



Back to **BABY BASICS**



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Although the arrival of a new baby is an exciting event, feelings of anxiety as to how one will cope with the newborn child may arise.

Back to baby basics has been written by two qualified and experienced midwives, and comes recommended by a paediatrician. It offers answers to the problems which the authors regularly encounter in consultation with first-time as well as experienced mums.

Their trusted advice covers the entire spectrum of baby care from preparing for the arrival of the baby and caring for the newborn, to handling and stimulating busy toddlers.

Common as well as more serious problems are addressed, whilst the book also deals practically with special needs, premature babies, the working mother, and the difficulties surrounding the care of twins!

Back to baby basics is a comprehensive, tried-and-tested guide, a dependable book that will become indispensable in your home.



Baby Basics filled the gap in my life, as I was alone, a new mother without my mother or a friend around to guide me. The book became my Baby “Bible” and helped me to raise both my children. Baby Basics has very good advice and was the best “investment” I made, Only a person like Ros, with her passion for babies, could write this “best seller”. *Susan Esterhuizen*

CONTENTS

Preparation for the baby

The nursery	1
Layette	8

The new born baby

Appearance at birth	10
Jaundice	16
Bathing	17
Nappies	23
Winding	25
Dummies and thumbs	27
Prematurity	28
Twins	33
The clinic	35

Parents

The puerperium: from birth to six weeks	37
Going home and adjusting	37
Getting back to normal	42
Planning a second child	47
Siblings	49
Fathers	52
The working mother	54
Discipline	56

Feeding

Breast-feeding	61
Advantages and disadvantages	61
The breast and the breastfeeding action	62
What is breast milk?	63
Diet	63
Look after yourself	64
The first few days	66
Positions for breast-feeding	67
How to begin	69
Breast-feeding problems	71
Breast-feeding twins	83

Breast-feeding and the working mother	85
Expressing	86
Weaning	88
Bottle-feeding	89
Introducing solids	93

Common problems

Allergies	101
Colic	103
Rashes, other skin conditions and infectious diseases	106

General matters

Sleep	116
Teething	119
Toilet training	122

Childhood illnesses

Earache	126
Tonsillitis	127
Urinary tract infection (UTI)	127
Parasites	128
When to call the doctor	128

Safety

Travelling with children	131
Safety in the home and coping with emergencies	134
Safety in the garden	136
Emergencies	137

Playing

Activities at various ages	140
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Questions and answers

Index	148
Letter to my Mom	150
Breast-feeding in the first days	152

The Newborn Baby



*“Special Delivery”...
Turn to the last page
to receive this very
important letter!*

Surviving the first days: Expect the first six weeks to be difficult! Understanding what is normal and what is not will make these first weeks a little easier.



APPEARANCE AT BIRTH

Head

The average head circumference is about 35 cm. The baby's head may not be symmetrical due to the birthing position. It may appear bullet-shaped in a normal delivery (moulding) or flattened in the case of a breech presentation, the head shape should normalise within a few days.



The fontanels (soft spots) are situated on the top and back of the head and can be seen pulsating. The fontanel usually closes between six to 18 months. No damage will occur during hair washing or brushing.

There may be a water swelling (caput) on the infant's scalp, which disappears gradually over several days.

Cephalic haematoma (head bruise) takes longer to disappear and may have been caused by vacuum birth. Bruising from the use of forceps may also occur. Jaundice levels may rise in babies that have excessive bruising as these damaged blood cells need to be broken down.

Skin

- Vernix is the waxy white substance that covers a newborn's skin. It collects in the skin folds like the ears, arm pits and in the genitalia of little girls. It helps to protect the skin in utero and may be removed with baby oil and cotton wool.
- There may be a red blotchy rash that may resemble an insect bite, a small white dot with a red area around it. This is a common rash and is considered normal.
- The small white “pimples” across the bridge of the nose are called milia. Do not squeeze or treat them.
- Birthmarks or “stork bites” are light red marks at the base of the

bottom. Place the baby on the towel that you placed in the bath and wrap it around baby. Remove your right hand from under the baby's bottom so that he lies on the towel. Using the right hand, soap the baby's tummy, arms and hands. Dip the hands into the water immediately to prevent soapy hands in the eyes.

The legs and feet are next. Little boys: wash around the scrotum and over the penis. Do not attempt to pull back the foreskin. Little girls may have a sticky white discharge. Use a piece of warm, wet cotton wool with some baby oil to wipe it away. Do not fiddle, especially between the inner "lips" or skin folds around the vagina.

To turn the baby - try this out of the bath first. Hold the baby in the sitting position, leaning slightly forwards, supported by your right hand. Lift the bottom over, using your left hand so that the baby lies on your right arm like a frog. Your right hand holds the baby's left upper arm. Be very careful not to let the face touch the water. Using the left hand, wash the back. Babies generally love to lie in the water like this, so do not rush it.





Sucking fingers or thumbs in young children and babies is very common this habit tends to bother the parents more than the children! It is a normal phase of development and provides security and comfort during periods of anxiety and discomfort. The phase usually stops after one year. If, however, the thumb-sucking is causing speech or orthodontic problems, explain this to the child and try and find an alternative (try a teddy). Make it a game to see how well he can do. This positive attitude is less stressful than painting the nails with bitter-tasting substances or “disciplining” the child with harsh words.

Ask your dentist-to explain to the child the bad effects thumb-sucking has on the position of the teeth.

PREMATURITY:

26 TO 36 WEEKS GESTATION

A premature baby is always a shock for parents who feel they are not ready yet and need more time to prepare for the baby. It is also sometimes associated with guilt that something you have or have not done has caused the premature birth, even though it is out of your control. The worries and anxieties experienced by parents of a premature baby fighting for its life are very intense. Share these with family and friends, and call your minister or spiritual leader as he can offer you tremendous spiritual upliftment. Communicate well with the doctor and nursing staff of the unit and make sure that you understand what is happening. Find out what the tubes and wires are for and what you can do to help.

What premature babies look like

This depends on the age of the baby. He is usually skinny and wrinkled, and the skin may be rather red or pale. He may or may not have hair on his head but is covered with a fine layer of thin



Parents

The puerperium: from birth to six weeks

GOING HOME AND ADJUSTING

This is an exciting and wonderful time, but take care not to exhaust yourself by undertaking too much to start with. Set your standards at a level with which you are able to cope. Take each day slowly, making sure that you look after your physical, psychological and spiritual needs (your own and those of the other members of the family).



Physical state

Caesarean section

You need time to recover and will probably spend a longer time in hospital. Follow your doctor's orders regarding care of the wound

and report any swelling, redness, discharge, gaping or excessive pain. No exercising before the six-week check-up and then only with your doctor's approval. Start slowly. Domestic help is essential as household chores are too strenuous after a caesarean. Driving should be only for short distances after three weeks, and then only with your doctor's permission.

Breast milk may be delayed, and positioning at the breast is important. Use the "rugby hold", for example, with assistance.

Vaginal birth

To aid involution (getting the uterus back to its pre pregnant size), cup your hand and rub just below your belly button. You will feel the uterus harden, do this a few times a day and after emptying your bladder.

Lochia

Lochia is a discharge of blood and mucus from the uterus and may last up to three weeks after delivery.

Day 1-4: It is red and similar to the menstrual flow, but may be heavier.

Day 5-9: The discharge is paler and pink in colour and may contain more mucus. It may even be brown.

Day 10-15: The discharge is now creamy-white in colour, and eventually fades away.

How to begin

Get comfortable and have everything you will need handy, such as a cloth for winding, a glass of water and a pillow. Change the baby - some like to be changed before a feed. Others like a rest between breasts, and some pass a stool during a feed and need to be changed afterwards. Be flexible. Do not let the baby get upset while you change his nappy, rather feed him first and change him later. One exception is the baby that tends to vomit easily: he should rather be changed before the feed as handling him may cause him to vomit.

Do not have any distractions such as food cooking on the stove. Check on the other children before feeding. Encourage them to join you. This may be a good time for a story, building a puzzle or just chatting.

Find a comfortable position. Hold the baby's head in your hand and bring him towards the nipple, just allowing it to touch his cheek or mouth. The baby will open his mouth wide (this is known as the rooting reflex), looking for the nipple. Hold the nipple a little way back from the areola in a slight squeezing position to ensure that enough of the nipple enters his mouth. The sucking reflex is triggered by the nipple touching the baby's pallet. Give the nipple and the areola a little shove into his mouth so he can feel it and latch onto it. Check that he has a good grip, if not, remove and start again. Ensure that his nose is clear for him to breathe.



Check the expiry dates and that it is sealed. Decant into a bowl what you need, as you cannot reheat the fruit and using it from the bottle will contaminate it.

Babies with colds or ear infections should not be given banana as it tends to thicken the mucus.

Fat-free yoghurt can be given - first plain with your own fresh fruit added, and then fruit yoghurt. Do not give this to babies who are allergic to cow's milk.

Five months

Iron drops should be given. Ask your doctor or pharmacist for the correct dosage, which is usually 1mg per kg of body weight.

Six months

Add protein foods such as chicken liver to vegetables. A good idea is to cook the vegetables with the chicken giblets. Remove them before serving, mashing and adding only the liver. Lamb's liver can also be given, as well as cottage cheese, Marmite, peanut butter, egg (only three per week) and chicken. A rusk or a biscuit

may be given as an afternoon snack. Also try Marmite or peanut butter toast "fingers".

Seven to nine months

Cooked foods can now be given to the baby. Avoid spicy, salty and fatty foods. Macaroni, milk puddings, and soups (homemade with a bit of brown bread) make super meals. Slowly add other meats and fish. Remember to chop it finely as the baby cannot chew properly yet.

Think ahead and keep leftovers, for example chicken to add to the baby's lunch the next day, or freeze it for another day. Save from your dinner tonight for lunch tomorrow.

Stop fussing!

If the baby is full of bounce and growing, you can be sure he is getting enough to eat. Most children go through fads of eating and may



Disease	Chicken pox
Symptoms	<ul style="list-style-type: none"> • Usually occurs from six months. The child has a raised temperature. Red spots appear, spreading from the chest, stomach and back to the head and scalp.
Incubation	<ul style="list-style-type: none"> • They change to blisters, which then form dry scabs.
Duration	<ul style="list-style-type: none"> • 10 days
Quarantine	<ul style="list-style-type: none"> • 14 to 21 days
Treatment	<ul style="list-style-type: none"> • 7 to 10 days • One day before spots to five days after. Keep isolated until the last scab falls off. • Highly contagious. • Consult your doctor. Keep the child at rest and give plenty of fluids. • Relieve the itching by applying calamine lotion. • Other secondary infections. Pregnant women should not be exposed to this illness.
Complications	<ul style="list-style-type: none"> • An immunization is available and is recommended.
Disease	German measles
Symptoms	<ul style="list-style-type: none"> • Low temperature, a runny nose, swollen glands at the back of the neck. A slightly raised red rash on the forehead and behind the ears, which spreads to the abdomen.
Incubation	<ul style="list-style-type: none"> • 14 to 21 days
Duration	<ul style="list-style-type: none"> • 3 to 6 days
Quarantine	<ul style="list-style-type: none"> • 7 days before to 5 days after the rash appears.
Treatment	<ul style="list-style-type: none"> • Rest the child and give plenty of fluids. • Other secondary infections. Pregnant women should not be exposed to this illness as it can cause severe abnormalities in the foetus.
Remarks	<ul style="list-style-type: none"> • All children, especially young girls, should be immunised.
Disease	Measles
Symptoms	<ul style="list-style-type: none"> • Low fever, dry coughing, eye irritation. The child appears to have a severe cold. Definite diagnosis on the appearance of whitish-blue spots (Koplik spots) inside the mouth. Two days later a rash appears behind the ears and on the neck, spreading to the rest of the body.
Incubation	<ul style="list-style-type: none"> • 10 to 15 days
Duration	<ul style="list-style-type: none"> • 8 to 10 days
Quarantine	<ul style="list-style-type: none"> • 4 days before the rash to 5 days after it disappears. • Consult your doctor. Antibiotics may be prescribed as a prophylaxis (a treatment for preventing disease).
Treatment	<ul style="list-style-type: none"> • Keep the child at rest in a darkened room and give plenty of fluids. Keep the eyes clean with cool boiled water.
Complications	<ul style="list-style-type: none"> • Highly contagious - all children should be immunised Due to a lowered resistance the child may contract otitis media (inflammation of the middle ear), broncho-pneumonia, or encephalomyelitis (inflammation of the brain and spinal cord).

General Matters



SLEEP

The feeling of “Will I ever sleep again?” is one that many mothers experience. At first the baby will need to wake at night for feeds. Adapt to this by getting your sleep either during the day or get to bed early. Most babies are able to sleep through between the third and sixth month. The notes below will help you to achieve this.

A newborn will sleep a lot on the first day then the sleep pattern is a little erratic for the next couple of days. This will pass; give a lot of cuddling and soon the baby will feel secure and sleep better.

Prevent sleep problems before they occur

At first the baby should sleep in his crib next to mom, as he wakes often for feeds. It is safer for the baby as should there be a change in his breathing the mother will pick it up immediately. Keep the attention during these night feeds to a minimum. After three months he should be in his own room and have a definite night-time routine - the longer this is delayed the harder it is to enforce.

Tips for routine

- Establish day and night sleep routines. Look for signs that baby is sleepy. He may start yawning, rubbing his eyes or ears. Don't wait until he is over tired as it is much harder to get him to sleep. Don't force him to sleep when he clearly is not tired.
- Have a restful time before bed, with no TV or very active games. Let the afternoon settle to a quiet time - reading a story or listening to a favourite tape (for older children).
- During the day let the baby sleep on his bed with a rug and at night let him get into bed.
- Have a set bedtime. A good way to do this by means other than yourself is by using, for example, the TV news or an alarm clock. This bedtime must be determined around the family's lifestyle and should be kept constant as far as possible.



Safety

TRAVELLING WITH CHILDREN



Responsible parents use safety devices at all times. All children should be secured with recommended safety seats or belts in their own seats, not strapped in with their mother. Never allow children to roam around the car at will, or stand on the seats or between the seats, as on impact the unrestrained child stands little chance of escaping without severe injury, usually to the head. Set rules and follow them yourself.

Check the baby or child's comfort: plastic chairs, for example, cause excessive sweating. All passengers and the driver should be strapped in, with no exceptions. Avoid objects with sharp points or edges that may cause injuries. Maintain adequate checks to ensure the roadworthiness of the car.

Allow eating or drinking in the car under supervision but remember, choking is a real possibility and bottles become dangerous objects on impact. Stop when necessary (about every 2½ hours) to give the family a welcome break to refresh themselves, change nappies, and so on. After any impact, check the seats for damage. Replace the car seats as the child grows. Make sure that he is correctly strapped in

and that the restraining harness is correctly fitted.

Safety locks should be used on all rear doors. Windows should not be opened fully but sufficiently to allow adequate air circulation only. Protect the child from any strong sunshine by using shaded film, which is available at supermarkets and garages. Never leave the baby unattended in the car as cars overheat quickly and the baby's heat-regulating centre may not cope with this.

Car safety

A car is a potential risk for all and can have the most serious consequences. Therefore before all else, two rules should be enforced:

Rule No 1: All cars should be in good operating order. Check brakes and tyres regularly. Check any strange sounds or unusual steering patterns.

Rule No 2: No-one should be allowed to travel in the car without using restraining devices suitable for the occupant's size and weight.

Other preventative measures

- Whilst driving obey all traffic rules and regulations. Be alert for unexpected situations that could occur involving, for example, pedestrians or animals.