoms made with

natural rubber to become brittle and break easily. If you forget to use contraception or it fails, use emergency contraception.

15 Safety

Making sure you and your new-born are safe during your hospital stay is important to us. This is why we monitor your and your baby's health, instruct to promote good hygiene and, for example, limit visitations, especially during the influenza season. To make both of you identifiable, you and your baby need to wear your identification bracelets for the entire length of your hospital stay. If you notice that either of you is missing a bracelet, please ask your nurse for one. It is best not to remove the bracelets before you get home.

16 Discharge from hospital and returning home

Returning home from the hospital takes place on an individual basis, based on your and your baby's health and need for observation.

- First-time mothers are discharged on average 2 to 3 days after the delivery.
- Women who have given birth one or more times are discharged on average 1 to 3 days after delivery.
- Women who have undergone a C-section are discharged on average 3 to 5 days after delivery.

Sometimes it is necessary to arrange a follow-up appointment to keep track of the baby's weight and/or jaundice during a normal hospital discharge. The follow-up appointments take place 1 to 2 days after discharge at a nurse-led clinic in the ward for families and new-borns. If you want to be discharged early (that is, under 48 hours after delivery), and you and your

baby fulfil the safety criteria for early hospital discharge, an appointment is made for you and your baby on the maternity ward's LYSY outpatient clinic (Fin. lyhytjälkihoitoinen synnytys, delivery with early postnatal hospital discharge) about 2 to 3 days after you are discharged.

A paediatrician will always examine your baby before you are discharged, and a midwife will check that you are feeling well on the day of the discharge.

A checklist for bringing the mother and the baby home

Comfortable and weather appropriate clothing for the mother, a maternity bra and nursing pads if required. These can also be packed in the hospital bag before coming to the hospital.

Easy to dress and weather appropriate homecoming clothes for the baby.

Infant car seat or equivalent for transporting the baby safely.

17 After hospital discharge

Postpartum exam

After you have been discharged from the hospital, arrange a postpartum check-up with your nurse at your local health centre (neuvola). The postpartum examination takes place 5 to 12 weeks after delivery, with a nurse and a doctor present. They will discuss pregnancy prevention with you, and if you wish, the doctor will write a prescription for your preferred pregnancy prevention method. Having a postpartum examination is a requirement for receiving the final instalment of the paternal allowance.

Breastfeeding clinic

If you experience any problems with breastfeeding, it is possible to receive guidance and help from our breastfeeding clinic. An appointment can be arranged even before your discharge from the hospital, or later, based on a referral from your nurse at your maternity and child health services clinic (neuvola). Our breastfeeding clinic also helps patients even before delivery to plan and prepare for breastfeeding. You can book an appointment on Monday to Friday from 1.00 PM to 2.00 PM tel. (02) 313 2310.

Sexual health counselling

You are eligible for the services of the sexual health counsellor if you have received care at the Tyks Department of Obstetrics and Gynaecology and you have received prenatal care or given birth at Tyks. If you wish to talk with a sexual health counsellor, book an appointment by calling between 8.15 AM and 15.30 PM, tel. (02) 313 1312.

Symptoms to watch out for

Mother

Contact your maternity and child health services clinic (neuvola), if

- you suspect you have a breast infection, meaning you have a hot, red, and sore area on your breast
- you have lower abdominal pain
- your postpartum discharge develops a foul smell, becomes heavier and bright red in color, or you start passing clots
- you have a fever of over 37,5°Celsius / 99.5 °Fahrenheit.
- your C-section wound is visibly red, hot, sore, or oozes puss or blood.
- you experience fecal incontinence
- you start having one-sided swelling or pain in your lower extremities
- you are still weepy and feeling low 2 weeks after delivery.

Baby

Contact the ward you were discharged from or your maternity and child health services clinic (neuvola), if

- you are worried about your baby's wellbeing
- your baby's skin or the whites of their eye starts turning yellow
- the baby will not wake up to eat, is tired or does not have the energy to eat after they have been woken up
- your baby vomits or spits up frequently
- the baby cries excessively and does not calm down despite soothing
- your baby is breathing abnormally
- your baby has a fever of over 38°Celsius / 100.4 °Fahrenheit.

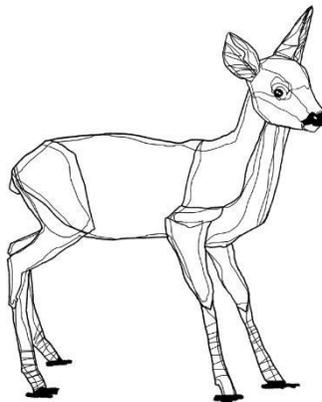
See the last page of this booklet for contact details.

18 Contact information

Helpline for emergencies during and after pregnancy and labour (up until the postpartum check-up)
tel. (02) 313 1000

Family and Neonatal Ward helpline
tel. (02) 313 1300
Mon-Fri 8 AM to 3 PM, Saturdays 9 AM to 3 PM

<http://www.tyks.fi/en>
www.naistalo.fi
www.terveyskyla.fi





Turku University Hospital
The Lighthouse hospital
Family and Neonatal Ward
Savitehtaankatu 5
20520 Turku

