شارع المطار، بجانب مدينة زايد الرياضية
ص.ب. ٤٨٤٨١، أبوظبي الإمارات العربية المتحدة

AIRPORT ROAD, NEXT TO ZAYED SPORTS CITY
P.O. BOX 48481, ABU DHABI UAE

airportroadhospital@mediclinic.ae
T: +971 2 444 6655
F: +971 2 444 4199

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MEDICLINIC
AIRPORT ROAD HOSPITAL

DELIVERING THE FUTURE

MEDICLINIC baby

IS A UNIQUE SUPPORT PROGRAMME DESIGNED TO HELP NEW PARENTS MAKE INFORMED AND CONFIDENT HEALTH CHOICES FOR THEMSELVES AND THEIR BABIES.

THE SINGLE MOST IMPORTANT INFLUENCE ON A CHILD'S INTELLECTUAL DEVELOPMENT IS THE RESPONSIVENESS OF THE MOTHER TO THE CUES OF HER BABY.

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ABOUT MEDICLINIC AIRPORT ROAD HOSPITAL MATERNITY UNIT

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WELCOME TO OUR MATERNITY UNIT

Giving birth should be a wonderful experience. That is why our team have created a family orientated centre of excellence to guide pregnant women and their husbands through one of the most exciting, yet vulnerable, times of their lives.

Our goal is to deliver a healthy baby from a healthy mother, leaving only positive sentiments about the experience. This is an environment where you and your family can feel free to ask any questions that you might have, and where you should feel entirely comfortable during the birth and before leaving for home.

Maternity Unit overview

The Maternity Unit at Mediclinic Airport Road Hospital is located on the 3rd floor. The unit has a total of 21 antenatal and postnatal beds, four delivery rooms, one obstetrics operating theatre and recovery room and one assessment room.
The Neonatal Intensive Care Unit (NICU) is also located on the 3rd floor, next to the delivery rooms. Our NICU is equipped with the latest equipment and is run by professional dedicated staff who take care of both low and high risk babies, from 28 weeks gestation onwards.

NEONATAL INTENSIVE CARE UNIT

If your baby is born prematurely or is sick, he may be transferred to our newly upgraded Neonatal Intensive Care Unit (NICU).

Babies who may be admitted to the NICU for observation include:

- Those born to mothers with gestational diabetes controlled by insulin
- Those born between 28-36 weeks
- Those who are compromised at birth or who may not be breathing well on their own

A baby's stay in NICU can be difficult, but it is also rewarding to watch these babies grow and progress day by day. At Mediclinic Airport Road Hospital we employ the latest advances in medicine and technology to give the best possible care to every baby. We provide developmental care to minimise the stress of the NICU environment and enhance their physiological stability, protect their sleep rhythms and promote their growth and maturation. We also work hard to make parents feel like parents. We give special attention to bonding between the existing family and their new premature or sick baby. Kangaroo care is a unique way to promote bonding; we give both mum and dad the opportunity to hold their baby 'skin-to-skin' with the assistance of a specially trained nurse as soon as their baby's condition is stable enough. Our specially designed breastfeeding cubicles with massage chairs and TVs allow mothers to breastfeed or express in comfort.

The NICU also has a special education room where we teach our parents basic infant CPR, provide information about safe sleeping positions, prevention of cot deaths, breastfeeding and weaning options. We also offer scrap book activities where parents can participate in making a scrap book page; one for themselves as well as one to leave behind in the NICU. These sessions are very therapeutic and also give parents the opportunity to read about parents and babies who were in the same situation and discharged. We also have a follow-up parents support group were parents meet after their babies are discharged. This group includes parents, nurses and doctors.

USEFUL INFORMATION

USEFUL INFORMATION

DELIVERY – WHAT TO BRING TO THE HOSPITAL

Here is our guide to what you should bring to the hospital for the delivery of your baby:

For the mother

- Nightwear (three sets)
- Personal toiletries/make up
- Clothes easy to remove for breastfeeding (top with buttons)
- Breast pads
- Set of clothes to go home
- Passport copy (both parents)
- Visa copy (both parents)
- Marriage certificate

For the baby

- Clothes for four days
- Blankets for four days
- Car seat
- Mittens to cover baby's hands
- Two or three swaddling blankets (thin type)
- Cap to cover baby's head after delivery

The hospital provides

- Sanitary pads
- Disposable underwear
- Nappies
- Baby wipes
- Towels
- Slippers

DURING DELIVERY

During delivery, your comfort and safety are our top priorities. Each room is equipped with a shower and birthing balls are on hand. One of our experienced team of midwives will be personally assigned to you during your labour. Two visitors are permitted while you are in labour, but only one person may stay with you during the actual birth. This is to allow for the extra medical personnel who will also be present. No children are allowed in the delivery room. We do enforce a few necessary labour and delivery rules for the comfort, safety and privacy of all our patients.

We ask that you abide by these at all times:

- Only two visitors permitted during labour
- Only one support person permitted during delivery
- No children permitted in the delivery room
- No visitors to wait in the corridors in front of the labour rooms
- No video cameras in the labour room or operating theatre, however video cameras are allowed in the ward
- No hot water bottles or candles
- No doulas permitted in the hospital

NECESSARY DOCUMENTATION

The following documents are required in order to issue a birth notification and certificate: passports, Emirates ID and visas of both parents, marriage certificate (signed and stamped by the UAE Ministry of Foreign Affairs) and Family Book (for UAE Nationals). Two copies of the birth notification are needed for French, Sweden, British and US parents. The ward secretary will give you advice regarding this process.

A birth notification and certificate will be issued within two working days if the requirements are met.

GOING HOME AND FOLLOW-UP

If you delivered with an in-house obstetrician, an appointment will be made for your follow-up appointment. If you delivered with a community-based doctor, they will arrange a follow-up appointment with you separately.

A follow-up appointment will be made for your baby with one of our paediatricians. Should you prefer to use a community-based paediatrician then it will be your responsibility to arrange an appointment for your baby.

please be aware that if your first follow up visit with outpatient clinic before one week it is included in the delivery package and if your follow up visit after one week it will be chargeable.

IMPORTANT NUMBERS

Hotline (midwife)	056 998 6093
Maternity ward	02 494 4366/4360/4373
Billing department	02 494 4500/4600
Postnatal ward	02 494 4366/4360/4373

LIFESTYLE DURING PREGNANCY

LIFESTYLE DURING PREGNANCY

NUTRITION DURING PREGNANCY

Following a balanced diet is particularly important during pregnancy. Your growing baby has special nutrient needs which can be met through your diet. Furthermore, a growing baby places extra demand upon your body, and a healthy diet can help keep you feeling fit and well. During pregnancy you have increased nutritional requirements, especially for protein, calcium, iron and folate (folic acid). It may not always be possible to meet these increased needs and your doctor or dietician may recommend a supplement. However, for the majority of women, following a normal healthy diet can meet all your increased requirements.

General healthy eating guidelines

- Enjoy a variety of foods – eating small meals throughout the day is often more comfortable than eating three bigger meals – the small meals tend to help with nausea and heartburn
- Be active – the myth that you are not allowed to be active during pregnancy is not true, being moderately active will not harm the baby
- Drink lots of clean, safe water – at least two litres a day
- Make starchy foods the basis of most meals – these are your energy foods, what is important in these foods are the wholegrains. Wholegrain starches provide essential carbohydrates that provide energy for your body. Many wholegrains contain fibre, Iron, vitamin B and various minerals. Trade sugary white cereals and white bread for wholegrain cereals or wholewheat bread
- Eat plenty of vegetables and fruit everyday – they give your unborn child specific nutrients like B vitamins and vitamin C. Having enough fruits and vegetables can also prevent constipation. Try and ensure you eat at least two fruits and three vegetables daily during your pregnancy
- Eat dried beans, peas, lentils and soya regularly – again for fibre and digestion
- Chicken, fish, meat, milk or eggs can be eaten daily - meat, poultry, fish, eggs and beans provide your body with protein, vitamin B and iron. These foods should be eaten on a daily basis. Dairy products also provide protein, but more importantly provide your body with calcium that helps to build your baby's bones and teeth
- Have at least 150g of cooked fish each week
- Eat fats sparingly
- Avoid/limit caffeine – some studies suggest that three or more cups of coffee a day may increase the risk of miscarriage although there is no 'proof' as yet. Limit your intake to two to three cups of a caffeine-containing beverage per day
- Use foods and drinks containing sugar sparingly and not between meals
- Avoid alcohol and cigarettes as they can cause birth defects

TIPS

Planning your meals in advance can ensure that you and your family eat a balanced diet. Make sure you are eating foods from all five of the food groups – grainy foods, vegetables and fruits, healthy fats, dairy foods, meats and legumes.

Weight gain during pregnancy

Obese and underweight mothers:

Being underweight – Not gaining enough weight means your baby may miss out on some essential nutrients which can cause problems later on. Being underweight is also linked with having low birth weight babies.

Being overweight - Problems associated with being overweight during pregnancy include high blood pressure, gestational diabetes, complications in delivery and longer hospital stays for you or your baby.

Recommended weight gain for pregnant women (based on your pre-pregnancy body mass index – BMI):

BMI category	Recommended total weight gain (kg)	2nd and 3rd trimester weekly gain (grams)*
BMI < 18.5 (underweight)	12.5 - 18	About 500
BMI 18.5 - 24.9 (normal weight)	11.5 - 16	About 400
BMI 25.0 - 29.9 (overweight)	7 - 11.5	About 300
BMI ≥ 30 (obese)	5 - 9	About 200

**Total of 0.5 - 2kg weight gain is assumed in the first trimester.*

Adequate weight gain during pregnancy is the most important way of ensuring adequate foetal growth. Eat "twice as healthy" not "twice as much". During pregnancy your energy requirements are only increased during the last trimester. The increased requirement is approximately 200-300 kcal. Hence, it is the quality and not the quantity of your diet that is important!

Essential nutrients during pregnancy

Iron

Iron is used in the formation of new red blood cells, both in you and your baby. Iron is best absorbed from animal foods such as red meat, chicken and fish. Vegetable-based foods such as legumes, wholegrain breads and cereals, nuts and green leafy vegetables also contain iron, although it is not as well absorbed into the body. Vitamin C helps with iron absorption, so it is useful to include vitamin C containing foods with a meal. For example, include tomato or capsicum on wholemeal or wholegrain sandwiches, or have some berries on your breakfast cereal. Some women find it difficult to obtain all the iron they need during pregnancy and may require an iron supplement. Your doctor can advise you on this.

Folate
Folate is a B vitamin that plays an important role very early in pregnancy in the normal development of your baby. It is also important later in pregnancy for the growth of new red blood cells. Foods rich in folate include green vegetables (broccoli, green beans, peas, avocado, asparagus), fruit and wholegrain breads and cereals. Folate is destroyed by heat, so lightly steam or microwave vegetables rather than boiling them. Also try to eat some raw, for example, in salads.

Calcium
You and your baby need calcium for development of strong bones and teeth. It also helps to keep your circulatory, muscular and nervous systems running properly. Good sources of calcium include milk and dairy products. Many breakfast cereals and fruit juices are enriched with calcium.

Protein
Protein is essential for growth and development of the foetus. Make sure that you get enough protein by eating meat, chicken, fish, eggs, milk and dairy products, as well as plant protein from sources such as dried beans, peas, lentils and soya.

Issues during pregnancy

Morning sickness
During pregnancy, the changing hormones can cause morning sickness during the early weeks. Despite the name, it may occur at any time during the day. Ideas to help manage morning sickness include:
- Sip dry ginger ale
- Eat some dry biscuits before getting out of bed
- Eat small amounts frequently and eat slowly
- Drink between meals, rather than with food
- Low fat dairy products may be better tolerated
- Avoid offensive odours
- Get some fresh air

Heartburn and indigestion
Some women may experience heartburn and indigestion towards the end of their pregnancy. This is due to the growing baby pressing against the stomach which can force stomach contents up into the oesophagus, also known as the food pipe.

The following tips may help:
- Avoid highly spiced or seasoned foods
- Avoid fatty or fried foods
- Limit caffeine intake
- Have small frequent meals to avoid the stomach becoming too full or too empty
- Drink fluids between meals rather than with meals
- Eat slowly
- Sleep with two pillows or raise the head of the bed

Constipation
Constipation can be caused by a number of things which include:
- Hormonal changes which relax the intestinal muscles
- Use of iron supplements
- Baby pressing on the bowel
- Poor fibre intake

To prevent constipation, ensure the following:
- Drink plenty of water (eight cups per day)
- Eat plenty of wholemeal or wholegrain breads, cereals, fruit, vegetables, legumes and nuts to provide fibre
- Ensure adequate activity and exercise

FITNESS DURING PREGNANCY
Regular exercise during pregnancy is highly recommended to maintain good health and help you cope with labour by preparing your muscles and increasing your stamina. Guidelines recommend low to moderate intensity exercises three to four times per week for a maximum of 40 minutes. However, during pregnancy your posture alters as your body changes shape and the hormones of pregnancy soften and stretch your ligaments. Your abdominal muscles are also stretched and are less able to provide protection for your spine and pelvis. It is therefore common for women to feel back and pelvis pain during pregnancy and extra care must be taken to keep fit and healthy and avoid potential pain or injury.

Women's physiotherapy:
At Mediclinic Airport Road Hospital our women's health physiotherapy services are specially designed for prenatal and postnatal care. Our goal is to reduce pelvic and other common related pain while preparing women physically and mentally for birth. You may book an appointment with one of our highly experienced physiotherapists should you require expert advice.

Women's health services include:
- Prenatal and postnatal physiotherapy
- Physiotherapy for pelvic and abdominal pain
- Physiotherapy for urine incontinence and bowel symptoms

Posture
Keeping good posture and looking after your back is very important in pregnancy. Keep your spine and pelvis in a symmetrical position at all times.

- Standing – Keep your weight even between your feet. Stand and walk tall. Pull your tummy in and tuck your bottom under
- Sitting – Keep your weight even between your buttocks. Avoid crossing your legs and use a small pillow or rolled towel either in the small of your back or just lower across your pelvis
- Getting out of bed – Keep your knees bent and roll to one side, then push up with your hands into sitting as you lower your legs over the edge of the bed
- Lifting and carrying – Keep your back straight and bend through your hips and knees. Pull the load in close to your body before you lift. Avoid lifting or carrying heavy things. Avoid twisting your back – instead move your feet to turn around
- Bending – Avoid leaning over. Kneel or squat instead of bending for low-level jobs such as gardening, bed making or reaching into low cupboards
- Get in and out of the car keeping knees and ankles together. Sit down backwards on the seat and turn keeping your legs together. A plastic bag on the seat may make turning easier

Remember, always check with your doctor before exercising especially if you have any complications of pregnancy or have any other medical problems. Seek medical advice if you feel unwell exercising or have any significant discomfort or pain. Avoid high impact exercises or contact sports that may put you at risk of injury. Low impact exercises such as walking and swimming are recommended.

Taking care of your pelvic floor
The pelvic floor is a sling of muscle at the base of the pelvis that supports the pelvic organs, helps maintain bladder and bowel control and maintains healthy sexual function. During pregnancy the hormones and the weight of the baby have a weakening effect on the pelvic floor, and during labour the muscles are stretched. Ongoing weakness can cause bladder or bowel control problems, or allow the pelvic organs to drop down (prolapse). One in three women who have ever had a baby wet themselves to some degree. It is therefore recommended that all women exercise their pelvic floor muscles regularly throughout life.

There are two ways you need to exercise the pelvic floor. Start in any position you feel comfortable – lying, sitting or standing.

Long holds
Keeping your bottom muscles relaxed, as strongly as possible squeeze and draw up the muscles around your front passage, vagina and back passage as if stopping the flow of urine and wind. Try to hold this squeeze and lift for up to 10 seconds then relax completely. You must feel the muscles relax back down otherwise they may have already fatigued so hold for a shorter time. Do as many in a row as you can up to 10 reps.

Breathe normally whilst doing these exercises. Relax for the count of four between each contraction.

Quick squeezes
Now carry out fast, strong pelvic floor contractions holding each squeeze and lift for only one second. Repeat up to 10 times. This is necessary for training the muscle to contract quickly when you cough, laugh or sneeze.

Aim
10 second holds, do 10 and do 10 quick – three times each day.

To help you remember, try doing five long and five quick contractions every time you wash your hands after going to the toilet, or every time you have a drink.

Pelvic tilting
Exercise 1: Kneel on hands and knees keeping back straight. As you breathe in, drop head and gently round lower back, stretching it up as you do a pelvic floor contraction and then pull your lower abdomen in towards your spine. Relax slowly to return to starting position as you breathe out. DO NOT allow your back to hollow down deeply.

Exercise 2: Also try this exercise while lying on your side, in sitting and in standing.

IMPORTANT
Doing this exercise in sitting and standing will help with keeping good posture.

Exercise 3: In the starting position, gently circle pelvis clockwise and later anti-clockwise.

TAKING CARE OF YOUR BACK AND PELVIS DURING LABOUR AND DELIVERY

- Avoid lying on your back when delivering your baby

- If you are lying on your side, keep symmetrical. Ensure your knees are level and do not allow your top leg to be forced up too far

- To push effectively you may need to “bear down” by leaning forward over your abdomen. Make sure you rest between contractions in a more comfortable position that allows your neck and back to straighten out
- Frequently changing positions ensures that different muscles are used and others have a chance to relax and recover
- Ensure that between contractions you are able to relax your whole body as much as possible. This will give your muscles time to recover to help you during contractions. Resting also maintains your energy
- To prevent upper back and neck pain avoid prolonged pressure through your arms. Use positions that do not use your arms for support. Try to keep your shoulders relaxed and not hitched up
- If you have an epidural for pain relief or for a caesarean birth you cannot accurately sense pain in your back, pelvis and legs. To prevent injury you or your partner should make sure you are correctly positioned and moved carefully. This means carefully supporting your legs and back and keeping them in alignment. Be very careful if you are re-positioned for an instrumental delivery or onto a trolley for a caesarean delivery

If you are having any low back pain or pelvic pain you are finding difficult to manage please contact your obstetrician and ask to be referred to the women’s health physiotherapist. For further advice you can contact the hospital and ask for the Rehabilitation Department on 02 494 4660 | 02 4944676

LABOUR

LABOUR

INDUCTION

- An induction of labour, often referred to simply as ‘induction’, is when drugs are used to start your contractions and begin the labour process
- Usually these drugs are given by inserting either a tablet or gel into the vagina while doing a vaginal examination
- This method can be slow and more than one dose of the medication might be needed
- Induction causes most women to have period-like cramps which can be very painful
- The other method of induction is by breaking the bag of water around the baby (artificial rupture of membranes) – provided that it is safe to do so
- Once the amniotic bag is broken and the water is clear then the doctor may decide to start an intravenous medicine called syntocinon to start or strengthen labour – once this has begun you will have to be monitored continuously on a CTG machine to ensure the baby is coping with the process and also to monitor your contractions

LABOUR POSITIONS

Lying flat on your back is often the least effective delivery position of all — any position that enlists the aid of gravity is likely to yield speedier results. Plus, lying on your back with a full-term baby inside your uterus can put pressure on important blood vessels, possibly compromising blood flow to the baby.

Moving around and varying your position not only eases discomfort but can only speed up the progress. High-risk pregnant women will be prevented from this. You can choose from any of the following labour and delivery postures (some of which can be used even by women with an epidural or continuous foetal monitoring):

- Standing or walking has been shown to relieve some of labour’s discomfort. It also helps you work with gravity, allowing your pelvis to open and your baby to move down into your birth canal. Walking is something you’ll be more likely to do early in labour; it’ll be harder to do once the contractions are fast and furious. Standing is something you can do at any point during labour, though you might want to lean against a wall or your partner for support during contractions.
- Rocking, either on a chair or ball, swaying back and forth, allows your pelvis to move and encourages the baby to descend. The more upright you are, the more gravity is able to assist. You can sit in a rocking chair even if you’re being monitored continuously
- Squatting, a position you’ll probably use only late in labour or during delivery itself, opens up the pelvis to give your baby more room to move down. You can use your partner for squatting support or you can use a squatting bar, which is often attached to the birthing bed (leaning on the bar will keep your legs from tiring out as you squat). Squatting can be used in conjunction with monitoring equipment. Birthing balls are large exercise balls that you can lean on or sit on during labour. Sitting on one helps to open up your pelvis, and it’s a lot easier than squatting for long periods. Like squatting, you can use a birthing ball even if you’re being monitored
- Sitting up can ease the pain of contractions and allow gravity to assist in bringing your baby down into the birth canal. You can assume this position even if you’ve been given an epidural or have a foetal monitor strapped on
- Kneeling over a chair is a great position for back labour (when the back of the baby’s head is pushing against your spine) because it encourages the baby to move forward, taking the pressure off your back. Alternatively, you can lean over your partner’s shoulder to relieve some of that pressure
- Hands and knees (on all fours) is another way to cope more comfortably with back labour. This position, which can be assumed even if you’re attached to a foetal monitor, also allows you to do pelvic tilts for comfort. Many women like to deliver in this position no matter what kind of labour they’re having, since it opens up the pelvis and uses gravity to coax baby down
- Side-lying is much better than lying on your back because it doesn’t compress the major veins in your body (which could compromise blood flow to your baby). You can use the side-lying position if you’ve had an epidural or if you’re being continuously monitored - or if you just need to lie down for a while. Side-lying can also be a good delivery position — it can help slow a too-fast birth, as well as ease the pain of some contractions.
- Keep in mind that a good labour position is one that makes you feel more comfortable for a while. As for delivery — whatever works is the best position for you.

PAIN RELIEF IN LABOUR

Towards the end of pregnancy you may notice your uterus tightening from time to time. When labour starts, these tightenings become regular and much stronger. This may cause pain that, at first, feels like strong period pain but usually gets more severe as labour progresses. The amount of pain varies. Your first labour is usually the longest and hardest. Sometimes it is necessary to induce labour artificially or to stimulate it, if progress is slow, and this may make it more painful. Over 90% of women find they need some sort of pain relief during labour.

What methods of pain relief are available at Mediclinic City Hospital?

There are several ways of helping you cope with pain. It is difficult for you to know beforehand what sort of pain relief will be best for you. The midwife who is with you in labour can advise you.

Here are some of the facts about the main methods of pain relief that you may be offered:

- **Simple methods**
  Pain in early labour can often be managed by simple methods. A supportive companion is invaluable. Relaxation is important and moving around sometimes helps. Bathing in warm water and massage can help you relax and take some of the pain away. Music and aromatherapy can also be helpful

- **Entonox**
  Entonox is 50% nitrous oxide and oxygen, sometimes known as ‘gas’. You breathe this through a mask or mouthpiece; it is quick to act and also wears off quickly. It may make you feel light-headed but it will not harm your baby. Used at any time of labour, it will not take the pain away completely but it will help. You can control the amount of gas you use, but timing is important. You should start breathing the gas as soon as

you feel a contraction coming on so that you will get the full effect when the pain is at its worst. You should not use it between contractions or for long periods as this can make you feel dizzy and tingly. Also, breathing very hard is not very good for your baby and it may make you sleepy

- **Pethidine**
  Pethidine is given as an injection (up to two doses) by your midwife which, although it has a limited effect on pain, can make you more relaxed and able to cope better. Others, however, find it disappointing. It can be injected directly into a vein for quick effect but can make you drowsy or nauseous, but you will be given something else to reduce this effect. It can also make your baby drowsy, but an antidote can be given. If pethidine is given close to delivery, the effect on your baby is very slight

- **Epidural**
  An epidural, the most effective form of pain relief, is injected through a very small tube into your back by an anaesthetist. Most people can have an epidural, but certain complications of pregnancy and bleeding disorders may take it unsuitable. If you have a complicated or long labour the obstetrician may recommend that you have one. In such circumstances it will benefit both you and your baby. If you have had back surgery or injury, or suffer from a curved spine, it is important to discuss this with the anaesthetist

You should discuss with your obstetrician or midwife whether an epidural is suitable for you. The anaesthetist will need to be called, and he/she will want to be sure you understand the benefits and possible side effects. You will be asked to sign a consent form.

You will first need an intravenous drip which is often necessary in labour for other reasons. You will be asked to curl up on your side or sit bending forwards. Your back will be cleaned and a little injection of local anaesthetic injected into the skin, so putting in the epidural should not hurt.

A small tube is put into your back near the nerves carrying pain from the uterus. Care is needed to avoid puncturing the bag of fluid that surrounds the spinal cord, as this may cause a headache afterwards. It is, therefore, important to keep still while the anaesthetist is putting in the epidural, but after the tube is in place, you will be free to move. Once the tube is in place, pain-relieving drugs can be given as often as necessary or continuously by a pump. While the epidural is taking effect, the midwife will take your blood pressure regularly. The anaesthetist and your midwife will also check that the epidural is working properly. It usually takes about twenty minutes to work, but occasionally, it doesn't work well at first and some adjustment is needed.

What are the effects of an epidural?

It is usually possible to provide an epidural which does not numb the legs or make them heavy. It should not make you feel drowsy or sick, nor does it normally delay stomach emptying. Occasionally it causes your blood pressure to drop, which is why you have the drip to help regulate this. It sometimes makes you shiver at first, but this usually stops quite soon.

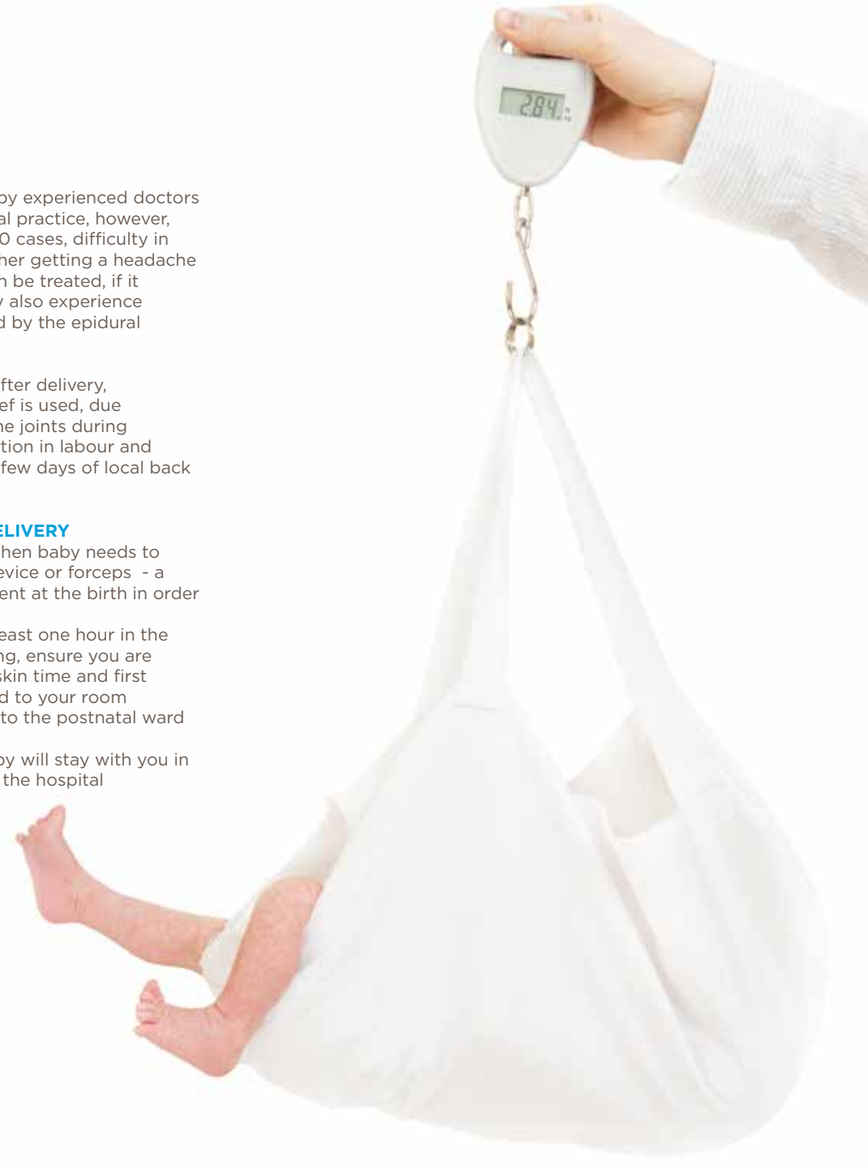
An epidural may prolong the second stage of labour and reduce the urge to bear down, but, with time, the uterus should push the baby out. Epidurals are safe for the baby.

Epidurals are very safe when managed by experienced doctors and midwives. Like everything in medical practice, however, there are some risks. In about one in 200 cases, difficulty in inserting the epidural results in the mother getting a headache after delivery. This is not serious and can be treated, if it occurs. In rare cases, some women may also experience a prolonged period of numbness caused by the epidural anaesthetic spreading too far.

Backache is a very common condition after delivery, irrespective of what method of pain relief is used, due to back strain caused by relaxation of the joints during pregnancy, changes in posture and exertion in labour and delivery. Epidurals occasionally cause a few days of local back tenderness.

PROCEDURES DURING AND AFTER DELIVERY

- In the case of an assisted delivery – when baby needs to be delivered either using a vacuum device or forceps - a paediatrician will be called to be present at the birth in order to assess baby immediately
- After delivery you will be kept for at least one hour in the delivery room to monitor your bleeding, ensure you are stable and that baby has had skin to skin time and first breast feed, before you are transferred to your room
- After delivery, you will be transferred to the postnatal ward that is situated on the 6th floor
- We do not have a nursery so your baby will stay with you in your room in a baby crib provided by the hospital



AFTER DELIVERY

AFTER DELIVERY

After the birth of your baby, our goal at Mediclinic Airport Road Hospital is to help you adapt to the challenges of motherhood and make this transitional period as easy as possible. In order to serve you better and to make adequate time to tend to all your needs we have a routine in the ward that needs to be followed.

Mothers who have had a normal delivery
You will stay in the hospital for 24 hours (this is counted from the day that you are admitted into the hospital). During this time you will be given a sitz bath (optional) and your nurse will explain how to use it. The nurses will come and check on you daily to make sure that you are comfortable and that any issues are addressed as soon as possible.

Mothers who have had a caesarean section
You will stay in the hospital for 48 hours (this is counted from the day that you were admitted in the hospital). Approximately eight hours after your caesarean section you will be encouraged to start moving around (unless otherwise stipulated by your doctor). It's important to start moving as soon as possible to try and avoid post operative complications like blood clots in your legs - your nurse will assist you in this. You will be required to use anti-embolitic stockings for the duration of your stay. Your obstetrician will also come and review you - and if not possible we have obstetric hospitalists who will come and review you and give feedback to your doctor regarding your condition. Feel free to ask any questions you may have.

Days four and five are for rest and recovery. During this period you will be seen by a physiotherapist who will guide you regarding exercises that you can do to help with the healing process. Your doctor may order tests if your baby needs them and you will be informed about this.

MOST COMMON POSTNATAL PROBLEMS

After delivery, you or your baby may experience some problems which, although perhaps alarming to you, are actually very common. Here we take a look at what you could expect.

Soreness
- Generalised soreness all over the body is very common after delivery
- Women who had a normal delivery may experience head, neck and back pain from the strain of pushing and the epidural/spinal injection
- Women who had caesarean sections will have pain over the wound and abdominal area from the operation scar. This should ease after approximately five days: the physiotherapists will discuss with you exercises you can do post delivery

Afterpains
- These are sharp, period-like pains you may experience after delivery which can be worsened by breastfeeding
- Afterpains are normal and help the uterus shrink back to pre-pregnancy size (it can take up to two months for the uterus to go back to normal size)

Difficulty going to the bathroom
- Urination and bowel movement problems are very common after delivery. The whole pelvic/perineal area has been stretched during delivery and will take time to heal
- Your doctor will give you a stool softener to help with this and you should drink plenty of water

Swollen breasts/sore nipples
- It's normal for breasts to feel swollen and uncomfortable when your milk starts to come in. However, it's important to frequently feed your baby to ensure softer breasts to prevent engorgement
- Contact and talk to the hospital lactation consultant or trained midwives who can give you professional advice on an individual basis

Tears and cuts
- For women who have had an episiotomy, tear or caesarean section, recovery from this will be an important part of their post delivery period
- It's important to keep the incision site clean and dry and observe it for any signs of infection like redness, swelling or abnormal discharges
- Most women will get sitz baths (optional) for episiotomies or tears, the nurses will teach you how to use them. For caesarean section patients the doctor/nurses will change your dressing and give you advice on wound care for when you go home

Jaundice
- Yellowing of the skin occurs in almost half of all babies. It is usually treated by frequent feedings and the use of phototherapy lights in severe cases. Your doctor will be able to tell if treatment is necessary by examining your baby and/or doing a blood test

Anxiety
- In the beginning your baby may experience some health issues like neonatal jaundice, skin rashes, difficulty in feeding or weight loss, all of which are entirely normal but cause new mothers a lot of anxiety
- If you are worried, talk to your doctor or nurse and they will explain the situation to you. We have nurses and neonatal/obstetric hospitalists on call 24/7 to answer any questions you may have

Baby blues
- 60–70% of women will experience some negative feelings and mood swings after delivery
- This is normal and is caused by hormones which are flooding your system
- Abnormal feelings of sadness and bouts of crying are normal and should subside after about four days
- Getting fresh air and sleeping as much as possible between feeds, as well as eating and drinking properly, will help to decrease the symptoms
- If the feelings persist after 14 days it's very important to consult your physician as this may be a sign of post partum depression

Marital stress
- Despite the joy of having a new baby in the house, this is also a stressful time of transition for everyone
- It's very important to communicate with your partner and establish a routine that will benefit both of you
- Partners should be encouraged to help as much as possible and give new mothers adequate time to rest and recuperate

FEEDING

- Your milk supply will start to come in at about day three or four. Many mothers worry that they are not producing enough milk to feed their babies during the first few days, but your baby will be getting colostrum. Talk to your nurse if you have any concerns
- Most babies will lose up to 10% of their weight after birth

Cluster feeding

A lot of babies "cluster feed" which means they feed all the time. This is normal; holding your baby skin to skin usually helps to settle the baby.

Cluster feeding is frequent, or even constant, feeding over a period of time. Your baby may act fussy and seem hungry again right after you've fed her, which can be very frustrating to you.

Cluster feeding can knock your confidence as a new mother, because you may think your milk is not sufficient and you should offer formula or other supplements. Actually, supplementing with formula milk is one of the worst things you can do because it tells your body to make less milk, and the point of cluster feeding is to boost your milk supply.

In the vast majority of cases, cluster feeding does not indicate low supply. If your baby is gaining weight well and producing sufficient wet and dirty nappies it is unlikely you have a supply problem, but if you are concerned or just want to talk to someone about it you can always talk to your nurse or ask to speak to one of the lactation consultants available in the ward. The best thing you can do for your baby and your supply is to feed on demand and keep yourself hydrated while the cluster feeding is happening. And make sure you have a comfy chair!

Burping your baby

After feeding your baby, it is important to burp him. Burping involves handling the baby in a way that the excess air swallowed by him during his feed is to be released. This will prevent any discomfort from air that is trapped inside the baby's abdomen.

HEALTHY EATING AFTER DELIVERY

After pregnancy, proper nutrition is still important – even more so if you are breastfeeding. Apart from recovering from the tremendous stress of delivering your baby, as a new mum you will need energy and nutrients to adjust life with your newborn. So you should continue eating a well-balanced diet, just as you did during pregnancy.

Like many mothers, you may be concerned about losing the weight you gained during pregnancy. Keep in mind that this takes time and each woman's body responds differently. But this is not a time for quick fixes, fad diets or rapid weight loss. A healthy diet combined with regular exercise is the best way to shed the kilos!

- Keep enjoying a variety of foods from all food groups:
  - Breads and cereals for energy: choose wholegrain or brown options, such as wholegrain bread, all-bran cereals, oats, brown rice or wholemeal pasta
  - Vegetables and fruits for fibre, vitamins and minerals: vary your choices and preparations - fresh, frozen, canned in natural juice - steamed, baked, raw, roasted or stewed. They will help you feel full for longer
  - Meats and alternatives for protein: choose lean cuts of meat, skinless poultry, fish and eggs. Vegetarian alternatives such as dried beans, peas, lentils, tofu, nuts and seeds are also beneficial
  - Dairy products for calcium and protein: choose low-fat options
  - Fats for healthy unsaturated fatty acids: use vegetable oils such as olive, canola, sunflower or sesame oils, but try not to exceed two to three tbsp per day. Avoid butter/ghee
- Limit the frequency and size of foods and drinks high in fat and/or sugar, such as chocolate, pastries, cookies, potato chips, french fries, fried foods, fatty take-away and ready-made meals, soft drinks, milkshakes, flavoured coffees and teas, sweet lassi and alcohol
- Don't skip meals. You should have three meals of controlled portions and one to two small healthy snacks, depending on your activities and schedule
- Keep handy and healthy snacks always available, such as fruit, vegetable sticks, unsalted nuts and seeds, hummus, all bran cereals, rice crackers, low-fat yogurt and cheese
- Drink mostly water or unsweetened beverages (herbal tea, coffee, occasionally diet sodas). If you are breastfeeding, hydration is essential to maintain your milk supply. You need to drink more to replace the fluid used in breast milk. So every time your baby feeds, you should drink a glass of water or unsweetened herbal tea or low-fat milk for example. You will also need extra drinks at other times during the day, but aim for a minimum of 10 glasses per day
- If you are breastfeeding, avoid alcohol and high mercury fish
- Plan your meals for the next three days or for the entire week and make a shopping list
- Progressively reintroduce light physical activity in your routine

In summary – set reasonable objectives, eat a varied and well-balanced diet and be active!

BABY FEEDING

BABY
FEEDING

BREASTFEEDING OR FORMULA FEEDING?

Breastfeeding

It is natural for a mother considering breastfeeding for the first time to have questions. Sometimes misconceptions or lack of knowledge are enough to keep a mother from breastfeeding.

Many women who want to breastfeed feel unsure about what it's going to be like or whether they can actually do it. Here are some common questions that new mums have about breastfeeding and some practical information to answer them.

Why breastfeed?

Your own breast milk will contribute significantly to your baby's healthy development. Mother's milk provides essential nutrients that are easy for infants to digest. It also helps to build up the baby's resistance to infection and can help prevent allergic disorders such as eczema and asthma. Breast milk contains the right balance of nutrients for your baby and boosts your baby's immune system. It's considered the gold standard for infant nutrition.

Breastfeeding has also been shown to have a positive effect on a child's intellectual development and can help prevent obesity and the onset of its related diseases in later life. It also has health benefits for the mother, reducing the risk of breast and cervical cancer, osteoporosis and postnatal depression. What's more, it costs nothing!

Tips for a smooth start to breastfeeding

Although you don't need to prepare your body for breastfeeding, it can be helpful to prepare yourself in other ways. In particular, you might find it helpful to:

- Read about breastfeeding and attend antenatal baby feeding classes if possible, during your pregnancy so you will know what to do once your baby is born
- Before you give birth, tell your health care provider about any previous breast surgery or injury. If your nipples appear flat or inverted, ask if it will affect how your baby latches on
- Talk to friends who have breast fed, or attend a breastfeeding mothers support group so you can meet other experienced breastfeeding mothers and listen to their experiences
- Contact and talk to the hospital lactation consultant or trained midwives who can give you individual professional advice

How does breastfeeding work?

As your baby grows in the womb, your breasts prepare for their role of making milk for your baby. From about 20 weeks of pregnancy, your breasts will produce colostrum, which is the milk your baby needs in the first few days after birth. Colostrum is thick and usually yellow or golden in colour. Colostrum is gentle on your baby's stomach and is full of antibodies to protect your baby from disease. Your milk supply will increase and the colour will change to a bluish-white colour during the next few days after your baby's birth

Property		Importance
Antibody-rich	→	**Protects against infection and allergy**
Many white cells	→	**Protects against infection**
Purgative	→	**Clears meconium; helps prevent jaundice**

The addition of any other fluid will decrease the benefits provided by colostrum.

When should I start breastfeeding?

You should nurse your baby soon after birth, ideally within the first half an hour depending on your birth experience, because the sucking instinct is very strong at this time.

Skin to skin contact

Holding your baby skin-to-skin against your chest straight after birth (that's when your skin and your baby's skin are touching without clothes, towels or blankets in the way) will calm the baby and can help your baby start to breastfeed. It will also steady his breathing and keep him warm.

The more your baby feeds, the more milk you make. Keeping him close will help you respond quickly (see section below on feeding cues). Holding your baby skin-to-skin can be done after a caesarean birth as well as a vaginal birth.

- If you are not able to have skin-to-skin contact or a breastfeed straight after the birth, you can do it later. The father or other family member can give skin-to-skin contact which helps keep the baby warm and comforted while waiting for the mother. If your baby struggles to latch or you have sore nipples, ask for help. Some babies don't show the signs of readiness to breastfeed straightaway or can be very sleepy, for example if they are affected by pain relief drugs used during labour, such as pethidine
- Baby should be rooming in with mother 24/7. Should baby be separated from mother for any kind of procedure, NO formula or pacifier will be given to baby without parents' written consent
- Expect your milk to increase within about 72 hours
- Breastfeeding should not hurt. Ask for help if it is painful for you
- Breastfeed according to your baby's cues. Most newborn babies want to breastfeed about eight to 12 times in 24 hours
- Breastfeeding is a learned process. Give your baby and yourself time to learn how to breastfeed
- Be encouraged that you are doing the best for your baby

Your breastfeeding questions answered

Will breastfeeding hurt?

In the early days, when you and your baby are learning to breastfeed, it can be difficult and, in some cases, breastfeeding can feel sore and painful. Pain is usually caused by the way that your baby is feeding at the breast (this is called attachment).

When your baby is breastfeeding properly, it should be calming and comfortable for both of you. If breastfeeding becomes painful for you, seek help from someone who is knowledgeable about breastfeeding such as trained midwife or lactation consultant. if you're experiencing nipple discomfort during feeds, it's worth asking for help.

How do I know when to feed my baby?

The time to feed a baby is when the baby shows early hunger signs. Your baby will make little signals, sometimes known as feeding cues, such as sucking her fists, licking her lips or wriggling round and opening her mouth searching for your breast. Looking out for and responding to these cues is important because the sooner you can respond to them, the less likely your baby is to cry. Crying is stressful for a baby and a baby feeds best when calm.

Remember to change you baby's nappy and burp him before putting him on breast.

How often will my baby breastfeed?

Your baby will probably be awake and alert in the first hour after birth and this is a good time for him to breastfeed and bond with you.

It is normal for some babies to sleep heavily. Labour and delivery are hard work for the baby. Some babies may be too sleepy to latch on well at first. Feedings may be short and irregular.

As your baby wakes up, he or she will have a strong instinct to suck and feed very often. Your baby will love the taste of your milk. Many babies like to eat or lick, nuzzle, pause, doze, then eat again. Ask the nurses not to give your baby any formula or water unless needed for medical reasons.

Newborns need to nurse frequently. Your baby's stomach is little, so lots of feedings are normal. Eight to twelve breastfeeds in 24 hours is common. There are usually some longer intervals between some feeds. Breastfed babies don't eat on a schedule. It is okay if your baby eats every one to two hours. This stimulates your breasts to produce plenty of milk. Since human milk is more easily digested than formula, breastfed babies can eat more frequently than bottle-fed babies do. Babies nurse less frequently as they get older and start solid foods.

After delivery, it is normal for a baby to lose a little weight. Your baby will regain his or her birth weight by about 10 days to two weeks of age when he is better at breastfeeding and have a larger stomach to hold more. Always watch your baby rather than the clock for signs of hunger.

Babies may want to breastfeed for reasons other than hunger. It's OK for you to offer these "comfort feedings" as another way of meeting your baby's needs. Let babies feed whenever they want. This satisfies the baby's needs if hungry or thirsty and the mother's needs if her breasts are full. Mothers can take weeks to fully understand what their baby wants: give yourself a chance to enjoy learning.

How long does a breastfeed last?
Every baby is different so feeds will vary in length. It's best to be guided by your baby's behaviour. Your baby will normally let you know when she has had enough milk by taking himself off the breast. Feeds can vary a lot; sometimes your baby might only need a quick feed and sometimes a much longer one. Feedings will probably take about 10-20 minutes and some can take up to an hour, but all babies are different. Your baby might take only one side at a time or seem to like one side better.

As your baby feeds from your breast, the milk changes from fore milk (watery, sugary) and becomes more creamy, filling hind milk (higher in fat). Letting your baby finish feeding on one breast before switching to the second helps her put on weight and stay fuller for longer time.

How do I know if my baby is getting enough milk?
If feeding is comfortable and your baby is generally satisfied after feeds, he is likely to be feeding properly and getting enough milk. Another way to check whether your baby is getting enough milk is the number of wet and dirty nappies he produces, whether he seems alert, and how much weight she is putting on after the first couple of weeks.

The key to making sure you are making enough milk for your baby is feeding him as often as he needs and making sure that he is feeding effectively.

How long do I breastfeed for?
You can breastfeed for as long as you and your baby want to. The World Health Organization (WHO) and UNICEF recommend giving only breastmilk for the first six months and continuing to breastfeed while solid foods are introduced. In fact, the WHO recommends continuing to breastfeed for at least two years because of the better health outcomes.

Mums and babies continue to benefit however long they breastfeed for and you can continue to breastfeed if you go back to work. There will be many factors – practical, physical, social and emotional – involved in your decision to carry on breastfeeding, mixed feeding or stopping altogether. Talking things through with the breastfeeding counsellor can help.

You can contact us on 055 605 3005.

Rooming in:
Keeping your baby with you continuously during the day and at night, unless separation is indicated (called "rooming-in"), has many benefits for you and your baby. Rooming-in with your baby makes breastfeeding easier.

Babies stay warm and cry less, and breastfeeding gets off to a better start when mothers and their babies have frequent time together, beginning at birth. Mothers learn to recognise their baby's needs, responding tenderly and lovingly. A connection that lasts a lifetime begins to form.

Routine separation should be avoided and should only occur for an individual clinical need. Studies suggest that mothers who room-in with their babies make more milk, make more milk sooner, breastfeed longer, and are more likely to breastfeed exclusively compared with mothers who have limited contact with their babies or whose babies are in the nursery at night.

Babies who room-in with their mothers take in more breast milk, gain more weight per day, and are less likely to develop jaundice, a yellowing of the skin that sometimes requires treatment.

Furthermore, baby is exposed to fewer infections when next to his or her mother rather than in a nursery. It promotes bonding between mother and baby even if mother is not breastfeeding.

FEEDING POSITIONS AND ATTACHMENT

You can breastfeed your baby in lots of positions so try different ones and see what feels comfortable for you.

The three keys to successful and comfortable breastfeeding are:

- The mother's position during feeding
- The baby's alignment close to the mother's body
- Latching to the breast

Correct positioning and latch-on can prevent many of the common problems mothers encounter when starting to breastfeed. Although breastfeeding is natural, it is a learning process for both mother and the baby. Many mothers need several weeks to perfect these techniques.

Try using pillows under your arms, elbows, neck or back, or under the baby for support.

Try different positions as you need to make you and the baby comfortable while feeding. Give yourself and the baby time to get used to a position at a time. This will reduce confusion and strengthen your abilities to make each position work effectively.

Mother's position

You can choose the best position to feed your newborn baby from several possible options.

Cross-cradle position

- An easy, common hold that is comfortable for most mothers and babies
- Useful for premature babies or babies with a weak suck because it gives extra head support and may help babies stay latched
- Hold the baby along the opposite arm from the breast the baby is taking
- Support the baby's head with the palm of the hand at the base of his neck (around the shoulders)

1 CROSS-CRADLE POSITION

Underarm or 'rugby ball'

- Useful for mothers who had a c-section and mothers with large breasts, flat or inverted nipples, or a strong let-down reflex
- It is also helpful for babies who prefer to be more upright. This hold allows you to control the baby's head and to keep the baby away from a c-section incision
- Mother holds the baby at her side (under arm), lying baby on back, with baby's head at the level of the nipple. Baby will be tucked under your arm for support. Support baby's head with the palm of the hand at the base of the head (around the shoulders and away from the back of the head). The baby is placed almost under the arm
- You will need to use extra pillows; one under the baby to support weight and one or two to be placed at your back (in vertical way) to help the baby have more space. This will help not to squeeze baby's legs and help you have more space for your forearm movement

2 UNDERARM OR 'RUGBY BALL'

Side-lying position

- Useful for mothers who had a c-section, have sore episiotomy stitches, or to help any mother get extra rest while the baby breastfeeds
- Lie on side with baby facing you. Pull the baby close with head free and tilt the head back (this will allow baby to come to breast chin first leaving the nose free to breathe)
- Lie on a high pillow so you can see the baby while feeding
- Support the baby's back and shoulders with your hand or a folded blanket

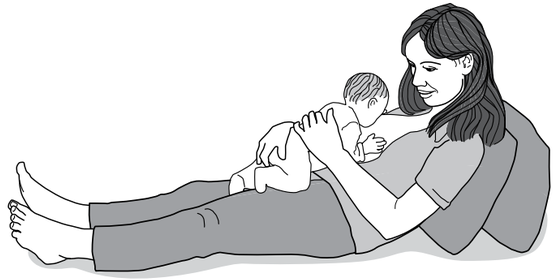
3 SIDE-LYING POSITION

Cradle hold and laidback positions

These are commonly used positions that are comfortable for most mothers. Research suggests that the laidback position encourages your baby's instincts, such as rooting, and is often more comfortable, which helps breastfeeding. Your baby will often attach herself to your breast in this position.

- Hold your baby with his head on your forearm and his/her whole body facing yours
- In a laidback position, your baby's body is completely supported by your body, facing and in close contact with you

4 CRADLE HOLD AND LAIDBACK POSITION



Baby alignment

If you are using a sitting or side lying-down position, the following points are useful:

- Bring your baby to your breast or let her attach herself rather than leaning towards her
- Tuck her in closely to you
- Check that her ear, shoulder and hip are all in a line – not twisted round
- Make sure she's facing your nipple – it's easier for her if she doesn't have to turn her head looking for your nipples

Latching to the breast

Here are some points to look out for to make sure attachment and position is correct:

- Wide-opened mouth
- Chin first
- Lower lip as far as possible from the base of the nipple

Steps to effective baby latch-on

1. Your baby is tucked in as close to you as possible. His nose or top lip should be opposite the nipple
2. The baby should be able to reach the breast easily, without having to stretch or twist
3. Support baby's back and shoulders with your arm but leave his head free to tilt back to start feeding
4. Wait until the baby opens his mouth really wide with the tongue down
5. Remember always move your baby towards your breast rather than breast to the baby

When the baby is correctly attached to the breast, you will feel no sharp pain, his mouth will be wide and he will have a big mouthful of breast. His chin will touch your breast and his bottom lip will be curled back. More of your areola should be visible above the top lip than below the bottom lip and the baby's cheeks will stay full and rounded during sucking. His sucking pattern will also change from short sucks at the beginning to long, deep sucks with pauses.
If something doesn't feel right, break the latch with your little finger and then try again.

Can I give my baby a pacifier if I breastfeed?

It is recommended to avoid using bottles and teats for several reasons. Consider the do's and don'ts of giving your baby a pacifier, and how to help him or her break the habit. Research suggests that early use of pacifiers is associated with decreased exclusive breastfeeding and duration of breastfeeding because they may interfere with your baby's ability to learn to breastfeed. Sucking on a breast is different from sucking on a pacifier or bottle, and some babies are sensitive to those differences.

- Sometimes babies develop a preference for an artificial teat or pacifier and refuse to suckle on the mother's breast
- If a hungry baby is given a pacifier instead of a feed, the baby takes less milk and grows less well
- Teats, bottles and pacifiers can carry infection and are not needed, even for the non-breastfeeding infant. Ear infections and dental problems are more common with artificial teat or pacifier use and may be related to abnormal oral muscle function

In order to minimise the negative effect on breastfeeding, it is recommended not to use a pacifier until breastfeeding is well established (six to eight weeks).

After you and your baby have learned to breastfeed well, you may make your own decision about whether or not to offer a pacifier.

Where to find help with breastfeeding

If you have any questions or would like more information regarding breastfeeding, please call us at Mediclinic Airport Road Hospital, on the Maternity Services Advice Line helpline – 056 998 6093 (24 hours a day) to speak with any of our trained and professional midwives. Alternatively email us at MAIR-maternity@mediclinic.ae. You are always welcome to arrange an appointment to come and visit us in our Maternity Department.

What foods do I need to eat?

- Many cultures have suggestions about foods to eat or to avoid while breastfeeding. Eating such foods may make you or other family members more comfortable. However, research shows that a mother's milk is affected only slightly by the foods in her diet

- You may be thirstier and have a bigger appetite while you are breastfeeding. Drink enough water to keep from being thirsty. Making milk will use about 500 extra calories a day. Women often try to improve their diets while they are pregnant. Continuing with an improved diet after your baby is born will help you stay healthy, which will help your mood and energy level. However, even if you don't always eat well, the quality of your milk won't change much. Your body adjusts to make sure your baby's milk supply is protected

Store and use of breast milk

Breast milk can be safely stored and used at a later date, as long as the following guidelines are followed:

- Store expressed breast milk in a clean, sealed container
- Store the milk in small amounts, leaving space at the top for expansion when frozen
- Label all storage containers with the date and time of expression
- Use fresh, unrefrigerated milk within one hour of expression
- If you are taking the expressed milk to the Neonatal Intensive Care Unit (NICU), keep it in a cooler bag with an ice pack until it can be refrigerated

- Fresh milk can be kept in the refrigerator for five to six days
- Fresh milk can be kept in room temperature (21- 24C) for five to six hours
- Store in the main part of the fridge, not in the fridge door compartments
- Freeze the milk if it will not be used within next six days
- Frozen expressed milk can be kept in the freezer compartment inside your refrigerator for up to four weeks
- Frozen expressed milk can be kept in a chest freezer for up to 12 months

How should I thaw or warm my frozen expressed breast milk?

Do not overheat or boil the milk
Stand the frozen milk in a jug of hot water and gradually warm the milk until it reaches body temperature.

Do not use a microwave to thaw or heat the milk
To thaw quickly, hold the container of milk under warm running water.

Use the oldest frozen milk first
Test the milk by dropping a little onto your wrist. If it is body temperature, it will feel neither hot nor cold. Defrosted milk may be kept in the refrigerator for up to 24 hours.

TIPS FOR USING EXPRESSED BREAST MILK

- Wash your hands thoroughly before you start to prepare for a feed
- Breast milk should not be frozen or heated more than once
- Throw away the leftover milk after a feed
- Breast milk may appear to separate if it has been standing. Gently shake to mix it again

EXPRESSING MILK BY HAND

It may be useful to know how to hand express as many mothers prefer hand expression to using a pump. Hands are always with you, and there are no parts to lose or break. Some mothers prefer the skin-to-skin stimulation from hand expression rather than the feel of plastic and sound of a pump. Hand expression is usually gentler than a pump, particularly if the mother's nipple is sore. There is less risk of cross-infection as the mother does not use equipment that may be also handled by others. Expressing milk and feeding baby is useful for mothers with premature babies who are unable to feed at the breast, and can take some of the load off a new mother's shoulders by allowing someone else to take a turn feeding their baby.

How to hand express

It is easier to learn to hand express when the breast is soft rather than engorged and tender.

- **Encourage the milk to flow**
  Being comfortable and relaxed, thinking about the baby, gentle massage and warm compress before starting.

- **Find the milk ducts**
  Feel the breast near the outer edge of the areola then place fingers over the duct, and the thumb on the opposite side of the breast.

- **Compress the breast over the ducts**
  Gently press the thumb and fingers slightly back towards the chest wall, then press the thumb and first finger together, compressing the milk duct between them.

- **Repeat in all parts of the breast**
  can go back and forth between breasts a few times if needed as the milk flows.

EXPRESSING MILK BY PUMP

If you are expressing for a premature baby, you should have a hospital-grade electric breast pump. It can be with single kit or with a double collection kit, which operates on both breasts at the same time. This will help to establish and maintain a good milk supply for a mother who is initially totally separated from her baby. A standard electrical breast pump should be adequate for the mother of a full-term baby.

How often should I hand express or use the pump?

If you are pumping for a premature baby, during the first few weeks you should pump frequently, as many as eight to ten times a day, for 10 to 15 minutes per breast or until the milk has stopped flowing. Do not set a clock to wake at night, but if you wake up to check on your baby, use the pump before going back to sleep.

What amount of milk I should be producing?

During the first few days after giving birth, you may produce only a few drops of milk each time you use the breast pump. It is easy to feel discouraged, but with frequent attempts you should have an adequate milk supply by the fifth or sixth day. A mother of a full-term baby produces about 30 ml of milk during the first 24 hours after birth, but by the third or fourth day this would have increased to about 100-150 ml per day. It will, however, take mothers of premature babies longer to increase from producing a few drops to 30 ml at each pumping. Ideally, by the second week of pumping, you should be producing about 500 ml of breast milk each day.

What factors affect my milk production?

Fatigue, pain and stress will interfere with your body's production of milk, so try to alleviate these factors in your life as much as possible.

How to increase your milk supply?

To help increase your supply, spend time bonding with your baby. If your baby's condition permits, hold your baby in kangaroo or skin-to-skin, or follow these steps:

- Nurse, nurse and nurse again
- Don't worry
- Try to rest
- Control and reduce stress
- Get support
- Drink plenty of water
- Feed yourself, feed Baby
- Herbal Help? Fenugreek, Blessed Thistle

Further reading and resources

- **http://www.llli.org**
  La Leche League is an international breastfeeding support organization that has groups in many countries

- **http://www.kellymom.com/index.html**
  Kelly Bonyata is a Lactation Consultant and her website provides information on breastfeeding

- **http://www.drjacknewman.com/**
  Dr. Jack Newman is a Canadian doctor who specializes in breastfeeding problems. This website offers DVD clips of correct latch on, and highlights breastfeeding issues. Dr. Jack can also be emailed directly with your concerns

- **http://www.breastfeeding.ie/**
  HSE Breastfeeding Support website has useful information on breastfeeding support groups in Ireland

- **http://www.pantley.com/elizabeth/index.html**
  Advice, solutions, links and books about parenting. Raise children with love, compassion, respect and consistency and learn to be a confident and joyful parent

- **www.multiplied.uae**
  A guide for mothers with twins and triplets

TAKING CARE OF YOUR BABY

TAKING CARE OF YOUR BABY

GENERAL INFORMATION

Handling and bathing your newborn, and changing the first nappy, can be daunting for new parents. The staff on the postnatal ward will guide you through the first steps and help you until you feel more comfortable.

Bathing your baby

Bathing your baby too soon is discouraged as the skin-to-skin contact you have with your baby can help 'colonise' his skin with friendly bacteria from your skin. This can reduce the risk of skin infections developing. Your baby should also have the opportunity to become accustomed to his environment.

When you do bathe your baby, remember that his skin is very delicate and vulnerable to chemicals, germs and water loss. It is best to hand wash your baby (no cloths or sponges) with plain water. A baby comb can be used to gently remove any debris from thick hair after delivery. Please bring a baby brush and comb set to hospital with you.

It is best to avoid cleaning the delicate area around the eyes initially, however staff may demonstrate how to clean the eyes so you know what to do at home. If the eyes become puffy or sticky the staff will advise you.

Cleaning inside of the ears and nose with cotton buds should avoided to prevent damage to these sensitive areas.

Recommendations are to bath your baby two to three times per week until the baby is crawling. In the hospital an initial bath is performed, on the second day staff will help you to bath your baby so that you know how to do it at home. Thereafter you can 'top and tail' which simply means cleansing the baby's face and nappy area, using plain water for at least the first four weeks.

Vernix

If your baby was born at 40 weeks of pregnancy the skin folds (e.g. under the arms) may be covered with vernix. Vernix is the white cream that covers and protects the baby's skin in the womb. The vernix is beneficial to the baby and should be left to absorb into the skin naturally. It is a natural moisturiser and gives added protection against infection in the first few days of life.

Premature baby's skin

A premature baby's skin is even more delicate so it is important to take extra care. Research has shown that using pure vegetable oil to massage premature infants can give some protection against infections. Staff in the Neonatal Unit will guide you.

Overdue baby's skin (born after 40 weeks of pregnancy)

The baby's skin may be dry and cracked. This is to be expected as the protective vernix has been absorbed. It is best not to use creams or lotions as this may do more harm than good. The top layer or your baby's skin will peel off over the next few days, leaving perfect skin underneath. Continue to wash your baby with plain water only for at least the first month.

Cleaning the nappy area

Begin with changing the baby's nappy at feed times. As you get to know your baby you will learn when the best time is to perform a nappy change:

- You can use disposable or cloth nappies
- Use plain water and cotton wool only and always clean the nappy area from front to back
- A small amount of barrier cream to protect the skin from nappy rash is advised. The ideal preparation should be free from preservatives, colours, perfumes and antiseptics. Consult a pharmacist for a recommended brand. Bepanthen Ointment is an example
- Avoid baby wipes for the first month (longer for the premature baby). If introduced, use wipes that are mild, free from alcohol and strong perfumes which can be irritating to the skin
- Avoid pulling the foreskin back when cleaning a boy, this may cause pain and damage to the area. If your baby is circumcised ask the doctor performing the procedure about caring for the nappy area

If nappy rash occurs, check with a doctor or even a lactation (breastfeeding) consultant as a common breastfeeding problem called candidiases (thrush) can be a cause of nappy rash.

To help prevent nappy rash occurring:

- Change the nappy frequently
- Clean with water only
- Pat the skin dry – do not rub
- Open the nappy occasionally, allowing air to the skin
- Use small amount of barrier cream

What to expect when you change your baby's nappy

The first stool (dirty nappy)

It is important to feed your baby as soon as possible after the birth. The early feed will help your baby pass the first stool called meconium. Meconium is thick, black and sticky. It is usually passed during the first 24 hours after birth, as long as you breastfeed early and frequently. If your baby passes meconium soon after birth, it helps reduce the incidence or severity of jaundice.

Changing stools

After two to three days the stool will change to what is called 'transitional' stool. As your milk changes so does the dirty nappy; the stool becomes brown in colour.

Breastfed stools

As your milk supply increases around three to four days after the birth, the dirty nappies will become more frequent and the stool will appear yellow, runny and 'seedy'. This is normal; do not mistake this for diarrhoea.

Mixed-fed (breastmilk and formula milk) stools

If you are mix feeding, dirty nappies will be less frequent and the stool more firm. It should still be a soft consistency. A formula or mixed fed baby's stool is different from a fully breastfed baby due to the different type of milk used; this is why the stool is more formed and less frequent. You will still see a dirty nappy each day. If the baby's stool is hard or the baby has no dirty nappy make sure the feed is 'made up' correctly.

How many wet and dirty nappies?

A simple guide (for exclusively breastfed babies)

Day 1 – You should see at least one wet + one dirty nappy
Day 2 – You should see at least two wet + two dirty nappies
Day 3 – You should see at least three wet + three dirty nappies

Beyond the sixth day, nappy counts are typically six to eight wet and three or more dirty nappies per day. After three weeks, dirty nappies may decrease to one every one to two days. Frequent wet and dirty nappies reassure you that your baby is feeling well.

Cord care

Following the birth the umbilical cord quickly starts to dry, harden and turn black before the cord 'falls off'. This normally occurs within the first week. Initially the cord may look moist and sticky. This is normal.

Follow the cord care guidelines below:

- Keep the area clean and dry. The best way to achieve this is to leave the area alone
- First bath is given for demonstration and the second bath is optional
- Fold back the nappy at each change until the cord falls off. This prevents the cord becoming soiled with urine and faecal matter which may result in infection
- In the first few days it is advisable to top and tail only (wash the baby's face and nappy areas) to allow the cord to separate naturally
- If the area becomes soiled, clean with cotton wool and plain water, otherwise leave the cord alone
- The cord clamp may be removed before you leave hospital. If not, the clamp will fall off when the cord separates/falls off
- Do not use antiseptic wipes/alcohol or powders as these will delay the separation of the cord
- If the skin area around the cord becomes red and inflamed or the cord becomes smelly, consult your doctor

Cord care for the sick or premature baby

The care of the cord may be different as sick or premature babies are more at risk of infection. The staff on the Neonatal Unit will advise you. If no special care is needed, cord care should be the same as for any other baby.

SKIN PRODUCTS AND TIPS

When to introduce baby products

Continue bathing your baby with plain water for at least the first month before introducing baby products. By this time the skin's natural barrier will have developed. These products should be free from sulphates (SLS* and SLES**), colour and strong perfumes which can irritate the skin. If you choose to use skin care products from birth use minimal amounts only.

**SLS – Sodium Dodecyl Sulphate **SLES – Sodium Laureth Sulphate*

Nails

It is safer to file the baby's nail with soft nail file rather than use scissors which can leave sharp edges. If the baby's nails have broken/started to come away, you can gently peel them off.

Shampoo

Shampoo is not necessary when baby is less than one year old. Wash the baby's hair in plain water and gently comb through the hair with a baby comb. Once you have introduced baby products, simply rinse your baby's hair in the bath water solution. Shampoo should be sulphate-free.

Barrier cream

It is advisable to use a thin layer of barrier cream on the nappy area. The ideal preparation should be free from preservatives, colours, perfumes and antiseptics. It should be clinically proven to be an effective treatment for preventing/treating nappy rash.

Washing clothes and bedding

Do not overload the washing machine to ensure clothes are rinsed thoroughly. Fabric conditioner, if used, should be mild and free from colours and strong perfumes. You may wish to use a soap-based rather than detergent washing powder - non biological powders are preferable.

The benefits of early skin-to-skin contact and baby massage

The benefits of skin-to-skin contact cannot be overstated. It should be positively encouraged from birth. As well as promoting successful breastfeeding, skin-to-skin contact stabilises your baby's heart rate and temperature. Baby massage follows on naturally from this and is now widely practised. It is advisable to avoid nut oils, petroleum based oils, or oils with perfumes if there is any history of allergies in your family. Consult a qualified massage therapist for your baby and ask for their advice on suitable oils. Remember not to use any products on broken skin.

IMPORTANT THINGS TO NOTICE

Important things to look out for include:

Signs of jaundice

Signs of jaundice include yellowing of the skin and white part of the eyes. If left untreated, it could spread to all parts of the body. Babies who are jaundiced will be sleepy and may not feed well. If you see any signs of jaundice in your newborn, you should consult your doctor.

Infection in the umbilical cord

The umbilical cord was your baby's lifeline when he was in your womb. It is through the umbilical cord that a baby receives nourishment and oxygen. However, after birth, the baby no longer needs it. The cord will fall off any time between five to 10 days after birth, although in some cases it may take a little longer. The cord should be kept clean and dry; if the area around the stump appears red and swollen, bleeds, oozes yellow pus or a bad smelling discharge then an infection could be present and you should consult your doctor.

POST BIRTH IMMUNISATION AND NEWBORN SCREENING

Informed consent

Before giving immunisations and taking blood for newborn screening, parents have a right to be informed (on behalf of their children). This means that at the same time, they have the right to refuse. The purpose of this pamphlet is to give you information, following which you can give or refuse us permission to immunise your infant or take blood for screening.

BCG

Introduction

Tuberculosis (TB) is a serious disease which can occur in people of any age. This disease is caused by the TB germ which is spread when people who have TB cough out small droplets containing the germ. TB can kill young children.

The best protection for young children from disease caused by the TB germ is the BCG Vaccine (Bacille Calmette-Guérin).

When is the vaccine given?

Only one dose of BCG vaccine is usually given to newborn babies before discharge from hospital, so that they are protected very early in life, but it can be given at any time.

How is it given?

The BCG vaccine is given as an injection, on the upper left arm. A thin needle is used to inject the baby just under the skin.

What will the skin look like after the injection has been given?

At first this will leave a small blister which looks like a mosquito bite that may grow bigger for a few weeks into a small pimple. The pimple which forms after the BCG vaccine tells you that it is working. You can expect the pimple to increase in size, so that it looks like a small boil. 10% of babies do not have the above.

When the pimple dries out, a scab will form that will scale off by itself once the pimple has healed. There may be a small scar left behind.

How should I care for the injection site?

Do not apply any medicines, ointments or creams onto the pimple. Do not use waterproof plasters and avoid touching, pinching or squeezing it. If you leave it alone, it will heal on its own.

How long will it take for the pimple to go away?

The BCG pimple usually takes about three months to heal. Every baby is different, so the time taken to heal will not always be the same.

What are the side effects?

BCG vaccine is very safe. The most common side effect is the formation of the pimple which may take a long time to heal. Some children may get swelling under the arms, fever, headache (irritable baby). If you are worried or you think the sore has become infected, please call your paediatrician.

Are there any reasons for not giving the vaccine?

BCG vaccine should not be given to babies who have any illnesses or are taking any treatments which prevent their immune systems from working properly.

Is it possible to get TB even after the immunisation?

The BCG vaccine is 60-80% effective in protecting young children against severe TB disease which affects the brain (TB Meningitis) and blood (Disseminated TB).

A few children may still catch TB disease after being immunised, but it is less likely that they will become seriously ill or die.

When can my baby start the immunisation programme?

The baby can start his routine immunisation programme, regardless of when he received his BCG. The entire vaccinations schedule will be available on the baby's health record.

However, it is important that no other injections be given in the same arm as the BCG for at least three months.

REMEMBER

- Tuberculosis (TB) is a dangerous disease that can kill young children
- BCG vaccination in babies can prevent disease cause by TB germs
- The BCG pimple shows that the vaccine is working
- The BCG pimple takes about three months to heal
- Inform the staff at your local primary healthcare clinic if your baby has come into contact with someone that you know has TB
- Always take the health record booklet given to you at the time of your baby's birth for every visit to ensure that all immunisations are up to date

Hepatitis B vaccination

Why get vaccinated?

Hepatitis B is a serious disease. The hepatitis B virus (HBV) or serum hepatitis virus can cause infection at any age. It may lead to chronic diseases, especially if it is acquired during childhood. A child may not show signs of infection until years after when liver failure and liver cancer occurs.

HBV is transmitted by:

- Passing from mother to infant at birth
- Passing from a person who is an HBV carrier to the child living in the same house (especially for a child five years or younger)
- Passing through sexual intercourse or contact with infected blood (i.e. when drug users share needles)
- It's important that your child be vaccinated since more than 95% of children who are vaccinated are protected against the illness caused by the hepatitis B virus

When should my child be vaccinated?

- The first vaccination will be given at birth
- The second dose at one to two months
- The third dose at six to eight months of age

Your child needs all three doses to be fully protected.

The first dose can be delayed for premature babies or babies who have illness during the first day of life. If a mother tests positive for hepatitis B, the child must receive the first vaccine dose as well as hepatitis B immune globulin at, or shortly after, birth. The second dose would be given at one month of age and third dose at six months of age.

Is there side effect to hepatitis B vaccine?

No serious reaction or serious side effect is to be expected. Any soreness at the site of the injection should go away within 48 to 72 hours. If you have any problems contact your physician.

How will the vaccine be given?

The vaccine will be given in the muscle of the baby's thigh.

What should I look for?
Look for any unusual condition such as a serious allergic reaction, high fever or unusual behaviour. Serious allergic reactions are extremely rare with any vaccine.

If any were to occur, it would be within a few minutes to a few hours after the injection.

Signs can include difficulty in breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness. Inform the doctor immediately if there is a moderate or severe reaction noticed.

Newborn screening

Introduction
Newborn screening (NBS) usually consists of a simple blood test that involves pricking baby's heel to get a few drops of blood. This allows you to find out if your baby has a congenital disorder that may lead to developmental conditions and, in some cases, even death if left untreated. Most babies with congenital disorders look normal at birth. One will never know that a baby has a disorder until the onset of signs and symptoms appear, or permanent damage may have occurred.

When should the blood sample be taken?
It is best if the sample is taken from 36 hours old, after the baby has had its first feed. This is because some diseases, such as PKU, do not always show up if the blood sample is taken too soon after birth. If the mother and newborn are discharged before the baby is 24 hours old, the test should be done before they leave and repeated two weeks later.

How will my baby be tested?
After collecting the blood, and placing it on a special paper, the paper is allowed to dry and then sent to a laboratory, where several different tests will be performed.

The heel prick may be uncomfortable and your baby may cry. You can help by making sure that your baby is warm and comfortable. Also, you should be ready to feed and/or cuddle your baby during the procedure. We will also ensure that your baby gets a drop of sucrose 24% on his or her tongue two minutes before the procedure as part of pain prevention.

If the doctor has ordered other blood tests (for example on day three some babies may appear jaundiced, the doctor will want to test the jaundice levels) to be done on the same day as your baby is due to have his/her newborn screening, we may need to take a sample from the babies vein. Again we will give the baby sucrose 24% and the sample will be taken by a qualified member of staff.

How will I receive the results?
Results are available within 14 working days of the sample being taken. For your baby's result, kindly consult the paediatrician when you bring your baby for his/her follow up clinic visit.

If you receive an abnormal result, try not to panic. This may have occurred if the blood sample was taken before the baby was 36 hours old or if there was a problem with the way the sample was taken. Retesting may need to be done to check if:

- The baby may have one of the rare diseases tested for
- The test result is a "false positive"

Informed consent
Before newborn screening, parents (on behalf of their children) have a right to be informed about screening, and have the right to refuse screening. They also have a right to confidentiality and privacy protection for information contained in all newborn screening results.

What conditions are tested for?
There are several types of disorders that can be found through newborn screening.

How are these conditions treated?
The treatment for each condition is different. Treatment may include a special diet, hormones, and/or medications. If your baby has one of these conditions, it is very important to start the treatment as soon as possible.

Hearing screening for new born babies

Hearing screening is a quick method to detect the presence or absence of hearing loss.

The screening only suggests that a baby is hearing well at the time of testing. Hearing loss may develop later in life (due to family history, genetics, ear infections, meningitis, etc). Therefore, it is important that you closely monitor your child's speech, language and hearing milestones. If you have any concerns, ask your doctor for an audiological assessment. For further information, please contact our Audiologists at Mediclinic Airport Road Hospital:

Ms. Odette Taliana
M: 056 998 6093
E: MAIR-maternity@mediclinic.ae