

The first weeks  
of parenthood

## What's happening to me?

Being at home with your newborn baby is usually a wonderful time, but it can also be chaotic and exhausting.

Life with a new baby is demanding and unpredictable. This makes it hard to find time for your own needs – even things as basic as having a shower or making your own meals. You'll be tired, and sometimes overwhelmed. It may feel as if you have no control over your life.

This is normal. It doesn't last. By six to eight weeks, you'll start to get more organised. By three to four months, everything will be more settled.

## How to survive the early weeks

- Try and rest or sleep during the day when the baby sleeps.
- Do as little as possible. Keep housework to a minimum (you and your baby are more important).
- Get your partner to bath and change the baby – it gives you a break and helps the baby get to know both parents.
- Remember your relaxation techniques (see *Getting ready for labour and birth* on page 67). Use the techniques if you feel edgy or when you want to rest.
- Save energy by sitting down to do things. Sit on the floor or lounge to change a nappy and sit down to fold laundry
- Keep food simple, as you won't have time or energy for much cooking. The simplest meals are often the healthiest, such as salads with some lean grilled meat or fish, canned fish or cold chicken with wholegrain bread. Snack on fresh fruit and yoghurt.
- If friends drop in, ask them to give you a hand if there are things to do like shopping or putting out the washing. Most people like to feel useful.
- Fresh air and gentle exercise such as taking the baby for a walk can help you feel less 'housebound'.
- Remember that if you don't care for yourself, you'll be in no shape to care for anyone else.

All new parents need support, especially if you don't have family close by or you're a single parent. Don't be afraid to ask for, and accept, help.

Some parents find it hard to sort out the different advice they get from friends, family and health professionals. Some advice may be good, some not so good. It's best to decide on a couple of people whose advice you trust. Then do what feels right for you and the baby – trust your intuition. If you're confused or don't know what to do, call your Early Childhood Health Service or:

- Karitane Careline on 1300 227 464 (1300 CARING)
- Tresillian Parent's Helpline on (02) 9787 0855 (Sydney metropolitan) 1800 637 357 (Regional NSW)
- Australian Breastfeeding Association 1800 686 268 (1800 mum2mum)
- Local Women's Health and Community Centres offer individual counselling and support groups. You can look for these centres at Women's Health NSW website <http://www.whnsw.asn.au/centres.htm> or read more information on the internet from the NSW Health website ([www.health.nsw.gov.au](http://www.health.nsw.gov.au)).

# Looking after your baby

Many new parents feel overwhelmed by the first few weeks of family life, and so do many babies. Your baby has left that snug, dark place inside you and arrived in a strange and sometimes scary place full of unfamiliar sights and sounds. There are some important things to remember about new babies:

- You can't spoil a newborn baby. Crying is your baby's only way of letting you know that he or she needs you. Babies aren't old enough to be naughty or to try to get their own way.
- All babies cry. Some babies cry more than others. Some cry more than you would think possible. The afternoons and early evenings are often the worst. Comforting your baby quickly when he or she cries helps your baby feel safe.
- Babies who are comforted when they are upset and get what they need quickly – a feed, a dry nappy, a cuddle – tend to cry less.
- Remember that although this is your baby, the relationship between you both is new. When we meet someone new, it takes time to get to know how they behave, what makes them upset and how to comfort them. It's the same with babies... even if you've had a baby before.
- The chaos of the first few weeks doesn't last. Your baby will gradually get into a more regular pattern of sleeping and eating.
- It is very important that babies live in a completely smoke-free environment. Babies exposed to cigarette smoke have a much greater risk of respiratory problems and SIDS.

## What if the baby won't stop crying?

It can be very stressful when nothing you do seems to comfort your baby.

- First of all, check that your baby isn't hungry, isn't too hot or cold, and has a dry and clean nappy.
- Remember that babies are like anyone else – it can take time to calm down when you're upset.
- If your baby is unsettled during the day, try putting him/her in the pram and going for a walk in the fresh air to calm you both. If that's not possible, skin-to-skin contact often soothes. If this does not help, put your baby in a safe place (their bassinet or cot) and call someone to come and help you. Often, babies respond to someone other than their mothers if they're particularly unsettled.
- If no-one else is at home you may need to call a friend or family member and ask them to come over. If they are not close by, sometimes putting the baby in the car and driving to someone else's place will help.

If you need help at any time, you can also call:

- Tresillian Parent's Helpline on (02) 9787 0855 (Sydney metropolitan area) or 1800 637 357 (regional NSW)
- Karitane Careline on 1300 227 464 (1300 CARING)
- Child Abuse Prevention Helpline on 1800 688 009
- Men's Line on 1300 789 978
- healthdirect Australia on 1800 022 222

# Looking after yourself

"We were really well-prepared for the crying. One of the best things about the pregnancy classes we went to was they really made a point of telling us about how a baby behaves including how much and how often they cry in the first few weeks. The classes also helped us understand that comforting a baby was the right thing to do and meant that babies settle quickly this way. Because we knew what to expect I think it really helped us cope." Tim

## Your body

**Vaginal bleeding (lochia)** will continue for around two to four weeks after the birth. After the first few days, it should be pinky-brown rather than red. See your doctor if the bleeding becomes brighter, heavier, you pass clots or the bleeding is smelly.

**Constipation** may be a problem but there are simple solutions. Some of the fastest foods – big salads with raw mixed vegetables, fresh fruit, dried fruit, wholegrain bread, baked beans on toast – have lots of fibre which will help. Drinking plenty of fluids (less tea and coffee) and walking help too.

**Vaginal or perineal stitches** If you have stitches, you may still be sore. See your doctor if the area becomes more painful or inflamed. You may also see fragments of stitches over the next few weeks. The repairs aren't falling apart – it's just your stitches gradually dissolving as the area heals. Salt water baths are not recommended as salt may weaken the stitches.

**Piles (haemorrhoids)** You may experience pain in your anal area after the baby is born. It's important to avoid straining when going to the toilet. You can take a warm bath to soothe the area and use over-the-counter creams and/or medications such as paracetamol.

**Sex** It's okay to have sex when the bleeding has stopped – usually by four or six weeks. Some women do want to have sex at this time but there's a good chance that all you want to do in bed is sleep! Besides fatigue, other things that can make sex difficult are:

**Stitches** If you've had stitches, it may take longer than six to eight weeks before sex feels comfortable. If penetration still hurts after three months, see your doctor.

**Less lubrication** Hormonal changes mean your vagina isn't as well lubricated as usual. This will get better after about 10 weeks. Until then, try a lubricant and more foreplay.

## Health alert! Never shake your baby

Shaking your baby causes his or her head to jolt backwards and forwards and may cause bleeding in the brain. This can cause brain damage and may result in the death of the baby. If you feel yourself getting frustrated, upset or angry, put the baby in a safe place (his or her bassinet or cot), walk away and take time to take care for yourself. Ask for help. If someone else is home, ask them to try and settle the baby. If you're alone, ring a friend or family member and ask them to help. Remember, no matter how upset you get – never shake your baby.

**Your feelings about your body** Some women feel okay about their bodies at this time – but some don't. You may feel shapeless. You may feel like your body isn't your own. It's not like your pregnant body – but neither is it the body you had before.

**Breastmilk** Some women will leak milk during sex. If you or your partner are not comfortable with this try feeding your baby or expressing first to decrease the amount of milk present or wear a bra with breast pads.

The good news is that in a few months both your shape and your sex life should start to improve. In the meantime:

- talk to each other about how you feel
- have some 'couple time'
- don't expect too much the first time you have sex
- if it's uncomfortable, wait for another week or so
- remember that there are other ways to feel close and enjoy each other.

**Six-week postnatal check** See your midwife or doctor for a check-up six weeks after the birth. This is an important check for you and your baby. It is also a good time to have a Pap smear test if you hadn't had one in the last two or three years.

*"You have no idea of how difficult that first week at home is going to be. The most helpful thing was my partner taking time off after the birth. The other thing that made a huge difference was cooking and freezing meals for two weeks in advance – it's even better if you can get your mother-in-law to make her lasagna as well." Kate*

# Contraceptives

It's important to think about using contraception after the birth of your baby. Don't wait until your six-week postnatal check to think about it – you can get pregnant before then (even if you are breastfeeding) because you will ovulate before your periods return. Breastfeeding can delay ovulation but if you want to plan the timing of your next pregnancy, it's a good idea to use contraception.

If you are breastfeeding, you won't be able to take the combined pill because it can affect your milk supply but there are some options that won't affect your milk. See your doctor or Family Planning NSW Health clinic to talk about what would suit you best. You can get more information on the Family Planning NSW website at [www.fpnsw.org.au](http://www.fpnsw.org.au) or call the Family Planning NSW Healthline on 1300 658 886.

## Hormonal contraceptives

- **Contraceptive injection (Depo-Provera®)** is a hormonal injection that you have every three months to prevent pregnancy. If you want to use it after having a baby, the best time to have the injection is five or six weeks after the birth. A small amount of the hormone will go into the breastmilk. Depo-Provera™ is effective straight away. It's important to make sure you're not pregnant before having the injection.
- **Progestogen-only pill (or mini-pill)** is a reliable contraceptive, as long as you remember to take it at the same time every day. You can start taking it shortly after the birth (talk to your doctor). You need to use condoms for 48 hours until the mini-pill takes effect.  
The Morning After Pill (emergency contraception) contains the same hormone as the mini-pill, but in a larger dose. It is available in a single table or two-tablet pack. You can keep breastfeeding if you take these.
- **Contraceptive implant (Implanon NXT®)** is a small rod implanted under the skin of the inner arm. It releases small amounts of a hormone that prevents pregnancy and has a less than one in a hundred failure rate. It stays in place for three

years. Implanon must be inserted by a health professional who has been trained to do it. It can take up to a week for Implanon to become effective. You need to use condoms until it takes effect. Some women have irregular bleeding as a side effect.

These contraceptives don't affect your milk supply. Very small amounts of hormones may pass into breastmilk, but they have no effect on the baby.

## Intra Uterine Devices (IUDs)

A small device is inserted inside your uterus (womb). You could have the IUD put in at your six-week check after the birth, but it's usually done at least eight weeks after the birth.

One IUD known as Mirena™ also has a hormonal ingredient. This ingredient has not been shown to have adverse affect on babies or milk production which means that women who are breastfeeding can safely use this method.

## Male Condom

Condoms are an effective contraceptive when they are used consistently. They don't contain hormones. You may need to use extra lubrication with condoms while you're breastfeeding. Polyurethane condoms are available for people with latex allergy. Condoms protect against STIs.

## Female condom

Women can use this condom especially if they have a latex allergy. It lines the vagina and provides a barrier for sperm and also prevents STIs. Female condoms are available through Family Planning NSW and sexual health clinics.

## Diaphragm

If you normally use a diaphragm or cap, you may need a different size to the one you used before. Your doctor can check this at the six-week visit.

**If you're not breastfeeding**, you can use the combined pill or any of these other options.

## Will breastfeeding prevent pregnancy?

The World Health Organisation (WHO) says breastfeeding can be effective in preventing pregnancy for 98 out of a 100 women in the first six months after birth as long as:

- you breastfeed your baby during the day and night
- you don't go for more than four hours without breastfeeding (if you go without breastfeeding for longer than this, you'd need to express milk every four hours)
- you don't give the baby any other food or drink (babies need only breastmilk for the first six months)
- you haven't had a period.

You can choose to combine breastfeeding with another method of contraception

## When will I get my period back?

Most times women who breastfeed may not get their period until they stop breastfeeding exclusively, however, some women's period may return before this time. If you bottle feed, you may get a period four weeks after the birth. Just remember that you will ovulate before you get your period and you can get pregnant if you don't use contraception.

## Getting back into shape

Don't expect to get back into your old jeans just yet. Accept that your belly will bulge for a while and the skin may look loose – but it's not forever.

Healthy eating, regular exercise and time will get you back into shape. For information about postnatal exercise, see the sections *Give me strength: pre- and post-natal exercises* on page 37. Being active with a new baby is easier than you think. You can:

- Entertain your baby by letting him/her watch you do your postnatal exercises.
- Go for regular walks with the baby in a safe baby carrier or pram. Walking helps you get fitter and stronger, and gives you energy. Babies like getting out and seeing new things. It helps them learn about their world.
- Join a pram-walking group. These are groups of new mothers who get together to walk, talk and have fun. They're a great way of getting out and meeting people, lifting your mood and getting back into shape all at the same time. To find out if there's a pram-walking group near you, contact your Early Childhood Health Service or the NSW Department of Sport and Recreation on 13 13 02. You can find more information about setting up a pram-walking group at <http://www.dsr.nsw.gov.au/> and click on 'Get Active'.
- Find out what other activities are available in your area – some community exercise programs and gyms offer childcare. Ask at your Community Health Centre.

## Regular checks for your baby

It's good if you can take your baby to the child and family health nurse at the Early Childhood Health Service in your area regularly. The nurse will:

- check your baby's growth, development and general health
- answer any questions you have about caring for your baby
- help you with any problems or concerns you have about yourself and your family
- refer you to other services that can help.

Your child and family health nurse can link you into new parent groups which are a great way to meet other new parents in your area and learn about parenting.

### Don't share mouth bacteria

You may not think twice about putting something in your mouth that's meant for your baby – 'washing' your baby's dummy in your mouth, for instance, or sharing a spoon. But this can pass bacteria that cause tooth decay from your mouth to the baby. This can affect the baby's teeth in the future.

Putting your baby to bed with a bottle can also cause tooth decay. Start cleaning your baby's teeth as soon as they appear, with water only. Use a soft, small baby toothbrush.

Have your baby's teeth checked by a health professional at all child health visits.

In NSW all families with a newborn are offered a free Universal Health Home Visit by a child and family health nurse who will contact you to arrange the visit soon after you go home with your new baby. The hospital where your baby was born can put you in touch with your local Early Childhood Health Service. You can also contact them through your local Community Health Centre. Find the contact details for your local centre in the *White Pages* or online at [www.whitepages.com.au](http://www.whitepages.com.au)

At the Universal Health Home Visit the child and family health nurse will listen to and provide advice on any concerns you may have about your newborn such as breastfeeding your baby, crying and settling your baby, safe sleeping strategies to prevent SIDS, Early Childhood Health Services etc. The child and family health nurse will also ask you questions about things such as your health, depression, anxiety, domestic violence, support networks and recent major stressors.

All women in NSW will be asked these questions to make sure that you are offered the best possible services that will support you in caring for your baby.



# Reducing the risk of sudden unexpected death in infancy

Sudden unexpected death in infancy is when an infant less than one year of age dies suddenly and unexpectedly. Sometimes a cause can be found but often these deaths are attributed to Sudden Infant Death Syndrome (SIDS). While the causes of SIDS are still unclear, over the past 20 years, the number of babies dying from SIDS has reduced by over 80%. This reduction is related to promoting safer sleeping practices to parents and in particular, placing infants on their backs when sleeping. Despite this, too many infant deaths still continue to occur. The risk of SIDS is highest in the first six months of life.

By following the safer sleeping practices outlined below, and breastfeeding if you are able, you can reduce the risk of sudden unexpected death in infancy.

## Safe sleeping and your baby

It's important to know how to put your baby to sleep in a safe position to reduce the risk of SIDS:

- put your baby to sleep on their back from birth, not on their tummy or side
- keep your baby's head and face uncovered while sleeping
- keep your baby smoke free before and after birth
- provide a safe sleeping environment for your baby, night and day:
  - > safe bedding (no loose bedding, pillow, doonas, lambs-wool, bumpers or soft toys)
  - > safe cot (should meet current Australian Standard AS2172)
  - > safe, clean mattress (should be firm, flat and the right size for the cot)

## Sleep your baby on their back, from birth

The risk of SIDS can be reduced by sleeping a baby on their back. Babies are more likely to die from SIDS if they sleep on their tummies or sides. Unless written advice is provided by a paediatrician, do not put your baby to sleep on their tummies or sides.

Healthy babies placed to sleep on their back are less likely to choke on vomit than tummy-sleeping infants.

The side position is not recommended for babies as they can roll onto their tummies during sleep.

When your baby is awake, it's important to vary the baby's position from lying on the back. Tummy play is safe and good for babies when they are awake and an adult is present. When carrying your baby alternate the arm you carry them with so your baby can practise looking both left and right.

Babies over the age of 4 months can usually turn over in their cot. Babies may be placed in a safe baby sleeping bag (i.e. fitted neck and arm holes, and no hood). Put them on their back but let them find their own sleeping position. The risk of sudden infant death in babies over six months is extremely low.

## Health alert!

The safest place for your baby to sleep in the first six to twelve months is in their own safe cot next to your bed.

### Make sure baby's head stays uncovered during sleep

Loose bedding can cover your baby's head. Make up the bed so that the baby's feet are at the foot of the bed. Tuck your baby in securely so that he or she can't slip under the bedclothes. Quilts, doonas, duvets, pillows, soft toys and cot bumpers should not be put where your baby sleeps during the first year.

### Taking your baby into bed with you may be unsafe if he or she:

- gets caught under adult bedding or pillows
- is trapped between the wall and the bed
- falls out of bed
- is rolled on by someone who sleeps very deeply or who is affected by drugs or alcohol
- is sleeping with a person who smokes
- is sleeping with a person who is extremely tired.

### Soft sleeping places where a baby's face may get covered:

- there is a high risk of a sleeping accident if you fall asleep with the baby on a couch or sofa
- don't put the baby on a waterbed or beanbag.

### Keep your baby smoke-free, before birth and after

Cigarette smoke harms babies. Parents who smoke during the pregnancy and after the baby is born increase the risk of sudden infant death for their baby.

If the mother smokes, the risk of sudden infant death is 4 times greater compared to the risk for non smoking mothers.

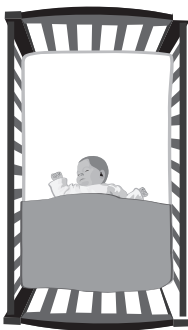
If the dad smokes too, the risk of SIDS almost doubles.

Make sure friends and relatives don't smoke near your baby.

If your baby is in the car, keep the car smoke-free.

You can get more information about SIDS and reducing the risks to your baby from the SIDS and Kids website at [www.sidsandkids.org](http://www.sidsandkids.org)

### Six ways to sleep baby safely and reduce the risk of sudden unexpected death in infancy:



- ✓ Sleep baby on back
- ✓ Keep head and face uncovered
- ✓ Keep baby smoke free before and after birth
- ✓ Safe sleeping environment night and day
- ✓ Sleep baby in safe cot in parents' room
- ✓ Breastfeed baby if you can

### Health alert!

Sleeping with your baby in the same bed or other sleeping surface increases the risk of Sudden Infant Death Syndrome (SIDS) or a fatal sleep accident.