



Back home again!

Information, tips and advice
for after a birth or C-section

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| Back home again!

Congratulations on the birth of your son or daughter!

A birth is a unique and special experience. It's a lot to take in all at once. In this booklet you can find information, tips and advice about all sorts of things that are important now and for when you get home.

Have a great first few weeks with your new baby and the best of luck in the future!

| A few practical things

Registering your baby's birth

Your baby's birth must be registered at the Register Office in the municipality where the baby was born within three working days after delivery. This must be done by either the mother, the father, or someone who was present at the birth i.e. a friend or family member.

The following documents must be presented:

- Mother's valid passport or ID card
- A valid passport or ID card of the person carrying out the registration
- Evidence of acknowledgement (should this be necessary)
- The marriage certificate to allow the child to be added to it (if desired)
- Time and date of birth and the full name(s) must be known

Proof of birth at the VUmc is not necessary for registration.

Professional support at home

When you get home after giving birth, you can expect several professional helpers to stop by.

The first visitor, if you organised this in advance, will be the ***maternity assistant***.

You contact the maternity bureau yourself after delivery.

If you get home before 14.00 on the day of your discharge, a maternity assistant will come the same day to help you on your way. More and more maternity bureaus are providing help in the evening and/or at night on the day you return home. You will have already agreed the number of hours of maternity care with the maternity bureau during your pregnancy. The number of days of maternity care you receive at home depends on the number of days you spend in the hospital after delivery.

During the postnatal period, a **midwife** will make a number of visits to your home and, together with the maternity assistant, monitor postnatal care. This will not be the midwife from the hospital. This will be your 'first-line' midwife whom you probably already saw during your pregnancy, or the one you arranged earlier on in your pregnancy. Your midwife will be called from the hospital by your doctor or midwife. The midwife can be reached day and night by telephone if there are any problems or (urgent) questions.

During the postnatal period, the **district nurse** will also stop by at your home.

She will give your baby a heel prick (if this was not already done in the hospital) and will conduct the hearing test. She will make your first appointment at the consultation clinic and will give you a number you can call if you have any questions.

Documents

When you are discharged, you will receive the following documents from us if you have given birth at the VUmc:

- A discharge letter for the midwife visiting you at home
- A care transfer for the maternity assistant
- A follow-up appointment at the polyclinic (6 weeks after giving birth)
- Prescriptions for medicines (if this is necessary)
- Your baby's insurance letter
- A proof (an empty envelope) that the heel prick test was conducted if this was done at the hospital.

| You as a new mother

Flows

During the days following the birth or Caesarean, the blood flow will be bright red like during a heavy period. You might also pass blood clots, often with urination. These can sometimes be as large as a tennis ball, don't be shocked by this. After a few days, you should pass less blood and it should become darker in colour. The flows can last from one to six weeks, but normally less time than that.

For hygiene reasons, changing the dressing and washing the area with (lukewarm) tap water every time you use the toilet is recommended. If you have doubts or are losing too much blood or clots, always contact your midwife. Keep the pads or dressings affected by heavy blood loss to show your midwife so they can properly assess the situation. An empty bladder and breastfeeding causes contraction of the uterus which helps to reduce bleeding.

During the bleeding period, bathing and swimming are not recommended. You may shower. Sex and the use of tampons is discouraged as they increase the risk of infection. You can expect your period again in the first six weeks after birth, especially if you are not breastfeeding. If you are breastfeeding only, it might take longer for your period to return.

Temperature

During the postnatal period, the maternity assistant will take your temperature on a daily basis. She will discuss with the midwife what temperature should be cause for concern. If you take your temperature in the maternity assistant's absence, and your temperature is higher than 38°C, you can let the midwife know yourself.

Urinating after birth

It is important that you go to the toilet to urinate regularly, at least every three hours. You should go even if you don't need to.

It is sometimes the case that the feeling that you need to urinate is lessened after birth. An empty bladder helps to reduce bleeding.

In order to reduce the risk of infection, we recommend that you rinse the perineum with (lukewarm) tap water either during or after urination.

The perineum is the area between the vagina and the anus. This can help to reduce the burning sensation that you might feel after a natural birth when urinating. You can also urinate in the shower.

After pains

After delivery you might find that you have some after pains. You will perhaps notice that you have extra discomfort just after you urinate. The womb can contract more easily if your bladder is empty. This also happens when you breastfeed your baby or pump your breast. The reason for this is that the hormones which induce lactation also cause the womb to contract. If you are suffering badly from after pains, a hot towel or hot water bottle against the stomach can often relieve this pain. The warmth relaxes the womb thus reducing the pain. After pains usually go away within 48 hours after delivery.

Coping with pain after birth

Pain is an inevitable consequence of giving birth. It can have many different causes: stitches, after pains, breast engorgement, sore nipples, muscle pain and fatigue. To relieve pain, you can take paracetamol up to *a maximum* of 2 tablets of 500mg 4 times a day within a 24 hour period. You can also do this when breastfeeding.

It is recommended that you take your temperature before taking paracetamol because paracetamol can mask a possible temperature. If you have pain caused by perineum stitches or haemorrhoids, an ice pack can relieve this pain and reduce potential swelling. Rest is important for recovery.

The perineum and stitches

After a natural birth, the perineum is often swollen and can feel tender. If your perineum was stitched, it can feel particularly sensitive. Rinse the perineum with (lukewarm) tap water after every trip to the toilet and change your pads regularly. This is so that the perineum stitching does not become infected. It is important to sit straight on both buttocks to combat the swelling. An ice pack can help to relieve the pain.

The perineum heals quickly. In principle, the stitches should dissolve of their own accord. If the stitches are causing you significant pain, the external stitches can be removed by the midwife after 5 to 7 days.

Passing stools after birth

It might be a couple of days before you pass solid waste again. Bear this in mind. For this reason, eat high-fibre foods (fruit, vegetables and whole grains), drink regularly. Go to the toilet when you feel you need to. Your doctor or midwife will prescribe medicine if necessary.

Breasts/breast engorgement

Your breasts will feel heavier and firmer the first few days after giving birth. The blood supply increases as will milk production. This can increase your temperature and the breasts can feel taut and warm. This is a mild engorgement that indicates that milk production is starting. It is important, especially in this phase, that your baby is fed well and regularly. The baby must drink the breast dry so that the tension is relieved. If the tension is not relieved after feeding, you can express some milk from the breast afterwards. For feeding, laying a warm towel over the breast, taking a warm shower or massaging the breast can help the milk flow more easily. If breastfeeding is difficult due to engorgement, the worst of the tension can be relieved by pumping the excess away so that the baby can get a better grip on the breast. Ideally wear a supportive bra (without an underwire).

If hard, red, warm, painful spots are present, this is evidence of serious engorgement. In cases of serious engorgement, you can put a cold compress on the breasts after feeding. This should relieve the pain.

However, before feeding the breast must be warmed up again to induce the lactation reflex. If the breasts are regularly emptied in a timely manner, the engorgement will dissipate within two to three days. Even if your breasts feel soft again, there should still be sufficient milk for your baby.

If you are bottle feeding your baby, it is recommended that you stimulate your breasts as little as possible and avoid excess warmth. Dress appropriately if you are bottle feeding, always wear a supportive (sports) bra without an underwire. If you are suffering from a heavy engorgement, then meet with your midwife to discuss the best course of action.

Sex

A Caesarean or vaginal birth can have a significant impact on your body. It is therefore also important to allow your body time to fully recover first. It takes about three weeks before the womb is fully closed again. During this time, sexual intercourse is ill advised. It increases the risk of infection. A good indication to decide when you can have sex again is the flows. Only when these have completely stopped can you return to having sex without worries. This is often 4 to 6 weeks after delivery. It is the myth that you *cannot* get pregnant if you are breastfeeding. The probability is less, but certainly not zero. You can even have an ovulation about two weeks after delivery

Contraceptives

If you are ready to have sex again and do not want to become pregnant (again), it is advisable that you use contraception. Your GP or gynaecologist can advise you about this. He/she can help you to find the best option for your situation.

If you are breastfeeding but want to take the pill (again), ask your GP or gynaecologist about a pill that is compatible with breastfeeding.

A coil can be put in six weeks after delivery.

For more information, go to www.anticonceptie.nl (website in Dutch)

Baby Blues

People have already told you about it. The reality is many women suffer from baby blues a few days after giving birth. It's hardly surprising. Giving birth is an emotional and moving experience. You are often tired and in pain throughout the whole process and the pain seems to be getting even worse now. The hormone changes you experience also play a large role. Crying it out is often the best method.

If you are worried about your feelings, discuss them with your midwife.

| At home after a Caesarean section

If your Caesarean section went ahead without any complications, and if the period afterwards was without incident, then you can go home two days after the Caesarean section. Maternity care can then take place at home.

The health of you and your baby is naturally the most important consideration.

Back home

At home, you should gradually continue your recovery. The time required for recovery is often longer after a Caesarean section than after a natural delivery. Not only have you become a mother (again), you are also recovering from an operation.

Pain from the wound

Coughing, passing stools and laughing can be uncomfortable or even painful in the time following the C-section. The wound is, however, strong enough to withstand it. You can support the wound by pressing both hands, or a towel, gently against the region of the wound.

On the side of the scar you can have a feeling of tightness from the internal stitches. This is normal and will go away by itself.

Since the operation involves cutting through the nerves in the abdominal skin, you can have a numb feeling around the scar for quite a long time.

Above this area, there is often an area that is particularly sensitive halfway to the navel. The sensation in the abdominal skin often only returns to normal after six to twelve months.

You can use paracetamol to combat the pain, a maximum of 2 tablets of 500 mg 4 times per day. You can gradually reduce your intake of these painkillers depending on the pain you feel.

Treating the wound

Generally, you no longer have a plaster on the wound when you are released from the hospital. The wound is good and dry and is not leaking any more. If the wound is still leaking, replace the plaster daily (after a shower). If the wound is not leaking any more, it is advisable to remove the plaster to allow the wound to dry with exposure to the air.

Should some fluid or blood still come from the wound, you can rinse the wound with the shower, dry it carefully and cover it with a dry gauze dressing in order to protect your clothing. Your maternity assistant and midwife will monitor the healing of the wound at your home.

The Caesarean section wound is stitched using dissolvable stitches. These go away by themselves.

Losing blood/vaginal discharge

Blood loss after a Caesarean section is no different than after a vaginal delivery. (*see page 7*)

Fatigue

A frequently heard complaint after a Caesarean is fatigue. Don't try to fight it: try and get as much rest as possible. Accept the help offered to you by family and friends.

Sometimes your health insurance policy will cover supplementary maternity care after discharge from hospital. Your midwife can organise this for you.

Moving around

Small chores at home (such as making tea or coffee) can do no harm, as long as you avoid doing too many tasks in succession. There's plenty you can do sitting down for example.

As time goes on, you can gradually do more (light household work, small errands).

Taking a brief walk is great idea, but don't overdo it in the beginning. It's actually more tiring than you think because you are getting yourself back to full fitness.

Once you are at home it is, in principle, no longer necessary to use

injections to prevent thrombosis. You can get out of bed and walk around, which greatly reduces the risk of thrombosis.

Lifting

Heavy lifting (of more than 5 kilos) is not recommended in the first six weeks after birth. If you are lifting, lift with your knees and hold the object close to your body. Make sure you are operating at a comfortable height (bath and dresser).

Bathing and showering

You can take a shower the day after your operation. We advise against taking a bath while blood is being lost through the vagina because of the risk of infection. (*also see page 7*)

Abdominal muscle exercises

You can begin abdominal exercises again six weeks after the operation. The different layers of the abdominal wall will be sufficiently healed by then.

Driving

After general anaesthesia you can still be dizzy for the first three weeks, driving is therefore not recommended. Balancing problems can occur even when cycling, especially when looking behind you. If you had an epidural, you'll not suffer from this as much.

Some insurance policies do not cover any damage incurred if you are driving a car within six weeks of your Caesarean section. It might be a good idea to ask your insurance company about this.

Becoming pregnant again

It is important that you wait at least six months after the Caesarean before becoming pregnant again in order to give the womb and the abdominal wall time to properly heal. Ideally you would not become pregnant again within the first year.

It is very important to think about the use of contraceptives before your

visit to the doctor for the follow-up check (after 6 weeks).

The contraceptive choices are the same as those following a vaginal birth (also see page 10 and www.anticonceptie.nl)

| Your baby

Your baby urinating and passing stools

A baby will have had a bowel movement within the first 24 hours. The first solid waste passed is called meconium, it is black and tar-like.

The buttocks are often difficult to clean afterwards.

The stools will become lighter in colour until they become light brown or yellow (when breastfeeding)

The baby will have urinated within the first 24 hours. Depending on the amount of feeding, the baby will have two or three wet nappies within the first few days. After a week almost every nappy will be wet.

Sometimes you will see an orange/red spot in the nappy in the first two days. These are called urate crystals, a sort of bladder deposit. This is not a cause for concern if your baby drinks well and urinates properly. If this is not the case, let your maternity assistant or midwife know.

After birth, girls can pass some blood or mucus from the vagina. This is called 'pseudo-menstruation' and is caused by the female hormones that have been passed to the baby by the mother.

This is totally harmless and will go away by itself.

Breastfeeding

You can breastfeed your baby whenever required. You can feed the baby when he/she roots, sucks or cries. Place your baby's mouth against the nipple and hold the baby close so that his/her stomach is against your stomach. Allow your baby to get hold of the areola, not just the nipple. This will help prevent nipple pain. Your baby should ideally drink between 10 and 20 minutes from each breast per feeding.

During the day, there should be no more than three hours between feeding and at night no more than four. At a minimum, the baby must breastfeed eight times every 24 hours. It's no problem if your baby breastfeeds even up to 12 times in the first days. Feeding the baby more often means breastfeeding goes more quickly. If your baby does not want to feed on the first day, it's not a big deal. Every baby has enough reserves for the first 24 hours. Try to feed the baby every three hours

anyway. Your baby is sufficiently breastfed if he/she wakes up by themselves for feeding, is alert, is happy after feeding and urinates and passes solid waste in a good amount.

It is important that breastfeeding starts as soon as possible. If feeding is unsuccessful within the first 24 hours, you can pump your breast to get the milk production started. You can then give the pumped milk to your baby. You can keep pumped milk in the refrigerator for up to 48 hours, and from between 3 to 6 months in the freezer depending on the temperature of your freezer. Breast milk should not be warmed up in the microwave. In order to retain the important substances in the milk, it is better to heat it up in a bain-marie i.e. placing the bottle with milk in a pot of hot water and gently heating it up. A bottle warmer is a good alternative.

You can find more information about breastfeeding at (all websites in Dutch):

www.lalecheleague.nl Borstvoedingsorganisatie: La Leche League,
www.borstvoedingnatuurlijk.nl Vereniging Borstvoeding Natuurlijk,
www.borstvoeding.com The Knowledge Centre Breastfeeding *Booklet Breastfeeding by VUmc*.

Renting a breast pump

There are different possibilities for pumping breast milk. If you will be pumping for a long time, for example because your baby was born prematurely and is still in the hospital, it might be a good idea to rent a double-sided electronic double pump. You must buy the pump accessories separately.

Among other things, you can get an electronic pump at various shops selling homecare products. It is advisable to use an electronic double-sided pump in the first two weeks when milk production is getting started.

Bottle feeding

Bottle feed at reasonable intervals, maximum every four hours. Ensure that you feed 7 to 8 times per day. In the initial period, your baby should not sleep more than five hours at a time to prevent his/her sugar level falling too low. Wake your baby up for feeding. On the first day, offer your baby 10-15 ml of formula. Give your baby 10 ml more every day until you reach 100 ml per feeding. Even when bottle feeding, if your baby does not want to drink straight away, he/she will have reserves for the first 24 hours. Heat up bottles and teats for their first use and once per day thereafter.

Jaundice

Almost all babies will appear jaundiced after 1 to 3 days. The yellow colour is caused by waste products (bilirubin) under the skin. This happens because the (relatively immature) liver cannot process the bilirubin fast enough. The yellow colour should gradually disappear and is usually harmless. The bilirubin is mostly excreted in the urine and stools. You can give your baby an extra breast feed or bottle so that the bilirubin is excreted faster.

If your baby is sluggish, does not want to drink and/or is hard to wake, then contact your midwife immediately.

Hygiene

Ensure that you wash your hands well before and after breastfeeding, bottle feeding or other caring tasks. This will prevent your baby from catching infections.

The temperature of your baby

It's sometimes hard to take your baby's temperature.

The temperature of your baby's hands and feet do not help to establish his/her actual body temperature.

Your baby's temperature should be between 36.5°C and 37.5°C.

If the temperature is lower than 36.5°C, try and warm him/her up. This

can be done by (breast)feeding the baby, warming up the cot with a hot water bottle or giving the baby a little hat or an extra blanket.

Or you can lay the baby over your naked breast with a warm cover over the both of you. A baby loses heat mostly through his/her back and head. If the temperature is higher than 37.5°C, cool the baby down.

This can be done by removing any hot water bottles, by feeding your baby (dehydration can cause the baby's temperature to rise), removing your baby's warmer clothes (for example, take off the hat) or remove a blanket. If after two hours the temperature is still too high or low, or in case of doubt, contact your midwife immediately.

The heel prick/hearing test

Your baby will get the heel prick test between the fourth and eighth day after birth. A bit of blood will be taken from the heel and analysed for a number of congenital defects. These are hereditary (metabolic) diseases that can be treated by diet and/or medication if detected early. If the results are good, you won't hear any more about this. If the results are abnormal, you'll hear back within three weeks at the latest. If the heel prick is administered at home, then it will be combined with the hearing test. You can find more information about these tests in the booklet *heel prick/hearing test* by the RIVM (Dutch National Institute for Public Health).

Rashes

Your baby can sometimes get rashes or blotches on the skin in the first week after birth.

The skin needs to adjust to the new environment. These rashes do not necessarily indicate that your baby is allergic to something. It is advisable to be mindful when using perfumed bathing and care products on the skin. If an allergic reaction does occur, it's important to discover what the cause is. Phase out products one by one over a one-week period. When the symptoms disappear, you will then know the cause. In case of doubt, you can ask your maternity assistant, midwife or the consultation clinic for advice.

The umbilical stump

After birth, your baby will have an umbilical stump with a clamp on it. The umbilical stump falls off by itself when it has completely dried out. This generally happens between the fifth and tenth day after birth. The maternity assistant will monitor and tend to the umbilical stump. If the navel begins to smell bad or if the skin around it becomes red, tell your maternity assistant or midwife.

Vomiting

De eerste 24 tot 48 uur zijn baby's vaak misselijk en kunnen ze spugen. Ook kan bellen blazen een teken zijn van misselijkheid. Sommige baby's spugen vruchtwater met wat bloed of slijm. Dit is normaal.

Crying

It is normal for your baby to cry regularly. Crying can be a sign of:

- hunger
- stomach cramps
- wanting to suck
- needing to be burped
- having a dirty nappy
- the baby feeling hot
- the baby feeling cold
- wanting attention
- getting accustomed to his/her new environment

Your baby needs to get accustomed to the new world. Your baby will often find it nice to lie with you or your partner. It provides a familiar smell and sound.

It is a fallacy that your baby will be spoiled by this. You can't spoil your baby in the first few months. You should not sleep in bed with your baby. It increases the risk of sudden infant death syndrome.

Vitamine K en D

A breastfeeding baby needs extra vitamin K and D. Vitamin K is important for blood clotting. All babies receive vitamin K drops immediately after birth, enough for the first week. From the eighth day until three months after birth, giving your baby 150 microgrammes of vitamin K every day is recommended.

Vitamin K is already added to formula. If you are bottle feeding (or if half of the feeding is bottle feeding), then it is not necessary to give your baby vitamin K drops.

From the eighth day until the child is 4 years old, giving your baby/child 10 microgrammes of vitamins D drops every day is recommended.

Vitamin D is important for growth and the development of the bones.

Vitamin K and D can be given at the same time and can be bought at the supermarket, drugstore or pharmacy. Follow the instructions on the packaging.

The Consultation Clinic

After registering your baby at the Register Office, the consultation clinic in the district or municipality where you live will have been automatically informed of the birth of your baby. In the first week after birth, the district nurse will come to your home to administer the heel prick, the hearing test and have an initial interview. The consultation clinic gives vaccinations, advice and answers any questions you may have regarding the nutrition, health and care of your baby.

Every consultation clinic has a walk-in surgery. At these times you can ask questions and weigh your baby without needing an appointment.

The consultation clinic is not obligatory, but is certainly recommended.

In this way, potential problems can be detected early and treated.

| Finally

In the first week after the day of birth, you can direct all questions to your maternity nurse, day and night. After the postnatal period, you can direct questions to the consultation clinic during (telephone) surgery hours. For questions about your own health, you can ask your GP.

If you have any specific questions about your records, contact our maternity department or the Polyclinic Obstetrics Department.

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The Polyclinic Obstetrics Department	(020) 444 0034
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306224
december 2016
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