



Admission and Discharge

Antenatal & Postnatal Health Education for mothers and fathers

**HMG-Dubai
The Maternity Team**



“Please be aware that the information provided is intended solely for general educational and informational purposes only. It is neither intended nor implied to be a substitute for professional medical advice. Always seek the advice of your physician for any questions you may have regarding your or your baby’s medical condition. Never disregard professional medical advice or delay in seeking it because of something you have received in this information”

Thank you
The Maternity Team



Admission and discharge

1. Newborn screening
2. Newborn hearing test
3. Post partum discharge instructions
4. Successful breastfeeding at home
5. Breastfeeding late-preterm infants
6. Waking a sleeping baby
7. Calming a crying baby
8. Infant hunger cues
9. Colicky baby



Newborn screening test

The Newborn Screening test is one of the most important tests which is done for your baby's health. It is also called Heel Prick Test.

Newborn screening (NBS) test is created to identify infants who look healthy and may have rare genetic and/or metabolic disorders that can cause acute deterioration and lifelong complications, including mental retardation, motor impairment and physical disability. Newborns who are screen and diagnosed early, can receive treatment before symptoms develop and live a healthy, normal life.

This procedure has been widely used in USA and Europe since late 1960s and we can now screen babies for more than 50 disorders.

Why your baby should be tested?

Newborns usually do not show any symptoms and look healthy. If the screening test reveals a problem, your doctor will be alerted and take further steps (repeat the test, start treatment). Remember, that these disorders are not common and many of these babies are born from healthy families.

How is your baby tested?

The healthcare provider will draw a few drops of blood by pricking your baby's heel between day 2 and 5 of life / before hospital discharge. The sample is placed on a filter paper and sent for analysis. Results are usually available in 2 weeks. Almost all babies have normal results. If you are concern that screening is painful, please weigh up your baby's quick experience of discomfort against the knowledge that she or he will be safer from illness. Swaddling, breastfeeding or giving your baby a few drops of your milk can comfort during the test. We also give the baby a drop of sucrose in the mouth if becoming upset, what will sooth your baby instantly.

If your baby screening test show abnormal results

You will be informed if your baby's results are abnormal. An abnormal result from the heel prick test does not mean that your baby has a problem yet. It means that test should be repeated and if the test is unusual for the second time, the doctor may start treatment or refer your baby to a doctor who specializes in this field.

How can you help the doctor to help your baby?

- Make sure that your baby is tested before home discharge.
- If your doctor asks you to bring your baby for more testing, do it quickly, because if your child has a disorder, fast action can be very important.
- Be sure that you give a correct address and contact number to the hospital, where you delivered your baby.

Heel Prick Test

Some of the disorders your baby will be tested for are:

- Congenital Hypothyroidism (CH)
- Phenylketonuria (PKU),
- Cystic Fibrosis (CF)
- Congenital Adrenal Hyperplasia (CAH)
- Galactosemia
- Glucose-6-Phosphate Dehydrogenase Deficiency (G6PD)



Newborn Hearing Screening

A hearing screening is a test used to identify early signs of hearing loss in an infant. Hearing loss can affect a child's ability to develop communication, language, and social skills. The earlier hearing loss is detected and treated or aides provided, the more likely they are to reach their full potential.

Hearing loss that goes untreated may lead to speech and language delays, as well as delays in school. However, delays may be lessened or avoided if a hearing loss is discovered early, before three months of age, and the infant receives treatment through early intervention.

The hearing screening is a non-invasive procedure where two cups are placed over the ears of your baby. Sounds waves will be send through the cups and your baby's responses will be recorded. The whole procedure takes about 15 minutes and does not hurt the baby.

Babies usually have their hearing screened while still in the hospital, either in the nursery or in their mothers' room. The hearing screening is a parent's choice.

You will get the results of the hearing screening before you leave the hospital. This procedure is only a screening tool and is not used to diagnose hearing loss. If your baby does not pass this screening, it does not mean he/she has hearing loss. It means that your baby needs further evaluation as soon as possible, no later than 3 months. All babies with hearing loss should begin intervention services before six months of age.

<https://www.cdc.gov/ncbddd/hearingloss/parentsguide/understanding/newbornhearingcreening.html>

HEARING MILESTONE CHART

0-3 months

- Jumps at a sudden, loud noise
- Calms down when you speak

3-6 months

- Turns head or moves eyes to find your voice
- Plays at making noises and sounds

6-10 months

- Reacts to hearing his/her name
- Begins to understand easy words like "no" and "bye-bye"

10-15 months

- Repeats simple words and sounds you make
- Uses two to three words other than "ma-ma" and "da-da"

18 months

- Follows simple spoken directions
- Uses seven or more true words

24 months

- Understands when you call from another room
- Points to body parts when asked



Postpartum discharge instructions

The first six weeks following the delivery of your baby are known as the **postpartum period**. This guide is designed to help you understand the many changes that your body will experience over the next few weeks.

When to come to the hospital

- *Temperature of 38 degrees or above,
- *Heavy bleeding (soaking a sanitary pad in less than an hour) and passing clots larger than a golf ball
- *Foul smelling discharge from your vagina or your episiotomy site or disruption of the stitches with pain
- *Signs of infection around your incision, such as bleeding, fluid or pus-like discharge; separation around the edges, increased swelling, redness or tenderness
- *A red, tender or hot area on your leg which could be a blood clot
- *Blurred vision or dizziness, with or without a headache

When to go to your physician's clinic:

- *Headache
- *Crying spells or mood swings that feel out of control or do not get better with more sleep, rest, and nutrition;
- *Thoughts of harming yourself or your baby
- *Severe abdominal pain or cramping,
- *Frequent urination with pain or burning,
- *Constipation
- *Localized redness, pain and warmth in breast, with fever or chills that doesn't respond to changes in your diet

Postpartum check up

Discuss the following points with your physician:

- *Resume intercourse
- *Contraceptive advice whether breastfeeding or not
- *Pap smear
- *Iron/Multi-vitamins intake
- *Resume of exercise/gym

IMPORTANT CONTACTS

Dr Sulaiman al Habib Hosp.
04 4297777

Emergency Department
04 4297709

Postnatal ward HMG
04 4297784

Labor and Delivery Unit
04 4297775
04 4297718

Ambulance
998

Breastfeeding

Your breasts may feel heavier and firmer sometime between 3-5 days after delivery. This is the increase in milk production.

Continue feeding your baby 8-12 times each day to promote milk flow from the breast. Breasts should feel softer and lighter after a feeding.

Wearing a supportive, properly-fitting bra may help during this time. You may find it comfortable to wear a soft, light support bra at night. Do not wear an underwire bra as it may cause a milk duct to block.

Engorgement

When your breasts are full, more than normal, it might feel tight, heavy and hard. This is called engorgement.

We recommend the following:

- *Use warm compresses before feedings.
- *To relieve engorgement, apply cold compresses every 3-4 hours for 15-20 minutes as needed (a bag of frozen peas works well).
- *Cabbage leaves placed on your breast may also relieve your symptoms.
- *Stand in a warm shower, your back to the shower head, so the water flow does not directly hit your breasts.
- *Wear non-wire supportive bra.
- *Use football hold (easier for feeding with full breast).
- *Supplement feeding with the use of a breast pump after nursing as needed.

Nipple Care

Take a daily shower avoiding direct water spray and soap on nipples. Ensure baby has a good latch with mouth wide and facing your breast. Break the suction using a clean finger in the corner of mouth before removing baby from your breast.

Start on least sore side. Air dry after nursing for 10 minutes. Use Lanolin or express small amount of breast milk and let air dry on the nipple when sore



Mastitis

You will see a red stripe in breast, warmth, high fever or chills and increased pain at the site.

We recommend the following:

- *Consult your doctor for initiation of antibiotics and additional care instructions.
- *Continue breastfeeding your baby frequently.
- *Your breast milk is not affected.
- *Continue to rotate nursing positions.
- *Take pain medications as prescribed



Non-breastfeeding

Your breasts may respond to the hormonal changes of birth and begin milk production even though your plans are to feed your baby formula. To minimize the stimulation of milk production, we suggest wearing a bra that provides firm comfortable support for breasts that are swollen or fuller than usual.

Discuss with your doctor that you will not breastfeed

Do not express any milk.

Avoid nipple stimulation.

Watch for signs of infection which may be the following: fever, a painful firm red area on your breast and a flu-like feeling.

To relieve engorgement, apply cold compresses every 3-4 hours for 15-20 minutes as needed (a bag of frozen peas works well).

Cabbage leaves placed on your breast may also relieve your symptoms

Ask your doctor which medication you can use for pain relief.

This period of discomfort usually resolves itself within 24 to 72 hours,

Vaginal Bleeding

What to expect

Bleeding will be heavy at first and will decrease over time. The color will gradually change usually

By the end of 1st week: red to pink

By the 2nd or 3rd week: pink to straw colored then white

Duration can last up to 6 weeks after birth

Bleeding can increase after breastfeeding or lying down

Passing small blood clots in lochia is normal, as long as they gradually become less frequent and smaller and aren't accompanied by heavy bleeding, cramping or larger, it is a normal process and should not be a concern for you.

Menstruation: your period will resume in approximately six to eight weeks, unless breastfeeding, in which case you may not see your period until you stopped breastfeeding.

To reduce the risk of infection to the uterus and vaginal area:

Avoid public swimming pools, douching and hot tubs until lochia has ended (About 4-6 weeks)

Consult your doctor to discuss when you should resume intercourse

Douching is not recommended unless advised by your doctor

Uterus

After-pains, or cramping, are normal. This cramping means that the uterus is contracting to return to its non-pregnant size. These contractions - which often resemble menstrual cramps - help prevent excessive bleeding by compressing the blood vessels in the uterus.

Pain relieving medication will be prescribed for you to cope with the discomfort.

The uterus takes five to six weeks to return to its non-pregnant size.

Episiotomies and tears

Always wash your hands before and after going to the bathroom and before changing your sanitary pads.

Wear sanitary pads instead of tampons. Change your pads often, at least every 3 hours (even if you are not bleeding a lot).

Wipe yourself from front to back after going to the bathroom to avoid infection.

Use soap and warm water.

Ensure the perineum is dry (dry with towel, or you can use your hairdryer on cool setting).

Don't get too active too soon

Stitches will dissolve in one to three weeks.



Caesarian Section

Treat your caesarian incision with care

Keep your C Section site dry. Pat dry if wet after shower.

Follow your doctor's instruction regarding the care and change of dressing

Support your abdomen. Hold your abdomen near the incision during sudden movements, such as coughing, sneezing, or laughing

Use good posture when you stand and walk.

Use your pain medication as prescribed by your doctor. Most pain relief medications are safe for breastfeeding women.

Walk on a regular basis to help your body heal and to prevent blood clots in your legs and constipation

Don't lift anything heavier than your baby

Ask your doctor what activities may need to be avoided - driving or lifting a car seat can involve too much movement or heavy lifting

Nourish yourself with a healthy diet and lots of fluids



Constipation

Constipation is common after delivery due to relaxed bowel and abdominal musculature.

You should have a bowel movement within 2-4 days of delivery of your baby

Don't resist the urge to have a bowel movement even though your perineum is sore.

How to prevent and relieve constipation

Drink plenty of water - 6 to 8 glasses per day

Eat fiber-rich foods, such as (dried) fruits, vegetables, and whole grains

Prune juice is very helpful in relieving constipation,

Take short walks frequently



Hemorrhoids

Constipation can cause or worsen hemorrhoids, which are enlarged veins in the anus that commonly occur during pregnancy and after child birth.

How to relieve hemorrhoid discomfort:

Avoid constipation by drinking at least 8 glasses of fluid every day.

Eat 3-6 servings fruits, vegetables, and whole grains daily.

Take sitz baths

Apply an ice pack

Do your kegel exercise

Use doctor-recommended hemorrhoid cream



Diet and Nutrition

Continue taking your prenatal iron and vitamin pills until your postpartum visit.

You may resume your usual diet following your delivery. Eat a nutritious, low-fat and well-balanced diet to provide your body with the energy it needs.

Drink fluids (6-8 glasses/day) Drink a full glass every time you sit down to feed the baby.

Don't diet – Your physician can advise you on how many calories you need to stay healthy.

You will soon learn to avoid foods which cause baby fussiness and gas

Rest and Fatigue

Use common sense.

The first few weeks postpartum you will likely be very tired.

Rest! Plan to take naps when baby is sleeping.

Put your baby in a bassinet or crib next to your bed for convenience

If possible, take turns with your partner getting up at night to take care of the baby

Arrange for household help (laundry, cooking, shopping, leaning, childcare) for a week

Do not lift anything heavier than your baby.

Take a daily walk to promote healing as soon as you get home if your physician says it is ok.

It may be advisable to establish some part of the day where you and you baby rests – without visitors

You may take short trips if you desire. If long automobile rides are necessary, you should stop and get out of the car at frequent intervals.

Listen to your body. When you feel tired, try to rest.

Remember that you are recovering from a physical and emotional event that has had an enormous effect on your body.



References

*Myles Textbook for Midwives

*Maternal-Neonatal Nursing made incredibly easy, 3rd edition

*Nice guidelines, RCOG guidelines

*ACOG frequently asked questions



Exercise

Don't attempt any kind of exercise after a C Section or episiotomy/tear until your physician says it is ok, limit stairs.
Do Kegel exercises regularly to strengthen your pelvic floor muscles and relieve discomfort.

Pelvic tilt (picture 1 and 2)

Lie on your back with your knees bent
Tighten your stomach and buttocks muscle
Allow your pelvis to tilt upward, keeping the small of your back against the floor as you exhale
Hold for a count of 5, Relax and inhale, Repeat 3-5 times.



Arm raise

Raise your arms over your head, keeping your elbows straight with your palms facing one another, and hold for 5-10 seconds
Lower your arms out to your side, palm facing down, and keep your upper back straight Bring the palms of your hands together as far as possible behind your back, and hold for 5-10 seconds, Repeat 3-5 times.

Walking once a day will

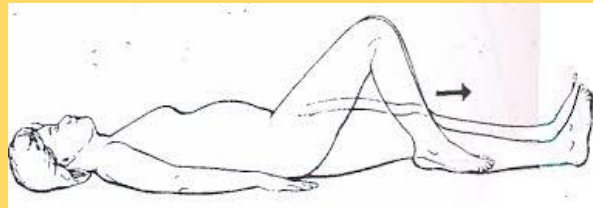
Walking improves your circulation. It decreases your chances of blood clots in the legs and constipation. Walking reduces swelling around your incision. It will help you lose your pregnancy weight and gives you an emotional lift.



EXERCISE

Heel Slide

Lie on your back with your knees bent
Do the pelvic tilt
Keep your back flat while sliding one heel
up and down the floor
Repeat 3-5 times each leg



Abdominal breathing

Lie on your back with your knees bent
Place your hands above your navel
Inhale with abdomen rising upward, stretch
abdominal muscles upward
Hold for a count of 5
Exhale while pulling your abdominal
muscles in
Hold for a count of 5
Repeat 3-5 times



Ankle circles (to prevent blood clots)

Lying on your back, make 10 clockwise
circles with your ankles
Repeat circles counterclockwise
Repeat 3-5 times
You can also do these while sitting



Emotional changes

After your baby is born, your body's estrogen and progesterone levels drop dramatically. This decrease can cause noticeable changes, such as mood swings, hair loss and night sweats.

It is normal to feel emotional. Most moms get the "baby blues" and experience feelings of sadness, anxiety and fatigue that should pass in a couple of weeks.

Today, it is recognized that postpartum emotional changes may evolve into serious problems of depression and should be treated by a physician.

Stress during pregnancy (especially due concern about body image), anxiety about the responsibility of mothering, and basic endocrine changes can cause psychological changes anywhere from three to 30 days after childbirth. In some cases, depression can occur up to a year later.

Surprisingly, 20 to 40 percent of new mothers, report emotional disturbances, usually within three to seven days of delivery. Early symptoms include insomnia, restlessness, fatigue, irritability, headaches, and rapid mood changes.

Later, symptoms may increase significantly to include lack of appetite, unreasonable concern over trivialities, confusion or incoherence, suspiciousness, and irrational behavior.

Depressed patients center their feelings on the mother-child relationship, either being excessively concerned about the baby's welfare or feeling incapable of caring for the baby.

The following may help:

- *Getting more sleep
- *Try to find time for your own needs, including recreation and social activities with friends, family and your partner.
- *A short period away from infants who are requiring your constant care and attention can be very helpful.

Please pay attention to your symptoms. It can be helpful to seek a counselor's assistance during this time.

Support Groups for Mums, parents in the UAE

- *Small and Mighty Babies; babies born a little too soon (Facebook)
- *Real Mums of Dubai (Facebook)
- *All for Down Syndrome (Facebook)
- *Love Parenting UAE (website)
- *Twins Plus (www.twinsplusarabia.com)

DON'T BE ASHAMED

Any woman who has had a baby in the last year can be affected regardless of how many uncomplicated pregnancies and postpartum adjustments she has had. If you feel that you are experiencing some of the symptoms of postpartum blues, depression or psychosis, there is help available. All of the symptoms, from the mildest to the most severe are temporary.

Seek treatment immediately for these disorders by contacting your obstetrician for a psychiatric referral.

Postpartum blues/depression

www.outoftheblues.supportoutofthebluesdubai@gmail.com

www.selfhelp.co.uk



Successful breastfeeding at home

Signs of Normal Progress in The First Week

- Your baby is skin to skin on mother's chest many hours a day for at least 60-90 minutes or until self-wakening (skin to skin touch increases milk production).
- Your baby is alert and cues for feeds at least 8 or more times per 24h and is obviously satisfied after feeds (note that crying is late sign of hunger and raises stress hormones in both mother and baby.)
- Your baby actively suckles at least 140 minutes per day 5-16 times with audible swallowing and releases the breast spontaneously.
- After feeds, your nipple is comfortable, wet and intact and breasts are softer after feeds than before; both baby and you are comfortable and relaxed (nipple pain and damage suggest poor milk transfer to the baby)
- Your baby's mucus membranes are wet and skin elastic.
- You feel that your milk "came in"
- You are confident with the ability to calm and feed your baby (confidence is an indicator of normal maternal role acquisition)
- Baby and you are satisfied with feedings

The following signs may be "red flags" for insufficient milk supply.

- Infrequent feeding and **weight loss**, especially if your baby continues to lose weight.
- Infrequent passage of urine and stool (**wet diapers**) < 4 / day.
- Irritability, baby is fussy, cries frequently (probably hungry for milk).
- **Breasts are still full and hard after feeds**. This indicates poor milk transfer, often because of poor latch, poor infant suck and / or edema. Express or pump milk and seek for skilled help if no improvement.

Your baby shakes his/her head, can't stay latched, comes off nipple frequently. Maybe your breasts are too full, there is a suck problems and/or tongue-tie. Express milk and feed your baby and go to your physician for a checkup and evaluation of suck reflex.

Your baby consistently falls asleep during feeding and doesn't release breast. If the baby is not thriving or you feel frustrated, seek skilled help. Milk should be expressed and given to the baby while your baby is evaluated thoroughly.

Your baby eagerly takes formula or pumped milk from the bottle right after breastfeeding. The reason may be poor suck, very rapid-flow nipple and your baby can't control the flow of the milk easily. Your baby should be fed with expressed milk and both you and your baby should be evaluated thoroughly.

How big is a newborn's stomach?



FIRST WEEKS EXPECTATIONS

The onset of copious milk secretion or milk "coming in" occurs on average 30-40 hours after delivery.

Your baby average milk intake per feed is:

2-10ml in the first 24 hours

5-15ml on day one and two

15-30ml on day two and three

30-60ml on day four.

- By the end of the first week, your baby passes 3-5 times (or more) yellow, loose stools per 24 hours (frequent stooling is one indicator of adequate milk intake)

- By the end of first week, baby has 6 or more wet diapers and urine is clear, not dark (wet diapers are an indicator of a good hydration after the first few days).

If your baby sucks his or her fist or roots again soon after a breastfeed there might be a possibility he/she is hungry again or there was a low milk intake in previous feed; breastfeed again, increase skin to skin contact with your baby, check for poor latch.

Breastfeeding a late-preterm baby

What is a late-preterm baby?

Late Preterm babies are born between 34 and 37 weeks. Sometimes, they weight is greater than 2.5kg, but not always and because most of them appear healthy, they receive the same treatments like full term babies, which includes discharge from the hospital at 48-72 hours.

Some late preterm babies seem to have “a honeymoon” of 2 to 4 days (sometimes a week) where they seem to handle challenges, but may become tired and need supports and interventions after that.

What are common challenges for late-preterm babies?

- Excessive sleepiness
- Subtle hunger cues or none
- Immature rooting reflex
- Difficult coordination of suck-swallow-breathe cycle
- Slow breastfeeding
- Increased risk of jaundice (which cause sleepiness, ineffective milk removal from breast, excessive weight loss.
- Decreased muscle tone, poor lip, poor cheek tone which are responsible for poor latch, poor milk removal and finally decreased milk production)
- Anatomical incompatibility between mother’s nipple and baby’s mouth
- Inability to trigger effective milk let down (“milk coming in”)

Most of these challenges are related to the immaturity of the brain as more than 1/3 of the brain volume develops in the last 6-8 weeks of gestation.

Breastfeeding Tips

- Feed frequently and allow a lengthy time for each feeding. As your baby may easily get tired, *wake him/her up frequently during breastfeeding.*
- Your *baby may need supplementation* with 5-10ml of feeding on Day 1 and 10-30 ml thereafter with expressed milk or formula.
- Your baby should be placed facing the mother with arms separated and hugging your breast. You can use “the dancer hand position” to improve latch.
- Establish and maintain milk supply (until your baby reach term, *you are advised to pump your breasts after each breastfeeding, 6-8 times/24h*). Offer your baby skin to skin contact often.
- If your baby cannot obtain enough milk from your breasts you can give expressed milk by using a cup for feeding (ask for help).
- *Nipple shields* work good if the baby has problems with maintaining the latch. You can try *breast compression* to improve milk transfer. *Audible swallowing* help to recognize milk transfer.

WHAT TO EXPECT



“the dancer hand position”



You will need extra care and support while your baby reaching term.

Please don't hesitate do to ask for *breastfeeding support*.

Remember that for breastfeeding baby we expect minimum of 5-7 wet diapers and 3-4 stools per 24 hours after day 3.

Please remember follow up visits of your baby



Waking a Sleepy Baby

Babies are often sleepy during the first week. They may not awaken often enough to feed: remember newborns need to eat 8-12 times per 24 hours. Here are a few suggestions for waking your baby.

Stimulate all of your baby's senses

- *Hold baby skin-to-skin for 15-30 minutes
- *Undress the baby to his diaper
- *Rub and massage the baby in various places
 - *Top of the head
 - *Bottom of the feet
 - *Up and down the spine
 - *Across the belly
 - *Up and down the arm
 - *The spot right above the belly button
- *Change the position of the baby
- *Do "baby sit-ups". Rock the baby from a sitting to lying position and back again. Rock gently back and forth until the baby's eyes open. *Do not* "jack-knife" the baby (force him forward)
- *Talk to the baby. Babies respond to mom's voice
- *Try adjusting room lights up for stimulation or down so the baby can comfortably open his eyes
- *Start to pull the nipple from the baby's mouth (Make sure that this does not result in the baby sucking on just the tip of the nipple. If it does break the suction and re-attach the baby to the breast.)
- *Change the baby's diaper
- *Apply a cool washcloth to the baby's head, stomach or back. (Do not let the baby become chilled. Premature infants become chilled more easily than term infants.)
- *Allow your baby to suck on your finger for a few minutes
- *Express some breastmilk and place just under your baby's nose.
- *Dribble milk over the nipple while latching-on

IMPORTANT



Signs of concern

If your baby is ***not waking up*** after a reasonable amount of time and the use of several techniques, contact your doctor.



Your Newborn is Crying, Now What?

Try these quick solutions to calm him down:

Hold the baby skin to skin

Skin to skin contact reduces stress levels for both mother and baby. When the baby is calm, then offer the breast

Let the baby suck

Offer a finger (or pacifier) for the baby to suck on for a minute or two. Sucking is a way baby's sooth themselves.
Give a taste: Hand express milk from the nipple for the baby to taste. Or dribble milk over the nipple to entice him to the breast.

Provide motion

Pick the baby up, rock, walk, bounce or dance. Babies are used to constant motion while in the uterus. Providing motion reminds them of "home".

Offer swaddling

Wrap the baby snugly for a few minutes
Check his skin temperature Feel your baby's tummy and make sure he is not too hot or too cool.

Reduce the stimulation

Too much stimulation, for too long, can be over-whelming for babies. Dim the lights, make no sounds and give the baby a break. Sometimes white noise like the sound of a hair dryer helps.

Burp your baby or bicycle his legs

Maybe there is a burp that needs to come up or gas that needs to go down.

Watch for feeding cues for the next feeding:

- Waking up
- Licking lips & sticking tongue out
- Sucking sounds
- Rooting
- Hand to mouth activity
- Generalized body movements
- Crying

STAY CALM

You won't spoil your baby by attending to his needs.

Babies are sensitive to your stress level. Remain calm and your baby may follow suit.



Do something different if none of these solutions work, distract your baby with something different. Blow in his face, sing or hum, hold him up over your head or give a bath.





Infant Hunger Cues

Babies show several cues in readiness for feeding. Tuning into your baby's cues will make your feeding more successful and satisfying for both your baby and for you.

Your baby does not have to cry to let you know he is hungry.

Crying is the last hunger cue!

Awakening
Soft sounds

Mouthing (licking lips, sticking tongue out, licking lips)
Rooting towards the breast (turning the head and opening the mouth)

Hand to mouth activity

Crying beginning softly and gradually growing in intensity

LOOK AT YOUR BABY





Calming a Colicky Baby

Crying is often related to hunger, and feeding is the obvious solution. However, periods of crying, with no obvious cause and no ready cure, plague many parents. Here are a few suggestions. Give several a try. One may work today and another may work tomorrow. Be flexible, and know that "this too will pass".

Symptoms

Periods of inconsolable crying
Clenching fists
Drawing legs up to abdomen
Stiffening as if in pain
Passing gas
Grimacing

Possible causes: (may be more than one)

Immature gastro-intestinal system
Sensitive nervous system
Excessive gas or over-feeding
Formula intolerance
Reaction to foods the breastfeeding mother has eaten
Over-stimulation

Possible remedies:

- *Colic Hold
- *Hold your baby skin-to-skin several times each day
- *Over-the-counter gas-relief drops (discuss with your baby's doctor)
- *Singing, humming
- *White sound nearby (running water, vacuum, clothes dryer, hair dryer)
- *Commercially available recordings with strong beat designed to simulate intrauterine sounds
- *Swaddle your baby snugly when crying
- *Undress your baby and allow complete freedom of motion
- *Avoid over-stimulation from noises, lights or motion
- *Distract the baby with different sounds, sights or places
- *Hold baby over your shoulder or over your knees
- *Bicycle your baby's legs
- *Take an infant massage class
- *Consult a Lactation Consultant who may suggest feeding on only one breast per feeding or other techniques to balance the "foremilk" and "hindmilk" your baby obtains while feeding.

POSSIBLE REMEDIES



The Colic Hold

Take a break, let someone else try for a while; babies sense your tension

Motion in any form

- *Walking Baby swing
- *Rocking in rocking chair
- *Rocking side to side while standing Ride in the car or in a stroller
- *Carry baby in infant sling

Keep a food diary to determine if a particular food bothers your baby (takes 4-6 hours for most foods to reach baby)