



# Mum and baby - the first few days

patient information

INTRODUCTION	3
TIPS AND OTHER USEFUL INFORMATION DAY 0	6
TIPS AND OTHER USEFUL INFORMATION DAY 1	8
TIPS AND OTHER USEFUL INFORMATION DAY 2	12
TIPS AND OTHER USEFUL INFORMATION DAY 3	14
TIPS AND OTHER USEFUL INFORMATION DAY 4	16
GOING HOME	21
Discharge from hospital procedure	
Looking after your baby at home	
Mum's recovery at home	
Breastfeeding	
Formula feeding	
QUESTIONS	29

Welcome to our maternity unit.

Make a note of any useful information about your baby in this booklet. It also provides many interesting tips and other useful information for the first few days after the birth of your baby.

Please don't hesitate to ask any further questions you might have. Our team will be more than happy to help.

We hope your stay at the maternity unit in our hospital is as comfortable as possible.

The medical and midwifery team at the maternity unit,  
Hospitalisation 7



Day of delivery: . . / . . / . . . . .			Time of delivery: . . . . .		
Length: ..... cm	Head circumference: ..... cm	Birth weight: ..... g			

Birth weight -7 % = .....	Birth weight -10 % = .....
Home follow-up provided by .....	

Weight development			
	date	weight	difference
	day 0		
	day 1		
	day 2		
	day 3		
	day 4		
	day 5		
	day 6		
	day 7		

## TIPS AND OTHER USEFUL INFORMATION DAY 0

### For mum

- ❁ Ask the midwife for a painkiller if you're in pain. If the episiotomy is swollen an ice pack may provide some relief.
- ❁ If you had a caesarean, you'll be given pain medication as a matter of course. Tell the midwife if it doesn't provide adequate relief.
- ❁ You may lose some small blood clots. Tell the midwife if these clots are rather large.
- ❁ Drink enough water. You should be able to urinate within 6 hours of a spontaneous delivery. If you had a caesarean, you will be fitted with a bladder catheter for approximately 24 hours.

### For baby

- ♥ It's quite normal for the baby to be alert after the delivery and then to fall into a deeper sleep, often upon arrival at the maternity unit.
- ♥ Because they sleep soundly, babies often have to be woken for the next feed. It's important, however, to put your baby to the breast at regular intervals to ensure that breastfeeding is successful, at least 8 times in 24 hours. Don't hesitate to ask for assistance from the midwife when feeding.
- ♥ Skin-to-skin contact (yours and your baby's) eases your baby's transition to the outside world, helps to reduce stress and improves breathing. It's advisable to change your baby's nappy before starting a feed. Check the temperature regularly on the first day. It should be between 36.5°C and 37.5°C. A cap may help to keep the temperature stable.
- ♥ Remember to make a note of all these checks in this booklet.
- ♥ Your baby should urinate and produce stools (meconium) for the first time within 24 hours.



Day 0: . . . / . . . / . . . . . Weight: . . . . .

Navel: . . . . .

Contacted midwife from home: . . . . .

time	temp	vomiting	urine	stools	colour of stools	skin-to-skin contact	feeding Formula/Breast	expressing	comments advice
0									
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									

### For mum

- ❁ The midwife checks **several parameters** every day: blood pressure, pulse, temperature, womb, blood loss, where applicable the wound, etc.
- ❁ Did you have a caesarean? If so, the midwife will help you regain your mobility today: assist you with getting up for the first time, washing, moving again, etc.
- ❁ Try to take enough rest and keep visitors to a minimum. Your adrenaline will have kept you going on the day of the delivery, but today tiredness will probably set in.
- ❁ Prepare for a 'difficult' night. Babies often struggle most during the second night, will want to be fed often and crave skin contact. That's why rest is so important during the day.
- ❁ If you had a vaginal delivery with your first baby you will be kept in hospital until day 3. With a second or subsequent baby you will be able to go home on day 2. After a caesarean you will be kept in until day 4.
- ❁ On the day before you leave, the midwife will have a hospital discharge consultation with you during which you will be able to ask questions too. Make a note of any questions you have during your stay in hospital to ensure that you don't forget anything. A page has been provided at the end of this brochure for this purpose. The gynaecologist or clinical support manager will also visit with your discharge documentation and will be happy to answer any questions you may have.
- ❁ Contact your home care midwife, preferably today, to make specific arrangements about home support.





Day 1: . . . / . . . / . . . . .

Weight: . . . . .

Vitamins: D

Navel: . . . . .

Advice: . . . . .

time	temp	vomiting	urine	stools	colour of stools	skin-to-skin contact	feeding Formula/Breast	expressing	comments advice
0									
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									



## For baby



- ♥ Feeding on demand is important, your newborn will probably want to be fed a lot more than on the day of delivery.
- ♥ Your baby's weight will be checked every day. It's quite normal for a baby to lose some weight the first few days.
- ♥ Skin contact is particularly important. Hug your baby whenever they or you feel the need to do so.
- ♥ **The paediatrician will visit** and perform the initial examinations in the room.
- ♥ The midwife will wash the baby together with you once during your stay. You can also choose to have your baby's first bath at home. The baby's face and bottom are cleaned every day.
- ♥ If your baby needs an additional examination, such as an ultrasound, one of the parents is always present. A staff member from patient transport accompanies you to the appointment.

## HUNGER SIGNALS SHOWN BY YOUR BABY

### EARLY SIGNALS: "I am getting hungry"



I am more mobile



I open my mouth



I turn my head  
and I am rooting

### CLEAR SIGNALS: "I am really hungry now"



I am stretching



I am even more  
mobile



I am moving my hand  
to my mouth

### LATE SIGNALS: "I need to be settled down before being fed"



I am crying



I am making nervous  
movements



I am turning red

### How do I calm my baby down?

- X cuddling
- X skin to skin contact on the breast
- X talking
- X stroking



## TIPS AND OTHER USEFUL INFORMATION DAY 2

### For mum

- ✿ The midwife will take a blood sample today to check the iron level in your blood and make sure it isn't too low.
- ✿ It may take a while after the delivery for your body to produce stools. Make sure you drink enough and take your time when visiting the toilet. Never postpone a visit to the toilet. If this becomes problematic talk to your midwife.

### For baby

- ♥ The midwife will remove the umbilical cord clamp once the umbilical stump is dry.
- ♥ It's quite normal for your baby's stools to change from black (meconium) to a greenish colour.
- ♥ Your baby's oxygen saturation will also be checked today using a small device to measure the level of saturation and is done to rule out certain congenital heart defects. This test will be performed by the midwife in your room.
- ♥ If you're leaving hospital today the midwife will use a special device to measure your baby's bilirubin level. Yellow colouring of the baby's skin may indicate an increased level of bilirubin in the blood. It's always advisable to position the baby's cot in daylight.



Day 2: . . / . . / . . . .

Weight: . . . . . -7%  -10%

Vitamins: D

Navel: clamp removed

Advice: . . . . .

time	temp	vomiting	urine	stools	colour of stools	skin-to-skin contact	feeding Formula/Breast	expressing	comments advice
0									
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									

**For mum**

- ❁ If your body is not producing stools yet, have a word with the midwife. If necessary, she can provide you with medication to promote the production of stools. As always, drinking, exercise and healthy food are important.
- ❁ Today you may suffer from the 'baby blues', i.e. the so-called 'crying days' that can affect new mums. Don't be afraid to have a good cry! Also remember to take enough rest and give yourself time to get used to the new situation. Adopt your baby's rhythm and rest when your baby is asleep, also during the day.

**For baby**

- ♥ During the transition from meconium to normal stools, babies may suffer from cramps leading to crying fits. However, there may be other reasons why your baby cries, e.g. a dirty nappy, too warm or too cold, too much noise and fuss, feeling lonely, etc. Crying is your baby's way of communicating. **Skin-to-skin contact**, consoling and nurturing your baby is consequently a necessity and doesn't mean you're spoiling them.
- ♥ If your baby is already 72 hours old, the paediatrician may perform a seventh day examination.
- ♥ Today a Guthrie test will be performed with your baby.  
If you're still in hospital the midwife will take a tiny blood sample from the baby's hand. If not, the blood sample will be taken by the midwife at home. This test is performed to detect a number of metabolic disorders. Your doctor will only notify you if the results are abnormal.



Day 3: . . / . . / . . . .

Weight: . . . . . -7%  -10%

Vitamins: D


Navel: clamp removed

Advice: . . . . .


time	temp	vomi- ting	urine	stools	colour of stools	skin- to-skin contact	feeding Formula/ Breast	expres- sing	comments advice
0									
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									



**TIPS AND OTHER USEFUL INFORMATION DAY 4****For mum**

- 
- ❁ If you had a caesarean, you'll be allowed to go home today.
  - ❁ The midwife will continue to look after the caesarean wound at home. The dressing, and stitches if applicable, will be removed on day 6.

**For baby**

- 
- ♥ If your baby's skin is slightly yellowish the bilirubin level in the blood may also be checked.  
The results of a bilirubin test are usually available within the hour.

Day 4: . . . / . . . / . . . . .

Weight: . . . . . -7%  -10%

Vitamins: D

Advice: . . . . .

time	temp	vomi- ting	urine	stools	colour of stools	skin- to-skin contact	feeding Formula/ Breast	expres- sing	comments advice
0									
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									

Day 5: . . . / . . . / . . . . .

Weight: . . . . . -7%  -10%

Vitamins: D

Advice: . . . . .

time	temp	vomiting	urine	stools	colour of stools	skin-to-skin contact	feeding Formula/Breast	expressing	comments advice
0									
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									

Day 6: . . . / . . . / . . . . .      Weight: . . . . . -7%  -10%   
 Vitamins A: D       Advice: . . . . .  
 . . . . .

time	temp	vomi- ting	urine	stools	colour of stools	skin- to-skin contact	feeding Formula/ Breast	expres- sing	comments advice
0									
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									

Day 7: . . . / . . . / . . . . .

Weight: . . . . . -7%  -10%

Vitamins: D

Advice: . . . . .

time	temp	vomiting	urine	stools	colour of stools	skin-to-skin contact	feeding Formula/Breast	expressing	comments advice
0									
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									

## GOING HOME

### Discharge from hospital procedure

#### Baby

- Navel care
- Colour
- Temperature
- Stool: diarrhoea or constipation
- Looking after nails, ears, eyes, nose
- Skincare
- Medication and vitamins
- Transport in the car
- Cot death prevention

#### Mother

- Post-delivery check-up by the gynaecologist after 6 – 8 weeks
- Hormonal changes/recovery from pregnancy and childbirth approximately 6 weeks
- Temperature
- Blood loss
- Problems with urination and stool production
- Wound
- Rest
- Physiotherapy
- Contraceptives

## Breastfeeding

- Importance of skin-to-skin contact
- Feeding on demand
- Hunger signals
- Nipple/dummy confusion
- Maintaining milk production
- Expressing milk (manually and electrically)
- Feeding positions
- Putting the baby to the breast correctly
- Eating and drinking for mother
- Signs of effective breastfeeding
- Breastfeeding only up to 6 months
- Breast engorgement - inflammation
- Painful nipples
- Growth spurts
- Breast milk storage times
- Breastfeeding support at home

## Formula feeding

- Number of feeds
- Bottle sterilisation and preparation
- Importance of skin contact
- Hunger signals
- Growth spurts
- Vomiting and diarrhoea

## Looking after your baby at home

### Temperature

- Must be between 36.5 and 37.5°C.
- From 38°C we consider it a fever and from 38.5°C a high fever in newborn babies. If that is the case you must consult a doctor immediately.

### Navel care

- Carefully and thoroughly dry the navel edge with a clean towel after a bath.
- If the navel has been in contact with stools or urine: wipe it with clean water and make sure it is dry again.

### Looking after nails and ears

- Don't cut your baby's nails for the first 6 weeks. They may still be attached to the skin in some places so you could damage the skin.
- Don't use cotton wool buds in the baby's ears because you might damage the eardrum. Use a bit of cotton wool to remove excess earwax.

### Vitamins

- All newborn babies will receive a daily dose of 6 drops of vitamin D (D-cure) at least up to the age of 6. You can actually continue with these drops for longer. They stimulate bone growth in your baby.
- Breastfed babies will also receive a one off dose of extra vitamin K (Konakion) following the birth. There's no need for any such supplement afterwards. Vitamin K is essential for blood clotting.



## Medication

Never start using medication at your own initiative! No suppositories, painkillers, cough medicine, homeopathic remedies, herbs, etc.

## Unusual behaviour

Drowsy, irritable, difficulty breathing, whimpering, very pale or blue in the face? Consult your midwife or a doctor.

## Sleeping and wakefulness rhythm

Babies have their own sleeping and wakefulness rhythm and this doesn't always coincide with their parents' routine. It's important, however, to try and follow your baby's sleeping, wakefulness and feeding rhythm whenever possible because babies will often become restless if this rhythm is disrupted.

## Cot death prevention

- Ideally the temperature should be around 18°C in the bedroom.
- Make sure that the room is properly aired.
- Always stay in the vicinity of your baby, in your living room during the day and in your bedroom at night. This is recommended until the baby is 6 months old. Your presence has a protective effect.
- Children of parents who don't smoke are less at risk of cot death. Definitely don't smoke in the house and prevent your clothing and environment from smelling of cigarette smoke. This also applies to other environments you might visit with your baby (family, friends, childminder, etc.).
- Don't use cushions, duvets and/or bumpers in your baby's cot. Don't position cuddly toys near your baby's head. Make sure that your baby cannot slide down beneath the covers or use a well-fitting sleeping bag.

- Ensure that your baby doesn't get too hot due to being over-dressed and never place an electric blanket or cherry pit pillow near your baby.
- Always let your baby sleep on their back. When the baby is awake and supervised, they can be placed on their tummy. This will promote their motor skills development.
- Always check how your baby has dropped off to sleep following a crying fit.
- Don't fall asleep with your baby whilst sitting in an armchair.
- Be particularly vigilant with pets. Never leave a pet alone with your baby and make sure that they are not lying too close to or against your baby.
- Breastfeeding provides some protection against cot death.

## Mum's recovery at home

### Bleeding

- Blood loss may continue up to 6 weeks.
- After a few days blood loss will become pinky brown and at the end yellowy white.
- Consult your midwife if you start losing more red blood or blood clots again. It is also advisable to consult your midwife or doctor if you develop a fever, smelly discharge, continuous abdominal pain or you feel unwell.
- It is not advisable to take a bath, use tampons or feminine hygiene products or to engage in sexual intercourse whilst you are still losing blood.

### Episiotomy or tear

- The wound will heal naturally, you don't need to do anything special but it's important to keep the area around the wound clean.

Change your sanitary pads regularly and use ones with no odour and a soft top layer.

- Contact your midwife or doctor if the wound continues or starts to trouble you again.
- Normally the wound should have healed sufficiently after 6 weeks.

## Physiotherapy

- It is advisable to strengthen your pelvic floor muscles as soon as possible.
- 6 weeks after the delivery you can start additional exercises with your physiotherapist. To find an appropriate physiotherapist visit [www.bicap.be](http://www.bicap.be).

## The myth of baby euphoria

Some mums instantly 'fall in love' with their baby after the birth. However, that is not the case for all new mothers. Look upon your baby as a new individual in your life, someone you have to get to know. Your life will have been turned upside down and it's quite normal that you have to get used to this. Thoughts such as 'is this what it's all about' are quite normal.

However, if you start to become listless, extremely anxious or develop feelings of depression, you should seek help, e.g. from your GP or midwife, as soon as possible.

## Caesarean

- Do not lift more than 5 kg during the first 6 weeks.
- It is not advisable to consider another pregnancy within the first year.

## Breastfeeding

- ✓ Breastfeeding is based on the principle of **supply and demand**. To ensure that you produce enough milk for your baby it's important to put your baby to the breast whenever they feel the need, even during the night.
- ✓ If you wish to do so you can also **express milk** instead of putting your baby to the breast or because you want to increase your milk production. If so, occasionally express milk between feeds or after a feed. When expressing it's also advisable to stick to your baby's feeding pattern whenever possible. Breast pumps for use at home can be hired from your health insurance fund or a pharmacy. Make sure you arrange this in good time before you are discharged from hospital.
- ✓ During the first few weeks of breastfeeding it's best not to use **dummies**.
- ✓ How long you breastfeed depends on your own wishes, your baby's needs, your work, etc. The main thing is that you and your family should be comfortable with this choice.
- ✓ Up to 6 months babies don't need any other nutrition in addition to breast milk. **Solid food** can be given from 4 months onwards, but it's not necessary for the health of a breastfeeding baby. After 6 months it's important to introduce vegetables but you can still continue breastfeeding of course.
- ✓ Try offering enough feeding moments to align your milk production with your baby's needs as much as possible.

- ✓ In principle new mothers can eat or drink anything. Limit the use of **caffeine** (coffee, tea, cola or other energy drinks containing a lot of caffeine). Don't drink **alcohol** when breastfeeding. Alcohol is harmful for your baby and they will ingest it via your breast milk.
- ✓ **Breast inflammation.** Possible symptoms include redness, heat and pain in the breast, a hard painful patch on the breast, feeling generally unwell, a fever and shivering. If you suspect a breast inflammation, contact your midwife immediately. She will introduce a number of measures to prevent inflammation. It's OK to continue breastfeeding your baby though. Take enough breaks. Cool the breast with ice or a coolpack (not directly on the skin) after putting your baby to the breast/expressing milk. Do this for ten minutes each time, as often as is pleasant. This inhibits swelling and the inflammatory response. Avoid deep massages. You can take a painkiller if necessary. If the situation doesn't improve after 24 hours it's advisable to consult your doctor with a view to taking antibiotics if necessary. Remember to tell your doctor that you want to continue breastfeeding to ensure that appropriate antibiotics are prescribed.
- ✓ If you need extra help, you can consult your midwife or a lactation consultant.

Also refer to the Kind en Gezin (Child and Family) brochure.

## Formula feeding

Please refer to the Kind en Gezin (Child and Family) brochure and poster.

### QUESTIONS

Make a note of any questions you might have for the midwife or doctor here.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---









© November 2024 UZ Leuven

Duplication of this text and these illustrations shall always be subject to prior approval of the UZ Leuven Communications Department.

#### Design and Production

This text was composed by the Gynaecology and Obstetrics Unit in conjunction with the Communications Department.

This brochure is also available at [www.uzleuven.be/en/brochure/701102](http://www.uzleuven.be/en/brochure/701102).

Comments or suggestions pertaining to this brochure can be submitted via [communication@uzleuven.be](mailto:communication@uzleuven.be).

Published by  
UZ Leuven  
Herestraat 49  
3000 Leuven  
tel. 016 33 22 11  
[www.uzleuven.be](http://www.uzleuven.be)

 mynexuzhealth



Consult your medical dossier  
via [nexuzhealth.com](http://nexuzhealth.com)  
or download the app.

