

For expectant and
new parents!



Worth knowing about the newborn infant,
breastfeeding, the female body after childbirth
the important role of the father

Karolinska University Hospital was appointed BREASTFEEDING FRIENDLY HOSPITAL in 1993

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When you reading this brochure

This brochure is intended for prospective and new parents. However, it may also be of interest to prospective/new grandparents and others in the immediate surroundings of the new parents since it gives information about the expertise and support we provide the new parents of today. The brochure covers most of what parents ask and think about during the initial period in the life of their newborn. The brochure also gives helpful information that we, the midwives, would like to share with you as you adjust to being a parent. You can also use the brochure as a handy little reference book.

Good luck with parenthood!

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The initial period at home

The initial period at home after childbirth is an adjustment for the entire family. You have become parents, perhaps for the first time – even though a lot can appear new and different for parents with existing children.

It takes time for the mother's body to return to normal. The hormones must “settle down”, the uterus contract and breast-feeding get underway. The first 6-8 weeks following childbirth is often referred to as the childbed period. During this period, it is important for the mother to take it easy, rest a lot and avoid stress. It is now that you as parents get to know and learn to adjust to the rhythm of your newborn child. If possible, do not be afraid of asking for help with practical chores such as cooking, cleaning, washing, etc.

The Child

It is easy to put others and yours expectations onto your child. Try to understand and discover what your child is about.

The child is an individual with special needs, a tiny person who already knows a lot and with his/her own personality. The first days after delivery are also a huge adjustment for the baby.

Closeness

Many parents are astonished by the newborn baby's need to be close to his/her parents and surprised over how calm the baby becomes when they sing or talk to it.

Senses

The baby's senses are well developed with good hearing, vision, smell and taste. Eye contact provides many opportunities to communication. The baby's vision is best at a distance of around 20 cm.

24-hour-rhythm

The newborn baby's 24-hour-rhythm as regards sleeping and being awake does not always tally with your own. Many mothers recognise the same rhythm from when they carried the baby in their womb. A newborn baby is often most alert in the afternoon until around two o'clock after midnight followed by longer sleeping periods until the

following afternoon. However, this may vary significantly. Allow yourself to sleep when the baby is sleeping to gather strength and energy.

Practical advice

Sleeping position

The baby should sleep on its back or side when sleeping on its own – not on its stomach. However, there is nothing wrong with putting the baby on his/her stomach when awake. Remember that the baby's head needs to change position to prevent it from becoming uneven or the back of the head becoming flat.

Navel

During the first days, the umbilical cord is dry and clean. Hold the stump of the navel and lift to check if it is sticky. If moist or sticky, wash once a day with water and dry carefully with a cotton bud. Keep the navel area dry and airy. The navel stump usually falls off after 3 - 10 days and may bleed a little. The baby has no sense of feeling in the navel stump.

Nails

You should not cut the baby's nails during the initial period. This may cause an infection as the skin and nail are joined together at the fingertips. If necessary, carefully tear off the white tip of the nail and file gently. A long-sleeved vest covering the hand will prevent the baby from scratching his/her face.

Urine

Check that the baby urinates during the first twenty-four hours. Salts from the urine will show as an orange stain in the nappy, something that is totally normal. Baby girls sometimes have a white discharge with speckles of blood. This is harmless and disappears after 2-3 weeks.

Bowels

The bowels should start working sometime during the first or second 24-hour-period, unless the baby has not already had a motion in the

amniotic fluid. The first bowel movement is called meconium and has been in the baby's intestine since the foetal period. Pigment from the bile colours the meconium black or green. The meconium may continue for a couple of days. An indication of the baby getting breast milk is that the meconium becomes thinner and grainier, after having been thick and gluey, and its colour turning yellow after approximately 4-5 days. The breast milk is mildly laxative which is why breastfed babies never get constipated. When the baby reaches its birth weight after around 10-14 days, it is normal for a breastfed baby to have a bowel movement anything from several times a day to once a week. This can vary immensely.

Sore bottom

Rub breast milk on the bottom and expose to air. The breast milk is clean, fatty and is both germicidal and healing.

Skin

Even out the layers of skin in the baby's groins, bends of the arms and possibly around the neck. The skin turns rancid if in thick layers, which often results in sores that need airing. Try rubbing breast milk onto sore and cracked skin.

Skin colour

A slight yellowness of the skin and eyes is normal a few days after birth. This is called newborn jaundice and is caused by pigmentation in the red blood corpuscles. Reduce the yellowness by placing the baby in daylight, although not in direct sunlight (**NB!** In the winter: open curtains and pull up blinds!). Breastfeed the baby often as the pigmentation will disappear via the baby's urine and faeces. Check the baby's skin colour 1-2 times a day, preferably in broad daylight. If very yellow, the baby may need help (light treatment) to aid the secretion of pigmentation. The baby could also appear very tired and uninterested in feeding. Should this be the case, ring your midwife, the Maternity Ward or your doctor for advice, see the last page.

Temperature

A baby's skin temperature should be between 37°C and 37.5°C. Hands and feet are normally cold during the baby's first weeks. Check

the baby's temperature by feeling its chest or back. It is not normally necessary for a baby to wear a hat or gloves indoors.

Bath temperature

The bath temperature should be between 37°C and 37.5°C. Check with the inside of your elbow that the water is not too hot. You can of course bathe your baby at home the first week, even with the navel stump intact. Do **not** use soap or shampoo. It is enough with water. Do not forget to dry the folds of the skin and navel carefully.

Sticky eyes

This is caused by narrow tear ducts. Wash with tepid water from the corner of the eye and inwards. Gently massage the tear duct opening from the inner corner of the eye towards the nasal bone. You can also rinse the eye with 0.9 % sodium chloride several times a day. If there is no improvement after a couple of days, your baby ought to be checked over by a pediatrician who may recommend a different treatment.

Burping

There is an exaggerated conception that babies need to burp continuously. Do not let the burping worry you. Many newborn breast-fed babies never burp. You will soon learn what your baby needs to do.

Hiccups

Is very common among babies and often disappears when the baby is offered the breast.

Sneezing

Not unusual among babies and is not caused by a cold. The baby "clears its nose" and can then breath normally when being breastfed.

Vomiting

Newborn babies often vomit amniotic fluids during its first twenty-four hours. In addition, babies often vomit when burping after a feed.

When your baby cries

All babies cry, some more than others. Small children have different temperaments. Some howls as soon as they are hungry or need a change of nappy. Others are nearly always quiet. How to stop your baby from crying varies from one baby to another and is determined by the needs of the baby. Sometimes it is enough to hold your baby in your arms. A baby carrier is a good alternative when the baby wants/needs to be carried a lot. There are moments when you as a parent feel completely helpless and frustrated when the baby cries inconsolably. Research and experience have shown that some parents retort to shaking their baby ('shaken baby syndrome'). A baby's head is large and heavy compared to its body. If vigorously thrown back and forth, the baby may suffer brain damage. In Sweden, several babies are seriously or fatally injured every year as a result of being shaken and suffering brain damage. It is therefore important to have a strategy for when the baby is inconsolable. However, one thing is certain; never shake your child. If your baby cries a lot – discuss it with the nurse at the Child Welfare Clinic.

Rashes, spots and similar ailments in newborn babies

Milk spots

80 % of newborn babies have pin-sized white spots, primarily around the nose, and some boys can have them on their penis. The spots do not require treatment and disappear after a couple of weeks.

Erythema toxicum neonatorum

This is often called "newborn baby rash" and are to a varying degree found on most healthy newborn babies. The rash consists of red skin with white dots and normally disappears spontaneously within 1-2 weeks.

Cavernous angioma (brand)

Vascular changes producing red marks, often on the eyelid, forehead or neck and around the nose. The marks tend to fade in a couple of years.

Swollen breast glands

A result of the mum's hormones and can be found in both boys and girls. The baby's breast glands can even secrete a little liquid, so-called "witches' milk". The swelling may be very tender – do not put pressure on it. A little cotton wool on the breast feels nice for the baby.

Irritated and red conjunctiva and retina

This is most likely caused by pressure in connection with delivery. Insignificant and will disappear in a week or so.

Blood test

The PKU test is a routine blood test carried out on all babies to rule out any of the following hereditary and treatable illnesses. The test is carried out at the earliest 72 hours after delivery.

- PKU or phenyl ketonuria, is a disturbance in the metabolic control of protein occurring in 1 out of 30,000 children.
- Hormonal disorder in the thyroid gland occurs in 1 out of 3,000 children.
- An unbalanced metabolic control of the sugar galactose occurs in 1 out of 80,000 children.
- Hormonal disorder in the adrenal cortex occurs in 1 out of 10,000 children.

The blood test is taken from the baby's hand (or heel) around 3-6 days after delivery. It takes two weeks for the blood test to be analysed and if we do not contact you, the test is normal.

Here you can ask questions and get help once you are back home

Families going home within three days from delivery will be made an appointment at the Maternity Ward. After the appointment or when you come home after more than three days at the Maternity Ward, we recommend contacting the Child Welfare Centre (Barnavårdscentralen (BVC)) immediately. They will give you advice and tips on everything that concerns your baby as well as support and information about for example breastfeeding. In addition, the Child Welfare Centre will carry out necessary vaccinations, follow your baby's growth development and check vision and hearing until school age.

The Child Welfare Centres also arrange parenthood classes where you have an opportunity to get to know other parents and discuss matters relating to children, parenthood, etc. You find addresses and telephone numbers to Child Welfare Centres (Barnavårdscentraler) in the green healthcare booklet or in the telephone directory.

Breastfeeding

Breastfeeding is something that most parents ask about. We shall therefore try to answer the most frequently asked questions here. Many parents have expectations that do not always correspond with the reality of breastfeeding. We only want parents to experience a positive breastfeeding.

Breastfeeding is more than just food

It is security, closeness and comfort for the baby. It is also an emotional bond for the mother and child. Breastfeeding is a way of getting to know and to live together with your child. The first time of breastfeeding, when the baby is newly born and the mother is a beginner, is very special.

Breastfeeding requires "patience"

As it is all about the interaction between mother and child, time is needed for both to get to know each other. If the initial period seems disconcerting, as it often does to most women, it is easy to start doubting your ability to breastfeed. Some women are comfortable breastfeeding after just one week while others may need several weeks before it feels comfortable and "reliable". Support and encouragement from the father, or a close friend or relative, is important during this time. Breastfeeding gradually becomes more harmonious as mother and child get to know each other. Try to be optimistic and have faith in the breastfeeding.

The first hours following delivery, most healthy and full-term babies go through a period of being wide awake, searching for the breast to suckle. After that, many babies fall asleep content and will sleep for nearly twenty-four hours. This is often followed by a few intensive days and nights with the baby wanting to breastfeed often, sometimes more or less continuously – anything between 6 to 20 times/day and night. The baby uses its reflexes to learn how to breastfeed. You on the other hand, learn through practice.

Breastfeeding can be divided into the following stages

THE SIGNAL STAGE involves the baby indicating that he/she wants to suckle by:

- ❖ Moving the hands towards his/her mouth
- ❖ Smacking while turning his/her head to the side

Should the mother be oblivious to these signals, the baby will start to cry. It is more difficult for the baby to latch onto the nipple if it has been crying for a while and has become irritated. Hold the baby in your arms, comfort and talk softly to it until the baby has calmed down and would like to try again.

In the SEARCH STAGE, the baby fondles the nipple with his/her mouth. Soon the baby opens his/her mouth, relaxes the tongue and latches onto the nipple. Make it easier for the baby by holding it close to you.

The SUCKLING STAGE starts by the baby suckling a few quick times to draw out the milk. Once the milk begins to flow, the baby will start to suckle with long and powerful gulps occasionally interrupted with periods of rest: The baby sucks 3-4 times, rests for a few seconds and then starts sucking again and so on.

Most children continue to suckle after they have had the milk they need. This is called the POST-SUCKLING STAGE when the baby is calm and relaxed.

‘Everyone has different a opinion’

The one thing that most parents complain about is everyone’s opinions and advice on how to breastfeed and care for the newborn baby.

Parents often describe how not only medical staff but also relatives, friends and acquaintances express their opinions. This can be explained by the many recommendations made throughout history in relation to breastfeeding - from a stricter approach to the baby governing the situation. In addition, women’s experience of breastfeeding varies, partly because breastfeeding can be done in more than one way and may vary from day to day and partly because the personalities and behaviours of babies differ. Breastfeeding problems can also be solved in more than one way. This can be very confusing in the beginning when the mother wants to feel secure and confident in the breastfeeding process. The Women’s Clinic regularly runs courses on breastfeeding and issues relating to breastfeeding are often discussed among the personnel based on today’s knowledge and expertise. We endeavour to create concordance in our approach and the advice given. This brochure, which is based on the knowledge

available to most families, is a step in the right direction. We suggest trying to obtain as much information and knowledge as possible throughout the pregnancy, talking to friends and asking and listening to people you trust but most important of all, to have confidence in yourself and think about what it is you want!

How do I know that the breastfeeding is working?

- You should feel comfortable with the baby suckling. The first sucks may be a little sore, but the pain should only be temporary.
- The baby will suckle, rest for a while and then suckle again – see the above breast-feeding stages.
- The baby stops suckling either by letting go of the nipple or falling asleep.
- When the baby lets go of the nipple, it should be round – not flattened or pointing to one side.
- The baby should be content at the end of a breastfeeding session.
- After 3-4 days, the baby will urinate more frequently and the black meconium becomes a yellow, grainy consistency.
- The number of breastfeeding sessions varies in the beginning from around 6 to 15 times/day and night.

Prevent any breastfeeding problems

Making sure that you hold the baby close to you, that his/her head is turned towards you and by waiting until the baby open his/her mouth wide – getting a good grip of the breast, not just the nipple. In this way, you can prevent breastfeeding problems such as sore nipples, discomfort and pain when breastfeeding, long-lasting or very frequent breastfeeding sessions, an “agitated” baby, not enough milk and a slow weight gain.

If the baby only suckles the nipple, the nipple will become squeezed and/or at an angle, increasing the risk of being rubbed and sore. In addition, it will be more difficult for the baby to suckle efficiently, resulting in an irregular milk production. The breastfeeding sessions will be longer as it will be more of an effort to make the baby content.

Some tips if you are not comfortable breastfeeding

- Sit upright if you prefer.

- Hold the baby close to you and facing you, avoiding too much clothing and blankets around the baby.
- Position the baby in front of the breast, not in the bend of the arm.
- If you need to support your breast – avoid holding the areola where the baby will latch on.
- Make sure that the baby is suckling the areola, not just the nipple. It is easier if the baby's chin is close to your breast.
- If the baby cries while being on the breast, hold and comfort it. Try again when the baby has calmed down.
- Support the baby's back and shoulder blades to keep it close to you.
- If the breasts are solid with milk, making it difficult for the baby to latch on, try expressing some milk by hand prior to breastfeeding.

Avoid bacteria on the nipples, causing soreness when breast-feeding, by observing extremely good hand hygiene before touching your nipples!

Things that could aggravate matters in the beginning

- Too much clothing and blankets around the baby.
- You are sitting in a reclined position.
- The baby is put on its back.
- The baby is held too far out in the bend of the arm.
- Your own fingers are obstructing the baby when holding the areola, so-called "scissor grip".
- The baby is only suckling the nipple.
- You are poking the nipple into the baby's mouth.
- You are trying to breastfeed a crying baby. Lift up and comfort first.
- The baby's head is pushed against the breast when the baby is not opening his/her mouth.
- You expect the breastfeeding to work immediately.
- Strong odours such as deoderant, perfume and cigarette smoke.

How often should the baby breastfeed?

Let the baby suckle as often and for as long as it likes – on condition that it feels right for you and that the baby has a good hold of the breast. The baby's suckling regulates the milk production. The more often you breastfeed, the more milk is produced.

One or two breasts each time I breastfeed?

Start breastfeeding from one breast until the baby has finished suckling, i.e. until the baby lets go of the nipple or falls asleep. Offer the second breast if the baby wants to suckle some more or wakes up after a little while. Offering one breast at the time and letting the baby finish suckling reduce the risk of tension in the breasts. The baby will get more of the richer milk that is produced towards the end, resulting in a less troubled stomach.

Beestings Colostrum

Most women worry about not having enough milk in their breasts after delivery, but all newly delivered mothers produce beestings. As soon as the baby is born and the placenta delivered, the breast milk flows to in greater quantities. The initial milk is called beesting and is extra rich, nourishing and easily digested. The beesting, colostrum sets the baby's bowels in motion and consists of extra anti-bodies giving protecting against infections and other illnesses. The amount of beesting is small but sufficient for a healthy full-term baby.

If the baby is small in size, premature or has gone through a difficult birth, it may need extra nutrition in addition to the breast milk. Your paediatrician can temporarily prescribe this for a day or two.

Mature milk

The mature milk is produced from the second to the fifth day. Some women's breasts then become very tender and rigid. This is called milk stasis, not to be mistaken by milk fever. Sometimes the body temperature rises a little, giving "the blues". See below under "The women after childbirth". Increased blood volume and tissue fluids in the breasts cause the rigidity. However, this will disappear after a couple of days, leaving the breasts feeling soft again. In some cases, it may take up to 14 days for the milk production to get established.

The baby grows in spurts, resulting in a very varied demand for milk – even from day to day. Some days the baby is simply hungrier than others. On such days, it may appear as if the milk is “running dry” although this is not at all the case. On such “hungry days”, try to breastfeed more often, drink a bit more and try to rest as much as possible. The same applies to “growth periods” when the baby’s nutritional requirements increase, which does occur fairly frequently. If the baby does not appear to be satisfied – try to feed more often. It might be a question of 1-2 days and nights with more frequent feeds.

Dummy

A dummy should preferably be avoided in the first few weeks. Especially until the breastfeeding feels good and reliable, i.e. when the baby is still learning to suckle, when the mother’s nipples are still sore and the milk production is still being established according to the baby’s needs. A dummy could then disturb the baby’s natural suckling behaviour. The baby’s method for sucking a dummy is different from suckling a breast. The baby will suck a dummy with a small closed mouth, in the same way as you suck a straw, while a breast is suckled with a wide open mouth, similarly to when you are about to take a bite out of an apple. Sucking a dummy also reduces the number of breastfeeds, resulting in the breast milk not being produced according to the baby’s needs.

If using a dummy during the first couple of weeks, monitor the baby’s way of suckling, whether your nipple is getting sore or the breastfeeds fewer.

What is so good about breastfeeding?

Breastfeeding is good for the baby because

- it feels secure in the arms of the mother
- it can feed on demand
- the mother’s milk adjusts to the baby
- research has shown that breastfeeding reduces the risk of common infections such as ear and respiratory tract infections, diarrhoea and urine infections. The protection remains for several years after the breastfeeding stops. This also applies to partially breastfed babies.
- new research has shown that full and partial breastfeeding protects

against asthma, eczema and allergy

- a breastfed baby is less at risk of obesity in developing and adult years

Breastfeeding is good for the mother because

- it reduces the period of recovery following childbirth
- it aids uterus contractions and hence, reduces the risk of bleeding
- it gives the mother a chance to rest and relax while the baby is fed, secure and rested
- it provides a moment of intimacy with her baby – particularly when more experienced in breastfeeding, e.g. after 2 months
- it accelerates weight loss subject to the mother not ‘eating for two’
Studies have shown that most of the weight loss occurs 4 - 6 months after birth when breastfeeding is sustained without the addition of formula milk supplements
- it protects against breast cancer and ovarian cancer
- the milk is hygienic, always of the right temperature and readily available in addition to being straightforward, free and completely harmless to the environment!

What are the recommendations on breastfeeding in Sweden?

The recommendation of the Swedish National Food Administration is that new mothers, if possible, should breastfeed exclusively for the first 6 months. Together with the Swedish Paediatric Committee on Nutrition, the Swedish National Board of Health and Welfare and the Swedish Ministry of Health and Social Affairs, the Swedish National Food Administration has drawn up the following guidelines:

'Breastmilk is the best nutrition for the baby during the initial period. Most babies do perfectly well on exclusive breastfeeding for the first 6 months. However, from an age of 6 months, it is recommended from a nutritional viewpoint that breastfeeding is supplemented with other food though the breastmilk should form part of the child's diet for a minimum period of one year or longer if possible.' (See the Swedish National Food Administration's website www.slv.se). The recommendations described above are based on research into the effects of breastfeeding on the future health of the child. The difference is apparent when comparing a large number of breastfed children and bottle fed children but not so apparent when comparing individual children, e.g. siblings or the children of friends. Breastfeeding is not on the other hand a guarantee for a healthy life though the immune system of a breastfed child is generally more efficient. Nor is it advisable to say that everyone 'should' be breastfed. A child 'should' only be breastfed if it benefits the mother and child.

Prompts for the mother during the initial period

Believe in yourself!!!

Rest often, especially when your baby is sleeping.

Drink when you are thirsty and preferably a bit more.

Do not forget to eat.

Do not have any major projects hanging over you.

Try to give yourself and your newborn baby time.

The milk does not disappear from one day to another!

If the baby is premature or unwell

If the baby has to be kept at the neonatal department, the breastfeeding may for various reasons be delayed. For mothers who wish to breastfeed, it may be a comfort to know that it is never too late to start – even after a week, month or more.

Expressing milk by hand or machine stimulates the milk production. The amount of milk expressed and the baby's needs regulate how often or for how long you should express milk. The nursing staff will help and together you can draw up a plan based on your personal circumstances.

Sometimes the breastfeeding reflexes are delayed

Healthy full-term babies sometimes need a little extra time before they start breastfeeding. If the baby finds it difficult to latch onto the breast and suckle, the mother will have to express milk by hand and give it in a bottle until the baby learns how to breastfeed. This may take several days. Prior to going home, you can together with the midwife discuss a suitable strategy for expressing milk and training breastfeeding.

The most common breastfeeding problems

The most common breastfeeding problems are sore nipples and breast inflammation or so-called “milk fever”. The problems may be caused by the child not suckling correctly, i.e. opening his/her mouth wide enough. Please refer to the section “Some tips if you are not comfortable breastfeeding”. Sore nipples usually improve after a couple of days. We recommend using a nipple aerator in your bra (available from the chemist), which frees the nipple and accelerates healing. Maintain good hand hygiene at all times. Breast fever is often accompanied by high temperature and red and swollen breasts. The best remedy is to rest in bed, continue to breastfeed and making sure that the baby is held close to you, suckling correctly on the breast. If the conditions do not gradually improve over the next couple of days, contact your midwife/the Maternity Ward for advice and possible medication.

Coping with comments from others

Sometimes, well-meaning questions and comments concerning breastfeeding can make matters worse. Breastfeeding mothers often

get questions about how it is going, if they have enough milk, how often the baby feeds and so on, which can be tiresome and a strain when trying to establish the breastfeeding. Women experiencing breastfeeding problems are often told “just continue breastfeeding, it will be all right, everyone can breastfeed”. Such comments can sometimes feel like a slap in your face when you for example have a baby that does not want to suckle or very painful breasts. If you come across these types of comments – remember that you are not alone and that those making the comments know less about you and your baby than you do. Try to talk to someone you trust, someone that understands.

Do not be afraid of talking about your feelings concerning breastfeeding when you visit or call us, have an appointment with the nurse at the Maternity Ward or the midwife at the Antenatal Clinic. You can also talk to one of the support mothers from the Breastfeeding Support, see the last page of this leaflet.

None or little breastfeeding

Some women cannot breastfeed for medical reasons and some women stop breastfeeding as they find it too difficult to manage regardless of advice and support. Most women want to and manage to breastfeed perfectly well following a learning curve of one to two months. For some of the women that find breastfeeding a problem, breastfeeding once or twice a day or just a couple of times a week with formula milk feeds in-between is a viable alternative as long as it is what the baby wants. Women who wish to keep up their breastmilk production should know that introducing formula milk feeds will result in a reduced breastmilk production unless the breasts are stimulated at the same time. It is possible to increase the breastmilk production again, though this usually takes time and motivation. There are also women who do not want to breastfeed for one reason or another. They must get the support and respect they need in making that choice. Many of these women feel judged and slated for their choice and hurt by the whole experience. The website www.nappflaskan.com gives advice and tips on bottle feeding and conveys the experiences of other bottle feeding mothers.

Do not be afraid of talking about your thoughts and feelings around breastfeeding when you visit or telephone us or see your nurse at the

Child Welfare Clinic or the Antenatal Clinic. Also, you can always talk to your ‘support mother’ at the Swedish Nursing Mothers’ Support Group.

Helpful advice to family members wanting to support the new mum and dad

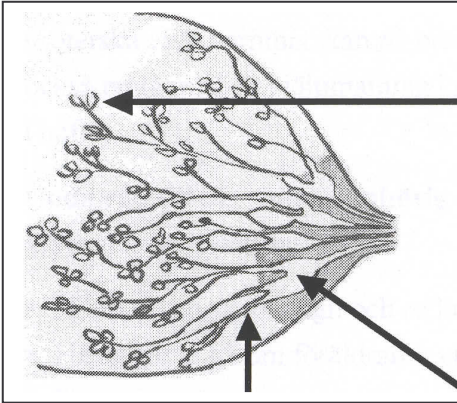
- Help creating peace and quiet around the new family.
- Visit the new family if the parents would like you to, but do not stay for too long.
- Bring along coffee and a cake/biscuits and do not expect to be waited on by the new family.
- Offer help with practicalities - cooking, washing-up, hoovering, buying groceries, looking after siblings, etc.
- Do not ask “have you got enough milk?”. It can be extremely shattering for a tired and unconfident new mother.
- Do not give advice without being asked. It confuses more than it helps.

The Swedish Nursing Mother’s Support Group!

In addition to the Child Welfare Clinic, the Swedish Nursing Mother’s Support Group (Amningshjälpen) is a voluntary organisation that offers advice and support in connection with breastfeeding. However, the Swedish Nursing Mother’s Support Group does not give any medical advice, in which case you are asked to contact the health care services.

The website of the Swedish Nursing Mothers' Support Group, i.e. www.amningshjalpen.se, lists the telephone number of your nearest ‘support mother’. In addition, the website answers many of the more recurrent questions. The Swedish Nursing Mothers’ Support Group publishes a quarterly journal called ‘Amningsnytt’ (Breastfeeding News) with plenty to read about breastfeeding and the experiences of other mothers and fathers, breastfeeding tips and the latest research.

Expressing milk by hand



An illustration of the breast from the inside

The mammary glands produce the milk. Expressing milk stimulates the breast to push the milk to the areola via numerous mammary ducts. Some milk is often collected in the mammary ducts, 2 – 3 cm up from the areola. Position your thumb and index finger to press out the collected milk

through the areola see the picture below.

Step by step

1. Wash your hands
2. Massage the breast slightly. It makes it easier to express the milk.
3. Hold the breast as shown in the picture.
4. Move the fingers straight backwards, towards your body. You are then gripping behind the place where there is milk collected in the ducts, see above.
5. Carefully press together the fingers and rotate in order to squeeze all mammary ducts (it must not hurt). The milk is now pushed out into the areola.
6. Relax your hand and start again as described in item 4 by moving your fingers straight backwards, etc.
7. Try to get a rythmical movement. It may help to say a jingle like;
 - *Back, together, squeeze,*
 - *Back, together, squeeze etc.*



You may need to repeat this movement a few times before the milk appears. It is just like breastfeeding when the baby must suckle several times before the milk "starts to flow". How long it takes

before the milk is flowing varies from woman to woman. If there is no milk, continue for no longer than 5 min x 2 on each breast. Do not give up! The milk will come if you continue to express by hand more than once. How often the breasts are stimulated is more important than for how long. When there is no more milk, change breast. You can change side more than once if you wish. You can also move your fingers around the areola, to ensure that you reach all mammary ducts.

Practical advice when expressing milk by hand/ pump

Hygiene

Good hygiene is important in order to reduce bacteria in the breast milk. Remember to:

- Shower once a day.
- Always wash your hands with soap and water before you express/pump out milk from your breasts even straight after having used hand disinfectant.
- Avoid disinfecting your hands in connection with expressing milk. Disinfectant coming into contact with the breast can both flavour and scent the milk. There is also a risk of your skin being dried out and chapped and bacteria getting hold.

Handling your breastmilk

- Always use new and clean collection cups when you express milk.
- If expressing at home, transfer the milk to the disposable cups/bottles provided by the hospital.
- Put the baby's name and identification number on the collection cup/bottle together with the date and time of expressing.
- Make sure to immediately put the milk in the fridge unless your baby is being fed the milk at once.
- If freezing the milk, freeze it immediately after expressing or at the latest after 1 day in the fridge.
- Do not mix newly expressed breast milk with breast milk cold from the fridge.
- Frozen breast milk keeps for up to 6 months (at -20°C).

Transport of breast milk

- When transporting breast milk from the hospital to your home, it is important to keep the breast milk cold/frozen. We recommend using freezer blocks.

The woman after childbirth

Physical changes

Cries easily – even when met by kindness. Emotionally unstable following childbirth, qualms about the child, breastfeeding and parenthood. These feelings are completely normal. The hormonal changes as well as the transformation of your life in general are immense. Give the maternal feelings time to develop. They will grow little by little. Take care of each other! The first six or sometimes twelve months are fragile for a new family. Relax often. It is necessary in order to cope with the adjustment to parenthood. Reduce the level of domestic ambitions.

The experience of childbirth can be negative for some parents and there may be uncertainties of what actually happened. If this is how you feel – do not hesitate to contact your midwife at the Antenatal Clinic or Maternity Ward to go through what actually happened during your delivery.

Depression in connection with childbirth

The two most common emotional problems are getting the blues and melancholy/depression. The blues is a temporary depression with varying levels of unhappiness and anxiety affecting half of all mothers a few days after childbirth, disappearing almost as quickly again. Melancholy or depression is a more long-term condition affecting around 10 % of all women. This can start already in pregnancy or emerge in the first months after childbirth, sometimes even later than that. The condition can be treated successfully. Tell your midwife/Maternity Ward nurse who will be able to help you or, if necessary, can contact the appropriate specialist.

Physical changes

Uterus

The discharge is pus from the surface of the placenta wound. The first day, it will bleed quite a lot, after which the discharge turns brown in colour to finally stop altogether. The discharge normally stops after 6-10 weeks. However, the discharge should not give off an unpleasant

smell – this could indicate an infection. In such an event, please contact the Antenatal Clinic or the hospital.

After-pains = contractions of the uterus which is caused by the uterus getting rid of discharge. Breastfeeding stimulates the afterpains, making the surface of the wound heal quicker and reducing the risk of infections. Women not giving birth for the first time, experience much stronger and painful afterpains. If you find it difficult to sleep due to the afterpains, take 1-2 paracetamol tablets, Alvedon or similar, every six hours.

Urinary bladder

It is absolutely normal to pass large quantities of water after childbirth. If it stings when you go to the toilet, it will help if you pour a cup of water over your genital area when passing urine.

Bowels

The stitches will not burst if you strain a little – not even if you are constipated and need to strain a lot, so do not be afraid of visiting the toilet after you have had a baby. To reduce any pain when passing a motion – take a nappy or a sanitary towel and press against the area between the vagina and the anus.

Drink plenty of fluid and eat fibrous food to avoid constipation.

Haemorrhoids

This is enlarged bloodvessels around the anus. These may be positioned inside or outside the anus. Hormonal influences during pregnancy as well as pushing while in labour can cause haemorrhoids, which can be very painful. Ice may alleviate the pain or Xyloproct cream if the haemorrhoids are large and expanded. Try pushing them back every time you go to the toilet. It is important to shower and keep clean around the anus and to drink plenty of fluids and eat fibrous food to keep your faecus soft.

Tears and cuts

The genital area heals very easily. The blood circulation aids the healing process when moving around. Shower your bottom after every toilet visit to prevent infections. Use only water as soap disturbs the natural pH balance with an increased risk of fungi infections.

Period

You are most **likely not to** have a regular period until you stop breastfeeding, except for if you part breastfeed.

Hormones

As the hormonal levels drop quite rapidly following childbirth, it is not unusual to break out in sweats or to feel “giddy”. You feel shattered. Your hair “is a disaster” the first few weeks – you lose a lot of hair as a result of hormonal changes and the hairloss being less than normal during the later part of pregnancy. Be patient, it will not just get better – it will be absolutely fine!

Sexuality

When the lust for sex returns is very individual. For some, it will only take a few weeks, while it will take a lot longer for others. Talk to each other. Show affection. Make the best of the situation. If you are worried that something is wrong in the genital area, talk to your midwife at the Maternity Ward.

Breastfeeding acts as contraception and postpones your period through a milk producing hormone called prolactin. Recent research indicates that breastfeeding as a form of contraceptive is just as safe as the coil or mini-pill subject to the following conditions;

- the mother breastfeeding fully, i.e. not using any supplement/other feed or replacing breastfeeding with expressed milk and beaker or bottle.
- the baby being breastfed day and night with no longer than six hours between feeds.
- the period not having returned – the method is then less safe requiring additional contraception.
- the baby being less than six months’ old. It becomes less safe after that.

The pelvic floor muscles

The pelvic floor muscles are very stretched during pregnancy and labour. It is crucial to train these muscles. In order to prevent incontinence, something that is becoming more and more common

among women, you must learn to “squeeze” every day. Please refer to the physiotherapists’ information at the back of this leaflet.

If you do not have time to partake in the pelvic floor exercises while still at the hospital, you are more than welcome to see the physiotherapists at the Department of Physiotherapy, check the time while you still in the hospital.

Programme:

Easy movements (adjusted to all forms of delivery)

Theoretical and practical pelvic floor exercises

Preparation for suitable post-pregnancy and post-labour exercises

Lifting and carrying methods

General advice

Antenatal care at the Antenatal Clinic

You get in touch with the Antenatal Clinic after you have returned home from the hospital so that you can arrange a suitable time for a visit. At the Antenatal Clinic, you can check that your uterus has regressed to normal size, that tears and cuts are healing without complications and that your pelvic floor muscles have regained their strength. You can also talk through the various stages of your labour and discuss suitable contraception.

If you were delivered by emergency or scheduled caesarean

Wound care, level of activity, dietary advice, psychosocial

Keep the wound clean and dry. Shower with soap and water. The tape covering the wound should be removed in the first couple of days. If there is discharge from the wound, cover with a dry sterile dressing or a small hand towel. In case of a suspected infection, contact your midwife at the Antenatal Clinic or the Health Check-up Clinic.

Listen to your body! A normal level of activities should not be hindered by the wound. It is important to take pain relievers regularly so as to facilitate your everyday chores. Change position when resting in your bed. Support your abdominal muscles after the operation with a pair of stretch jeans, a maternity belt or support pants. Remember to eat and drink properly to boost your wellbeing and prevent

constipation. If needed, it is important that you can talk about your experiences from your birth/caesarean with the staff at the Maternity Ward/Health Check-up Clinic or the midwife at the Antenatal Clinic. Mothers with a scheduled caesarean are discharge from the hospital by a doctor.

The new father

Becoming a father is one of the greatest moments in a man's life – an ecstatic and happy occasion that also brings responsibilities. The new father finds himself in an unfamiliar situation, not always knowing what is right or wrong, what to do and what to say. The same of course applies to the new mother. Fortunately, both of you are in the same situation and together, most parents find a way to good parenthood.

Give yourself time

The transition to parenthood is a time of change. Already before birth, many things must be organized and thought through. However, it is not the end of the world if you are not completely prepared before the big day. The baby does not care if the decorating of the baby room is not yet finished or the car not yet exchanged for a family car. Like the parents, the newborn baby needs time in peace and quiet to adapt to its new surroundings, so make sure you spend the initial period together. Bond with the baby and get to know its diurnal rhythm. Remember to support each other and not to demand too much. That is the foundation for a good parenthood.

A big adjustment

Most parents soon discover that being a parent is hard work with more to do and less time to do it in. A change that will wear you out. For a while, the father will have to be responsible for the domestic chores while the mother sees to the needs of the baby. It is important that the father understands how the woman is affected by everything that is happening to her body, in labour and the weeks thereafter.

Breastfeeding involves the father

Women's and men's biological capability of taking care of a small child is relatively identical. The only exception is that women can breastfeed. However, that does not mean that breastfeeding should not involve the man. The role of the father in the breastfeeding process is to support the mother in general, nurture the relationship with the mother and everything else that creates a family environment. Studies have for example shown that the presence of the father in the first few hours after birth helps the mother to initiate the breastfeeding. The father's attitude towards and knowledge about breastfeeding is one of the factors that most influences the mother's own perception of breastfeeding. The more positive the father is to breastfeeding, the longer the mother will breastfeed. This is shown in research. As to the relationship as a couple, it is probably useful for the father to know that breastfeeding releases hormones that delays the woman's sexual appetite. A relaxed situation at home and a good relationship with the father usually helps the woman to feel confident in her ability to breastfeed.

Shared and individual time with the baby

The role of the father is facilitated by the surrounding showing how important he is. Some fathers may feel excluded from the togetherness between the mother and baby. Hence, it is important that the mother shows confidence in her partner, inviting him to share the care of the baby and giving him his own time to bond. This relieves the pressure on the mother, giving her time to rest and recuperate.

Respect individual needs

The man must also be given space to cope. New parents must cut back on what they had time to do before the baby, though not necessarily stop it altogether. Once you feel more established as a family, there is no reason why you should not resume your favourite leisure activity. Your responsibility as a parent includes feeling good and not to be discontented with life. Paying attention to your individual needs and desires and finding a mutual solution will only benefit the baby in the long run.

Don't forget each other

While the fruit of your love settles in, it is easy to take that love for granted. Maybe you still talk as much as before, though not in the same way. Now everything is focused on the baby. The more tired you get, the less tolerant you are and small irritations become large problems. It is important not to forget that you are still a couple and need to talk about your feelings, experiences and thoughts. Whatever you have decided or planned, it is all conditional. Things can change and you will never know the effect of such changes. It is therefore important to find a moment to talk about it.

How will it affect your love life?

There are two things that many couples find difficult to talk about: Their disappointment in the other person and their love life. Usually, men or women do not have a problem with the disruption of their love life. However, it may take some time before the sex drive returns, especially for the woman. Thoughts about how long it will be before the love life returns to normal and if it ever will are not uncommon. A trick to 'find your way back' to a healthy love life is to keep up the bodily contact by hugging, touching and so on. This is not just for your baby! Doing something together, just the two of you, while someone else looks after the baby, is also a good way of nurturing your relationship. Getting the baby used to a willing and experienced 'babysitter' is worth its weight in gold!

Why is the father so important?

Everyone talks about how important the father is, but no one says why he is so important. The result of various scientific studies point at several advantages of both the mother and father taking an active part in the care of the child (compared with only the mother).

For example:

- The psychological development and social skills of the child are encouraged by the communication between the two parents.
- The empathic and social skills of the father are developed (paternity leave is often referred to as the best executive course).

- A more equal work load at home benefits the possibility of the parents developing their own qualities and needs, e.g. a successful family and professional life.

Finally

So what does your child need? Perhaps you are thinking: Love, security, a healthy environment, nutritional food ... Yes, obviously! But, I would also like to add: Children need parents that are content with their situation and can work together, whether they choose to live together or not.

INFORMATION TO NEW MOTHERS PELVIC FLOOR EXERCISES



CECILIA TORUDD

You now have a baby. As you probably have noticed by now, pregnancy and childbirth affect your body in various ways. You may have experienced problems with your pelvic joints or leaked a little urine when you cough or sneeze; perhaps you have had a Caesarean or been cut and stitched in the area between the vagina and the anus. The following information concerns your genital area! Read and reflect. This information applies to everyone who have given birth.

Pelvic floor

The pelvic floor is the muscle forming the “floor” in the pelvic (see picture 1). The muscles stretch from the pelvic bone to the seat bone and coccyx (see picture 2). The purpose of these muscles is to keep the genital organs (urine bladder, uterus, vagina and rectum) in place and to withstand the increased pressure from the abdominal cavity when for example running, exercising the stomach muscles, coughing or sneezing. During pregnancy, your pelvic floor is stretched and weakened (see pictures 3 and 4). This is due to a change in hormones and the weight of the baby. Labour is an added strain for the muscles. When the pelvic floor is weak and stretched, it is sometimes unable to lift the urine bladder, uterus and rectum. These may then sink, a so-

called uterine prolapse. In addition, the weakened muscle will not be able to cope with the increased pressure in the abdominal cavity, sometimes resulting in incontinence or straining incontinence.

You will need to train your pelvic floor muscles! The first days after childbirth you may find it difficult to squeeze your pelvic floor muscles but the more you try, the easier it will get. If you have been cut or have torn, it is extra important to do your squeezing exercises as this will increase circulation in the area and speed up the healing process.

Pelvic floor exercises

Starting off, it is easier to do your squeezing exercises lying down. The rest of your body is more relaxed and the abdominal organs do not press against the genitals. Try exercising with straight or bent legs and with a pillow support underneath your knees. Choose the position that is most comfortable for you. Lie on your side or stomach if this feels better. Put your hand on your buttocks or stomach to make sure you do not squeeze these muscles. Concentrate on squeezing the right muscles. Do not strain too much to begin with as this often results in the wrong muscles being squeezed. Remember to squeeze the openings: rectum, vagina and urethra. When squeezing the genital muscles, it should feel as if they are lifted upwards.

“Get-started-squeeze”

Squeeze for a few seconds, relax for a few seconds, squeeze again, relax and so on. Repeat 3 times/day, 10-12 squeezes each time. It only takes around 1½ minute! This squeezing exercise starts off the pelvic floor exercises following childbirth when it is difficult to “find” your muscles again.

When you feel that the “get-started-squeeze” works, continue with the following:

“Strength and endurance squeeze”

Strength: Squeeze as hard as you can for 5 seconds. Relax for 5 seconds. Repeat this squeezing exercise 5-10 times when you do your exercise.

Endurance: Do the same as above, but hold for as long as you can! Relax for just as long. Repeat this squeezing exercise 1-3 times when you exercise. All of this only takes a few minutes.

Do the above exercises 2-3 times a day!

For how long do you have to keep up the pelvic floor exercises?

Exercise intensively for 4-6 months and then decrease the training, but never stop! The midwife should check your pelvic floor muscle function when you visit the Antenatal Clinic. All women should as a preventative measure exercise their pelvic floor muscles.

Now use your squeezing skills in situations when the pelvic floor is strained, e.g. when you cough, sneeze, laugh, jump, lift and exercise your abdominal muscles.

If you were delivered by caesarean

The wound will heal in about 6 weeks. During this time you should avoid lifting or carrying anything heavy with the exception of your baby of course! Physical activity is important and walking is a good start. After approx. 6 weeks, begin slowly with the home exercises recommended in this brochure. You should not start any strenuous activities such as aerobics, jogging or fighting sports before your check-up at around 8 - 12 weeks after birth – provided that your pelvic floor muscles are ready for it!

Abdominal muscles

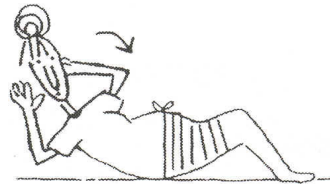
The abdominal muscles are stretched and weakened in pregnancy. This puts extra strain on your back due to less support from the abdominal muscles. Stronger abdominal muscles result in an improved posture.

Remember! Always squeeze your pelvic floor muscles when exercising your abdominal muscles!

Exercise 1. Lie on your back (preferably on the floor) with your legs bent. Squeeze the pelvic floor, pressing the curve of your back towards the floor (=tilting the pelvic floor). Hold for 5-10 seconds. Rest. Repeat 5 times. Boost exercise 1 by tucking in your chin and lifting your head at the same time as pressing the curve of your back onto the floor. Repeat 5 times. Further boost exercise 1, once your

pelvic floor muscles are stronger, by rolling up your head and shoulders. Hold for 5-10 seconds. Rest. Repeat 5 times.

Exercise 2. Lie on your back. Fold your hands behind the neck. Move left elbow towards the outside of the right knee and vice-versa. Repeat 5 times.



Stabilising pelvic floor exercise

Exercise 3. Lie on your back with your legs bent, squeeze, press the curve of your back onto the floor and lift your bottom and back – lower and stop squeezing. Repeat 5 times.

Posture exercise

In pregnancy, it is not unusual that your posture changes. The curve of your back gets exaggerated, resulting in a tired and aching back. It is now important to become aware of how you stand, walk and sit in order to retain your normal posture.

The following exercise helps:

Pelvic floor tilting

Stand with your legs slightly bent, pull in your bottom and try to straighten out the curve of your back. Hold for 5-10 seconds. Repeat 5 times. (It may be easier if you stand against a wall.)



Regime – Tips and Advice

Lifting and carrying technique

A correct lifting and carrying technique is always important. Following pregnancy and labour, it is extra important to lift and carry correctly. Do not lift anything heavier than what feels right!

When lifting, make sure that you stand firmly, preferably with one foot in front of the other. Squeeze the pelvic floor, lift with a straight back and bent hips and knees. Hold the weight as close to your body as possible. Avoid standing bent forward. Bend your hips and knees instead, e.g. when dressing your child.

Breastfeeding

It is important to sit or lie comfortably when breastfeeding (or bottle feeding). You may need to put support behind your back, underneath your feet and under the arm holding the baby to avoid unnecessary muscle tension in neck or arm.

Relaxing

Two comfortable relaxation exercises:

Lie with the entire back pressed against the floor.

Lie frequently on your stomach with a small pillow underneath the pelvis. In this way, the uterus is aided into place in the abdominal cavity, i.e. forwards – upwards.



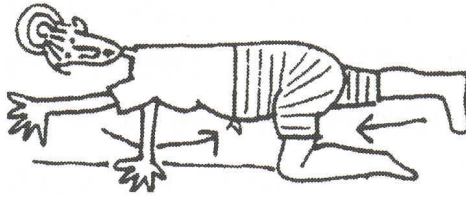
Exercising the first 2 months

During the 6-8 weeks that it takes for the uterus to contract and the placenta wound to heal (for as long as you have discharge), you should avoid keep-fit exercises, ballgames or athletics. Wait 2 months before you start exercising to give the pelvic floor muscles time to contract and get stronger through the squeezing exercises. Walking is fine. You can start with the following home programme after a few weeks of pelvic floor exercises.

Home programme

- Pelvic floor exercise
- Warming up
Jog on the spot with flexible feet for 3-5 minutes. Vary with high knees and finish with a few deep breaths.
- Flexible back
Stand with your feet slightly apart. Lift one arm above your head and bend your body sideways. Repeat 10 times.

- **Strength and stability – abdomen**
Lie on your back with bent knees. Squeeze your pelvic floor muscles and press the curve of your back against the floor. Hold for 5 seconds. Repeat 10 times.
- **Flexible back**
Drop your knees from side to side. Repeat 10 times.
- **Strength – hips**
Lift up your pelvis. Hold for 5 seconds. Repeat 10 times. Increase the level of difficulty by stretching out one leg and then lifting the pelvis.
- **Strength – abdomen**
Squeeze the pelvic floor, fold your arms across the chest, tuck in your chin and lift your head and shoulders from the floor. Lower slowly to the floor. Repeat 10 times.
Squeeze the pelvic floor, tuck in your chin and lift your head and right shoulder so that you can reach the outside of the left knee with your right hand. Hold for 3 seconds. Lie back. Relax your pelvic floor. Repeat the exercise in the opposite direction. Repeat 10 times.
- **Stronger abdomen – increased level of difficulty**
Hold your hands by your ears with elbows pointing outwards. Squeeze your pelvic floor. Press the curve of your back against the floor and “roll” the upper part of your body to the right at the same time as pulling up the right knee towards your stomach. Left elbow and right knee should meet. Do the same but in opposite direction. Repeat 10 times.
- **Flexible hips**
Stand on all four. Pull in one knee against your stomach. Then point and stretch the leg backwards but not upwards. Repeat 10 times. **NB!** Make sure not to curve your back when doing this exercise!
- **Increased level of difficulty**
Stand on hands and knees. Lift one arm forward and the opposite leg backwards. Hold for 5 seconds. **NB!** Do not curve your back! Repeat 10 times.



- Flexible shoulders
Sit with legs folded and with straight back. Stretch your arms towards the ceiling. Pull them down at the same time as pushing together the shoulder blades. Repeat 10 times.

THEN WHAT??

When you feel fully recovered, assume your favourite sport, but take it easy and listen to your body. If you experience pains in the genital area or incontinence or an aching back/pelvis, reduce the intensity of your training.

Advice if you have joint problems

Even after childbirth, you may experience problems with your pelvic joints. This is because it takes time for the body to return to its normal hormone levels. Here is some advice that will help you during this period.

- Avoid movements that cause pain.
- Rest several times a day with your legs positioned high or on your side with a pillow underneath your knee and arm.
- Do not sit with crossed legs.
- Think about how you get out of bed. Roll onto your side, hang your legs over the side and sit up sideways.
- Avoid putting pressure on one leg too much. Stand steadily on both feet.
- Sit on a chair when getting dressed.
- Walk with short steps.
- Avoid stairs. Try walking backwards if you have to take the stairs.
- Distribute the weight if you have to carry anything heavy. The entire weight should not be carried in one hand.
- Use walking stick if necessary.
- Use a pelvic girdle if provided.

Good Luck! from the Physiotherapists

Suggested reading

Sedan du fött, en bok om den nyblivna mammans kropp och själ, T. Fischer & Co. M. Borelius

Kejsarsnittsboken, Cordia, M. Alfven, E. Henning and V. Holmertz.

Amningsboken, Natur o Kultur, K. Svensson and M. Nordgren.2002

Vad är naturligt för mitt barn? Exiris, T. Ljungberg. Tel/fax orders on +46 (0)155 700 86. Price: SEK 40:-.

Babyblues, Wahlström & Widstrand, P. Hintze, 2000

Uppdrag mamma, Bonniers Förlag, Månpocket, Editor Karin Salmson, 2002

Uppdrag pappa, Bonniers Förlag, Månpocket, Editor Hannes Dükler, 2004

Bebisbekännelser, Guide för nybörjarföräldrar, Bokförlag DN, L. Sjöberg, 2005

Internet addresses

Allt för föräldrarna (Everything for parents)

www.alltforforaldrar.com

Föräldrakanalen (Parents' network)

www.kanalen.org/foraldrar

Unga Föräldrars Nätverk

(Young parents' network)

www.ungaforaldrar.nu

Websites for fathers

www.pappagrupperna.se

Swedish Nursing Mothers'

Support Group

www.amningshjalpen.se

Medical advice

www.netdoktor.se

www.infomedica.se

My notes, questions and thoughts: