



the ultimate maternity guide



YOUR ESSENTIAL PREGNANCY, BIRTH AND INFANT CARE HANDBOOK 2020/2021



PREGNANCY

Trimesters at a glance
Eating for two
Staying active

LABOUR & BIRTH

The signs of labour
Pain relief
Breastfeeding

HOME AT LAST

Safe sleeping
Postnatal health
Bottom care

THE FIRST 12 MONTHS

Introducing solids
Teething time
Baby routines

**You hug them
with every fibre
of your being.**

**We hug them
with every skin
loving natural
fibre of ours.**

- ✓ Made with skin loving natural fibres*
- ✓ 99% pure water
- ✓ Safe for newborns from day one*

**Your hugs provide love, care and security.
So do our baby wipes.**



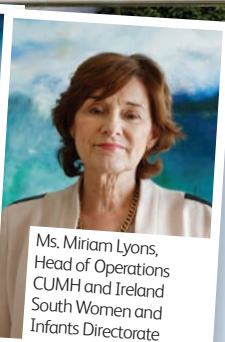
Welcome to Cork University Maternity Hospital



Ms. Katie Bourke,
Director of Midwifery,
CUMH



Prof. John R. Higgins,
Clinical Director CUMH
and Ireland South
Women & Infants
Directorate



Ms. Miriam Lyons,
Head of Operations
CUMH and Ireland
South Women and
Infants Directorate

Welcome

The Cork University Maternity Hospital (CUMH) team is delighted to welcome you. We hope you will find your pregnancy and birth an enjoyable experience and we are here to help you every step of the way. Having a baby is a

very exciting time in your life and we want you to enjoy your time with us. With COVID-19 in our community, we want to reassure you that we have many safety measures in place and while this can mean restrictions on visitors at times, our doctors and midwives are here to support you. Midwives working in the hospital are skilled practitioners of normal midwifery and give supervision, care and advice during pregnancy,

labour and after the birth. They recognise and refer any problems to a doctor.

Mission Statement: Together with women, babies and families, our academic healthcare network strives for clinical excellence and innovation.

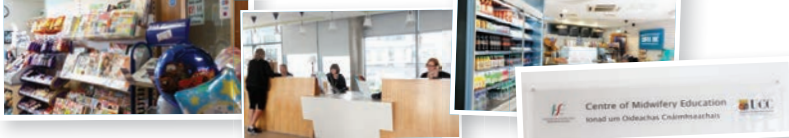


Disclaimer: This brochure and contributions made herein have been carefully researched and are intended to act only as a guide for new parents. Independent medical advice should always be sought should you have concerns during, or after, your pregnancy. Whilst every effort has been made to ensure that the information contained in this brochure is accurate at the time of going to press, the publisher, maternity hospital, and the editor cannot take responsibility for inaccuracies or errors. The opinions expressed in the various contributions are the personal opinions of the contributors and are not necessarily the views or opinions of the publishers, the hospital nor the editor. The material contained in this brochure is not intended to constitute medical advice and all problems of a medical nature must be referred to medical staff at the hospital or other qualified medical practitioners.

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the main CUMH entrance over the footbridge. This includes patients in labour, attending for c-section or any other appointment. You are also asked to wear a facemask. There is no internal access to CUMH from the underground maternity car park. Please arrange for drop off at the footbridge.

Due to COVID-19, we have set up symptom screening as you enter CUMH as a safety measure. This means you are asked a few questions and will have your temperature checked on entry. You are also asked to bring a face mask. We can give you one if you don't have one with you.

First Floor: You enter the building on the first floor. The main reception, shop, café, Emergency Room and day services are located on this floor. Day services incorporate the Ultrasound Department, Fetal Assessment Unit, Outpatient facilities, Midwives' Clinic, and support services such as physiotherapy, social work and dietetics.

Ground floor: The Birthing Suite is located on the ground floor and has 12 individual delivery rooms. One of these rooms has a birth pool and another room is a 'home from home' room, where women who wish to give birth in hospital but in a less formal environment, can do so. The

birth pool can be used for pain relief in the first stage of labour, but not for the birth of your baby. It is available to women with identified 'low-risk' pregnancies. The Theatre Suite has four operating theatres; two obstetric theatres for Caesarean sections and two gynaecology theatres. There is also a recovery room and a High Dependency Unit where women with complications of pregnancy can be looked after in an appropriate environment. The Neonatal Unit is located on the ground floor and has 46 cots, six designated intensive care cots, six high dependency cots and 34 special care cots.

Second, third, and fourth floors: CUMH has 126 maternal beds, which are distributed on the second, third and fourth floors.

The hospital has a selection of rooms – four bed, two bed and single bed all with ensuite facilities.

VALUABLES

Please do not bring large sums of money or valuables into hospital. The HSE does not accept responsibility for the personal property and valuables of patients.

MOBILE PHONES

Please switch off or put your mobile phone on silent while in CUMH – this is to avoid disturbing other patients.

General Information

CUMH is part of the Cork University Hospital (CUH) campus. The building is located in front of CUH and is finished to a very comfortable and homely standard. The building has six floors and an underground car park. CUMH is part of the leading, clinically-led network of maternity hospitals/units in Ireland called the Ireland

South Women & Infants Directorate. Others include the maternity units of University Hospital Kerry, University Hospital Waterford and South Tipperary General Hospital. We collaborate and support one another as a network, providing opportunities to achieve real change and improve patient outcomes.

ACCESSING CUMH

Please note that when accessing CUMH, all patients must enter through



We have the essentials covered for your stay.

Visit the Oasis Shop for Mum & Baby Essentials, Mobile Phone Top-ups, Cold Drinks, Snacks & Confectionery, Newspapers & Magazines, Cards & Giftware, Lotto.

Opening times: 8.30am – 8.30pm

The Oasis Shop, Cork University Maternity Hospital
Located on the 1st floor, left of main entrance of CUMH



Receive a 10% discount off any maternity, baby or giftware with this ad.

RESEARCH

Research is an important part of continually improving our practice and service. Here in Cork University Maternity Hospital we are committed to supporting ongoing research for the possible benefit of mother and baby. You may be approached during one of your hospital visits about partaking in a research study. It is not compulsory for you to participate but we would greatly appreciate your participation.

ATTENTION VISITORS

Please check visiting times with reception staff or on our website. Due to COVID-19, strict visiting restrictions have had to be put in place to protect our mothers, babies and our staff and exact details change in accordance with COVID-19 in our community and advice by the National Women and Infants Health Programme. While we must prioritise the safety of all our patients and staff from the ever-present threat of COVID-19, our staff appreciate how difficult this can be for expectant mothers, and our doctors and midwives are there to support women and babies at all times. Please also refer to the visitors hygiene and infection control advice on page IV.

TEACHING OF STUDENTS

CUMH provides valuable clinical training to medical, midwifery, general and public health nursing, physiotherapy and social work students as part of their university course. We will introduce all the students to you and explain why they are present. We regard this teaching role as an investment for the next generation. However, you may decline to be observed or attended to by students without affecting your treatment.

ELECTRONIC HEALTH RECORD

CUMH was the first hospital in Ireland to introduce the Electronic Health Record (eHR). This national project, called MNCMS (Maternal Newborn-Clinical Management System) is bringing electronic documentation to all 19 maternity hospitals in Ireland. This electronic chart is for the complete documentation of care for each mother and baby who attends our hospital. Nilima Pandit, Local Systems Administrator, CUMH, says, "There are many benefits to be gained from using an electronic chart. The eHR provides



accurate and up to date information for all those involved in the care of you and your baby. Your chart is easily available to your doctor, midwife or nurse, and also to other services, for example, physiotherapists and dieticians. This improves communication, decision making and planning of your care. We continue to provide the best possible care for you and your baby."

Cork University Maternity Hospital Advice during pregnancy:

SMOKING AND PREGNANCY

It's recommended that you do not smoke during pregnancy as smoking during pregnancy is associated with significant health risks for both

mother and baby. We are here to support you and to help you quit. Our Smoking Cessation Midwife in CUMH offers individually tailored practical support to help you to stop smoking. This service is available free of charge. Please contact Majella Phelan, Smoking Cessation Midwife, CUMH on 087 151 4202 for more information.

SMOKE-FREE POLICY

It is against the law to smoke on our premises. This applies to all staff, service users and visitors. Please be advised that, Cork University Hospital (CUH) incorporating Cork University Maternity Hospital (CUMH) is a smoke-free campus. This means that smoking is not permitted anywhere on the grounds of the hospital including doorways, walkways, car parks, internal roads and bicycle sheds. If you have to stay overnight at CUMH you might find it helpful to contact your GP in advance for advice on smoking cessation support options, or to commence a course of nicotine replacement.

ALCOHOL AND PREGNANCY

Cutting out alcohol altogether during pregnancy takes away any possible risk of damage to your baby.

CHICKEN POX AND PREGNANCY

If you never had chicken pox and think you have been in contact with someone who has it, please contact your GP for advice. You will need a blood test to check your immunity and may need treatment to protect your baby. You should avoid contact with other pregnant women until you are advised that it is safe to do so.

SEAT BELTS AND PREGNANCY

Place the diagonal strap over your



shoulder and chest (between the breasts) without impinging on your abdomen. The lap strap should lie across your upper thighs. Neither strap should go over your bump.

WHAT YOU NEED TO BRING WITH YOU FOR YOUR STAY IN HOSPITAL

MOTHER

- Your medical notes.
- This maternity guide.
- 4 large packs maternity sanitary towels
- 3 or more cotton nightdresses or pyjamas (an old nightdress or t-shirt for the labour ward).
- Disposable or large underpants
- Dressing gown
- Slippers
- Toiletries: shower cap, soap, towels, face cloth, wash bag etc.

BABY

- 4 baby vests, 6 babygros and bibs.
- Baby towels for washing baby.
- 24 disposable nappies (extra will be required if baby is admitted to the neonatal intensive care unit).
- Roll of cotton wool.
- Optional: baby wipes or baby cleansing lotion, petroleum jelly.
- Blanket and hat for going home, baby seat for car.

PERSONAL ITEMS

We provide lockers and wardrobes to store your clothes and personal items. Keep the floors clutter free to facilitate cleaning. Just bring necessary items when coming into hospital. The hospital management is not responsible for money and personal property.

Reducing the risk of healthcare related associated infections

A HEALTHCARE ASSOCIATED INFECTION (HCAI)

HCAI is an infection that may occur within two to three days after admission to hospital.

- Infections are caused by micro-organisms such as viruses, fungi or bacteria. These micro-organisms are often called bugs or germs. Some people are more vulnerable to infections.

These include:

- Premature babies,
- Sick children,
- People with medical conditions such as diabetes,
- People whose immune systems don't work normally,
- People with wounds, or
- People being treated with equipment such as a drip or urinary catheter.

A healthcare-associated infection (HCAI) includes any of the following:

- Urinary tract infection,
- Wound infection,
- Pneumonia (lung infection), or
- Septicaemia (bloodstream infection).

STAFF

Hospital staff can protect you from infection by washing their own hands with liquid soap and

water, or by cleaning them with alcohol rubs or gels. If a member of staff needs to examine you or carry out a procedure, feel free to ask if he or she has first washed their hands or used alcohol gel.

PATIENTS

Do not attend the hospital if you are unwell, e.g. have a cold or flu, cold sore, rash, diarrhoea or vomiting until you have spoken with the midwife or Emergency Room staff.

- 1 Keep your hands and body clean when you are in hospital.
- 2 Ensure you always wash your hands after using the toilet and before eating.
- 3 Wash your hands before and after contact with your baby and always after changing baby's nappy.
- 4 Have a container of moist hand-wipes (baby wipes) with you.
- 5 Bring personal toiletries with you including liquid soap, clean towels, clean flannels (preferably disposable), shower gel and shampoo.
- 6 Keep the top of your locker and bed table clean.
- 7 Don't leave fruit or food exposed for long periods on top of the locker.

VISITORS

- 1 Wash your hands before and after visiting with liquid soap and water. Alternatively, use one application of the alcohol hand gel, available at the hospital entrance, on visibly clean hands. Rub the gel well onto your hands and allow them to dry.
- 2 Use the public toilet only, not the patients' bathrooms.
- 3 Do not visit when you are unwell e.g. have a cold or the flu, a rash, cold sores, diarrhoea and/or vomiting.

4 Do not eat or drink in the ward. The canteen and coffee shop are provided for these purposes.

5 Do not bring children to visit who are unwell.

6 Do not use a patient's cup or glass.

7 Do not sit on the patient's bed. Use the chairs provided.

Antenatal Care

GENERAL INFORMATION

Antenatal care is important to ensure the well-being of both you and your baby before the birth. It provides opportunities throughout your pregnancy to discuss and plan your wishes for the birth with your doctor and midwife. Our system of antenatal care is shared between your GP and the hospital. This service is free of charge to public patients. You can make contact with your Public Health Nurse prior to delivery by contacting your local health centre.

Please note that the Outpatient Department in CUMH is very busy with large numbers of patients attending daily. We would encourage you to attend on your own or with your partner. Due to COVID-19, restrictions may be in place that mean that you must attend alone. Bring photographic ID with you.

Please do not bring children or friends to the Department. If you or your children have recently had contact with an infectious illness such as COVID-19, chicken pox or vomiting and diarrhoea, we request that you call ahead of your outpatient appointment and speak to the midwife manager in charge of the Outpatients Department. This is to prevent the spread of infection to other expectant mothers.

WHERE DO I GO FOR MY FIRST VISIT?

On your first visit to the hospital, please register at the Outpatient reception desk on the first floor. Bring your photographic ID, GP letter and results of any blood tests saved by your GP. You should attend 15 minutes before your appointment time. Reception staff will take your details and show you to a waiting area.

WHAT HAPPENS AT MY FIRST VISIT?

A midwife will review you and take your history – all women are seen alone at some point during this visit. Give the results of any blood tests your GP has done to the midwife. If your blood type is Rhesus Negative we will give you a patient information leaflet – it is important to read this leaflet and keep it with your medical record chart. After this visit we will give you your medical record chart to take home. Please remember to bring this with you anytime you attend the hospital during your pregnancy.

SUBSEQUENT VISITS

At each visit to the antenatal clinic, the midwives and doctors will record certain information on your chart. You will take your chart home with you so your GP can also record information during your pregnancy. You must bring the chart with you each time you visit the clinic, at the time stated on the appointment's section. If you cannot attend for any reason,

please call the antenatal clinic. Each consultant has a specific clinic day. You will, at this stage, have been booked in with one of the consultants, so all future visits will be on their clinic day. When you arrive for your appointment, please report to the clinic receptionist.

These visits should not last longer than 60 minutes, but it should be stressed that unforeseen circumstances can arise, which can lengthen the waiting time. Please stick to your appointment times, to reduce delays. Midwifery-led clinics and consultant-led clinics are held on Tuesdays, Wednesdays and Thursdays. Appointments can be made via Central Appointments on (021) 492 0600 or at the reception desk at the time of your outpatients visit.

OUTREACH CLINICS

You may also attend antenatal clinics at Bantry General Hospital, Mallow Primary Care Centre, St Finbarr's Hospital, Carrigaline Primary Care Health Centre, Saint Marys Health Campus Gurrabraher, Carrigtwohill Health Centre, and

the Mitchelstown Living Health Clinic. Appointments for these clinics can be made by contacting Central Appointments at (021) 492 0600 or when booking your return appointments in the Outpatients Department. These clinics are for women with an uncomplicated pregnancy. You need to have an assessment documented by a

CUMH doctor in outpatients first. We would encourage you to attend on



your own or with your partner. Please do not bring children or friends to the clinic.

Domino

The Domino (Domiciliary Care In and Out of hospital) service allows the midwife and/or the general practitioner to monitor you throughout your pregnancy. The midwife will be with you in hospital and will support you after you go home.

You can opt for this service if you are considered a low-risk pregnancy and live within a five mile radius of CUMH. This approach gives mothers continuity of care, facilitates a hospital-based birth and provides an early return home from hospital. A patient information leaflet and additional information on Domino is available from Martina Dillon, lead midwife on (086) 787 2369.

HOME BIRTH SERVICE

This service is provided by self-employed community midwives (SECM) on behalf of the Health Service Executive (HSE), who sign a Memorandum of Understanding (MOU) with the HSE. Research shows that a planned home birth is an acceptable and safe alternative to a planned hospital birth for eligible pregnant women.

Consult your midwife and other medical advisors to decide whether or not it is a safe option for you. CUMH facilitates a monthly home birth clinic where assessments are carried out by Consultant Obstetrician Dr. Fergus McCarthy to assess your suitability for a home birth.

Following this, you can attend your chosen SECM and GP for the remainder of your antenatal care. The labour, birth and postnatal care up to 14 days is facilitated in the

comfort of your home by the SECM. For further information, contact Jo Delaney or Siobhan Sweeney, Designated Midwifery Officers for home births in Cork and Kerry by email homebirth.south@hse.ie or phone (087) 2889499. You can also find information on the HSE's website: www.hse.ie by typing 'homebirth' into the search box.



ULTRASOUND DEPARTMENT

(Aislínn Suite, Fetal Assessment Unit & Ultrasound Department)

All Ultrasound scans use high-frequency sound waves to produce a picture of your baby inside your uterus on a screen. Due to COVID-19, restrictions may be in place that mean that you must attend alone. Please call reception or check our website for the latest information.

EARLY PREGNANCY CLINIC

This clinic, called the Aislínn Suite, aims at improving care for women with problems in the first trimester (first 12 weeks). The Aislínn Suite is situated on the second floor. This takes place from 8am to 1pm Monday to Friday. This is an appointment-only clinic. Appointments can be made via your GP or in an emergency by phoning (021) 492 0550 during office hours or the Emergency Room

on (021) 492 0552/492 0545 outside of office hours.

DATING ULTRASOUND

This ultrasound scan is to confirm your expected due date and to check that all is well with your pregnancy. You will need to have a full bladder for this scan. It is painless and takes about 15 minutes. The scan shows how many babies you are expecting, how advanced your pregnancy is and is everything developing appropriately for this early gestation.

ANATOMY ULTRASOUND

Anatomy scans are now available to all patients within CUMH. A separate detailed information leaflet is available to explain this ultrasound. Time restrictions are in place due to COVID-19 and as a result, every effort is made to perform this ultrasound in under 15 minutes. If additional time is required, you may be brought back for a repeat appointment for completeness.



FETAL ASSESSMENT UNIT & DAY SERVICES UNIT

We care for women with more complicated pregnancies in our Fetal Assessment Unit. The unit is run by clinical midwife specialist sonographers providing ultrasound scans and midwives providing fetal monitoring or day services/assessments as required. Pregnancies requiring close



EMERGENCY ADMISSION

If you require admission to hospital during your pregnancy, please report directly to CUMH and bring your chart with you. There is a dedicated 24-hour Emergency Room which provides obstetric and gynaecological care. This unit is staffed by midwives and doctors and is supported by a clerical team. A triage system is in operation in the Emergency Room – this means patients are seen in order of the severity of their presenting condition. The Emergency Room can be contacted on (021) 492 0545. Please do not attend the main Emergency Department at Cork University Hospital.



post delivery. Adjustment disorders, together with mild to moderate depressive and anxiety disorders, are probably the most commonly encountered perinatal mental health issues. If you would like to find out more, please speak to your midwife or doctor who will be able to refer you.

PHYSIOTHERAPY

Chartered physiotherapists specialised in the area of women's health assess and treat pregnancy-related conditions before birth. They also offer a postnatal continence service. Many conditions that some may consider to be just aches and pains of pregnancy can be effectively treated by physiotherapy.

If you have physical discomfort that is affecting your daily living or sleep, discuss it with your doctor or midwife, who can make a referral for you to be seen by a women's health physiotherapist. If you wish to speak to a physiotherapist, you can call the Physiotherapy Department directly on 021 4320567.

CLINICAL NUTRITION

The Department of Clinical Nutrition provides a service to both the Neonatal Intensive Care Unit and to all pregnant women with diabetes. You can also find information on nutrition and pregnancy and diabetes and pregnancy on our website under the section called Maternity Care.

CONTACT DETAILS

Ann-Marie Brennan, Neonatal Dietitian, Tel: (021) 492 0580
Linda Culliney, Diabetes Dietitian, Tel: (021) 492 0581.

Support services

MATERNITY AND NEONATAL SOCIAL WORK DEPARTMENT

The birth of a new baby can be a stressful time for a variety of reasons. The Maternity Social Work Department's staff provide a counselling and support service for expectant parents. They work closely with other professionals based at the hospital and with those based in the community. There is also a dedicated social work service for the Neonatal Intensive Care Unit. If you wish to speak to a social worker, please ask your midwife or doctor who will make contact with the department on your behalf. Alternatively, you can contact the hospital directly.

SPECIALIST PERINATAL MENTAL HEALTH SERVICES

We have an extensive and specialist service in CUMH to ensure perinatal mental health issues are detected and managed effectively to reduce any adverse impact. Perinatal mental health issues are those that occur during pregnancy and up to one year



monitoring may be referred to this unit. Where necessary invasive and screening procedures are available.

The Fetal Assessment Unit can be contacted on (021) 492 0602.

PARENTCRAFT CLASSES

Parentcraft classes are no longer held in the SMA Centre. Please visit the Online Parentcraft Education section of our website, under Maternity Care. See www.cuh.hse.ie/cork-university-maternity-hospital/ for full information.

ANTENATAL WARD

If you need to be admitted to hospital during your pregnancy, you will stay in our antenatal ward on the second floor – 2 South. Occasionally this ward may have to accommodate an overflow of women and their babies from other wards.

SPEECH AND LANGUAGE

Speech and language therapists specialise in the assessment and management of infants and children who present with feeding difficulties. This can be as a result of premature birth or a condition known to impact on the safety and efficiency of feeding. All babies referred to the service are followed up after discharge. We also treat babies after discharge if feeding issues emerge later in their infancy. Premature babies are offered assessment at two years of age to ensure that their communication skills are developing appropriately.

CHAPLAINS

Pastoral care is offered and available to all families during their time in CUMH. Hospital chaplains representing all denominations visit each ward regularly and are available to offer pastoral care and support during your stay in hospital. They will come at any time if requested through the ward office. There is a multidenominational prayer room on the ground floor of the hospital. Religious services are held in the two chapels in the adjoining Cork University Hospital. These services are broadcast on CUH Radio 102FM daily at 8.30 am and 12 midday. Holy Communion is brought to the wards following Mass in the Roman Catholic chapel and the Eucharist in the Church of Ireland chapel. If you would like to receive Holy Communion please let the chaplains know through the ward staff.



Labour and birth

Admission to CUMH

Please contact the hospital at any time of the day or night on (021) 492 0500:

- When you feel regular contractions every 10 minutes or more frequently.
- If you think the sac of waters has broken or if you have any bleeding or a show of bloodstained mucus.

Please note that when accessing CUMH, all patients must enter through the main CUMH entrance over the footbridge. This includes patients in labour, attending for c-section or any other appointment. There is no internal access to CUMH from the underground maternity car park. Please arrange for drop off at the footbridge.

Due to COVID-19, we have set up symptom screening as you enter CUMH as a safety measure. This means you are asked a few questions and will have your temperature checked on entry. You are also asked to bring a face mask. We can give you one if you don't have one with you. Please report to reception at CUMH and bring your chart with you. The midwife in charge will assess you and admit you, if necessary. If you are to be admitted to the antenatal ward or to be induced, a date and time will be given to you in advance. You will find the labour ward a busy but relaxed and friendly place.

Induction Room

There is a five bedded induction room in the Birthing Suite for women needing induction of labour.

Partners

We welcome one person to stay with you throughout labour and birth, though he/

she should be prepared to leave if asked to do so by the staff. You do not have to have someone with you if you do not wish. Please note that due to COVID-19, some restrictions may be in place but your partner will always be able to be with you when you are in established labour and for the birth. Our staff are also here to support you at all times.

PAIN RELIEF

We will fully explain all the pain relief options (both medical and natural) available to you during our parentcraft classes. A full epidural service is available. The herbal preparation *arnica* thins your blood. If you have used *arnica* before or during labour it is not possible to have an epidural.

SPECIAL CASES

1 Episiotomy: An incision is made under local anaesthetic or epidural anaesthesia to enlarge the entrance to the vagina and allow the baby to be delivered more easily. An episiotomy is performed by the midwife or doctor only if necessary. It is usually needed during a forceps birth.

2 Forceps Birth: Occasionally, it is necessary for the baby to be 'helped out' by a forceps, which is placed around his/her head and the doctor gently pulls, while you push. This is usually done under an epidural or local anaesthetic.

3 Vacuum Birth: A suction cup is placed on the baby's head and the doctor, with the help of the mum pushing gently, delivers the baby normally with three pushes. This is usually done under an epidural or local anaesthetic.

4 Breech Birth: Sometimes the baby is positioned so the feet or buttocks will come out first during childbirth. This is called a breech presentation.

Caesarean section is usually carried out for breech births.

5 Caesarean Section: There are many reasons why a vaginal birth may not be possible. If the reason is known in advance, you will have a planned Caesarean section. If, however, unforeseen complications arise, an emergency Caesarean section may be necessary. We will give you a full explanation and details of the choice of anaesthetics available. Please remove false nails and nail varnish if you are having a Caesarean birth.

6 Blood Transfusion: Sometimes a woman or baby may need to have a blood transfusion. Giving a patient red blood cells, platelets or plasma is called a blood transfusion. It is given via a small plastic needle inserted in the arm. The transfusion should not be painful, but having a needle in your arm may be slightly uncomfortable. Each unit of blood is generally transfused over two to four hours. If you or your baby require a blood transfusion in the CUMH, please ensure that you have been given the patient information leaflet 'Having a Blood Transfusion'.

GIVING BIRTH

During labour, we will encourage you to walk about or sit out so that you will be more in control. The monitoring is intermittent unless it is necessary to do continuous monitoring. A student midwife, under the supervision of a midwife, may give you companionship and support during labour and birth. We encourage you to have someone with you for support. We will explain all labour and birthing procedures to you. We encourage you to choose your most comfortable position for birth, however we put your legs on supports for forceps, vacuum or breech births. We put your baby on your tummy after birth. We dress the baby in just a nappy and make skin-to-skin contact between you and your baby for one hour after birth. If you have decided to breastfeed, we will help you to begin as soon as you are comfortable.

After the Birth

After you have had your baby, you and your partner will be allowed time alone with him/her. The

midwife will help you to breastfeed if you wish. Bottle fed babies may have their first feed on the ward.

PROTECTING YOUR BABY

- Supervise your baby at all times.
- If the baby security tag or name bracelet falls off your baby's ankle ask a midwife to replace it immediately.
- Do not give your baby to any person who is not known to you. Always go with the baby.
- Always ask why people, whom you have not met before, are in your room even if they are dressed in uniform and have hospital identification.
- You and/or your partner should always be present whenever your baby is being examined.
- It is not advisable to put a notice of your baby's birth in the media.

ROOMING-IN

We encourage rooming in. No matter how you choose to feed your baby we encourage you to stay with your baby 24 hours a day. All babies (even those born by Caesarean section) stay with their mothers unless they are separated for medical reasons, for example if your baby is admitted to the Neonatal Intensive Care Unit. Rooming-in starts from the time mothers come to their room after birth or from when they are able to respond to their babies after a Caesarean sections.

Rooming-in should start no later than one hour after normal vaginal deliveries and continue until you are discharged.





BABY TAGGING SECURITY SYSTEM

In order to keep all babies safe, we have a computerised Baby Security system along with a strict Baby Security policy. When your baby is born, an electronic security tag is tied on to your baby's ankle. This tag is picked up by the computerised security system, which is monitored at all times by the security officers and the midwifery staff. If a baby approaches a door the tag will activate and the door will automatically lock. If a baby with a tag goes through a door the next door will lock and an alarm will sound. All of this activity is carefully monitored. When the baby is going home, we will remove the security tag.

NEONATAL INTENSIVE CARE UNIT

Premature or ill babies may have to spend time in the neonatal intensive care unit. Specialised staff care for your baby in this unit and are on hand to address any queries or concerns you may have. To protect the babies in the unit from infection, visiting is limited to parents. Due to COVID-19, parents can visit one at a time. At the entrance to the unit you must remove jackets, roll up your sleeves and wash your hands before

entering the unit. It is advisable not to wear jewellery. Leave valuables at home and switch off your mobile phone. Telephone enquiries are limited to parents only, so please pass on information to other relatives and friends. A neonatal occupational therapist works with babies born prematurely and with high risks. Neonatal occupational therapy provides individualised habilitation and developmental stimulation to infants based on their ongoing behavioural cues. Special attention is paid to environmental influences and therapists strive to provide family-centred care. Neonatal occupational therapists work with nursing staff and other team members.

VITAMIN K

We recommend that all babies born at Cork University Maternity Hospital receive Vitamin K, which is necessary for the clotting mechanism of the blood.

Why does the baby need Vitamin K?

Babies are born with low levels of Vitamin K and are prone to a bleeding disorder that can be prevented by giving your baby Vitamin K.

How is Vitamin K given?

With your consent, the midwife

will give your baby an injection of Vitamin K 1mg (0.1ml) into the thigh.

When is Vitamin K given?

Vitamin K will be given to your baby in the Birthing Suite immediately after birth.

Are there any side effects?

While there are no reports of side effects from the Vitamin K, some babies will have a minor swelling for a short time around the injection area.

Baby's Medical Tests and Examinations

Your baby will be checked by the midwife and the baby's head circumference and weight will be recorded. If there are any concerns your baby will be immediately examined by the neonatal team. Otherwise your baby will have a full medical examination, including a hip check, on day one or two of life.

NEWBORN INFANT OXYGEN SATURATION TEST

All infants born at CUMH will have the oxygen levels in their blood checked by pulse oximetry. The test helps detect some heart problems that may not otherwise be possible to detect during the newborn examination. The procedure will be performed by your midwife and involves attaching a small plastic probe to your infant's foot. It takes about two minutes to perform and your baby will not feel anything.

NEWBORN HEARING SCREENING

Parents of all babies born at the hospital are offered a hearing test for their baby. One to two babies in every 1,000 are born with a hearing loss in one or both ears. Most babies born with a hearing loss are

born into families with no history of hearing loss so it is important to test all babies. The Newborn Hearing Screening programme aims to identify moderate, severe or profound hearing impairment as soon as possible after birth to give babies a better 'life chance' of developing speech and language skills and of making the most of social and emotional interaction from an early age. The hearing test will usually be carried out while the baby is settled or sleeping at the mother's bedside. Any baby who does not have a clear response from the test will be seen for a full audiological assessment at our Audiology Clinic (hearing clinic) in Cork University Hospital.

NEWBORN BLOODSPOT SCREENING TEST (HEEL PRICK)

Soon after your baby is born you will be offered a Newborn Bloodspot Screening Test (or Heel Prick Test). This test is strongly recommended, but you may say no if you wish.

This test helps us to find babies who may have rare but serious conditions. Early treatment of these conditions can prevent severe disability or even death. In Ireland, all babies are screened for: phenylketonuria, congenital hypothyroidism, classical galactosaemia, homocystinuria, cystic fibrosis, and maple syrup urine disease. The test is carried out four days after your baby is born. The public health nurse (PHN) or midwife will prick your baby's heel using a special device to collect some drops of blood onto a special card. You can help by making sure your baby

is warm and comfortable and by being ready to feed and/or cuddle your baby.

For babies at a higher risk of galactosaemia, a heel-prick sample will also be taken at birth for a special test (Beutler test). If your baby is at risk of galactosaemia, you may be advised not to breastfeed until the result of a normal test is back. If your baby's tests are normal, we will not contact you directly. Occasionally, the public health nurse or midwife will contact you to take a second blood sample from your baby's heel. This may be because there was not enough blood collected, or the test result was unclear. Usually the repeat results are normal. We will have the results of abnormal results within five working days. If your baby's results are of concern we will

contact you to arrange blood tests. Some babies may need to stay in hospital for a short time. Specialist doctors, dieticians and nurses will advise you on how to manage your baby's condition and will follow your baby's progress long-term. The majority of babies with these conditions will grow up healthy and well once the treatment has started. For further information please ask your midwife or PHN or visit www.nnsp.ie.

LENGTH OF STAY?

Your length of stay in hospital after birth is flexible but on average it is:

After first baby: 2 to 3 days

After subsequent babies: 1 to 3 days

After Caesarean Section: 4 days

Feeding your baby Breastfeeding – Why breast is best

Your breast milk gives your baby all the nutrients he needs for the first six months of life. Your milk continues to be an important part of his diet, as other foods are introduced, for up to two years of age and beyond.

Your breast milk is uniquely made for your growing baby's needs. It helps protect your baby from infection and other illnesses. It is important for your baby's health, growth and development.

As a mum it also reduces your chances of getting some illnesses later in life. The longer you breastfeed the greater the health protection for you and your baby. Breastfeeding is also convenient and free-of-charge, and mums enjoy the feeling of closeness breastfeeding creates.





BREASTFEEDING IN CUMH

The Breastfeeding Support service in CUMH aims to educate, encourage and empower women and their families to start and continue breastfeeding. We support breastfeeding in all areas of CUMH. We discuss the importance of breastfeeding with you and how we support you to breastfeed during your antenatal visits. We encourage you and your partners to watch the online breastfeeding education on Mychild.ie.

When mothers give birth to their babies in CUMH, we encourage skin-to-skin contact between mother and baby and support you and your baby learn the skill of breastfeeding. If your baby is admitted to the Neonatal Unit and too unwell or preterm to breastfeed, we show you how to hand express and pump your breast milk, and to hold your baby in

skin-to-skin contact when your baby is well enough to do so.

During the postnatal period, rooming in allows regular and responsive feeding. A mother who responsively breastfeeds does so to calm her baby for comfort, as well as to alleviate hunger. For responsive feeding to work, we encourage mum and baby to stay in close contact so that they can tune in to each other. Here, mums will pick up early feeding cues and respond appropriately. Babies love this as this helps them to feel secure

This supports loving and bonding behaviour. The use of supplements, teats and dummies is discouraged unless there is a medical indication. If such situations occur, we will support you to continue to give your breast milk or breastfeed your baby. Due to Covid-19 social distancing restrictions we are unable to hold

the breastfeeding classes on the postnatal wards, but your midwife will help you to breastfeed your baby and the Breastfeeding Support Team are there for extra support as needed.

On discharge we provide information about the supports available in the community from the Public Health Nurse in your local area and also the voluntary support groups La Leche League, Cuidiú and Friends of Breastfeeding whose contact details can be found on their Facebook pages.

The breastfeeding helpline in CUMH is 021-4920752 or 087-6623874, open Monday to Friday during office hours. Please call Veronica/Susan if you have any concerns. At other times please ring the ward where you were an in-patient to get advice from one of the midwives.

Postnatal Advice

REGISTERING THE BIRTH

It is the duty of the parent(s) to register the birth of their baby. This can be done during your stay at CUMH, Monday to Friday 9.30am to 1.00pm by strict appointment. Alternatively, you can make an appointment at your nearest Registrar of Births, Marriages and Deaths office. To register, parent(s) must bring a valid photo ID, PPS numbers and an original civil (state) marriage certificate if married outside of Ireland and official translation of same, if applicable. If parents are married to each other, then only one parent need attend. If the mother is single and intends to put the father's details on the certificate, both parents must attend. If the mother is divorced or separated, it is essential that you contact the office prior to registering. Once the mother has been discharged, parent(s) are not permitted to attend the Registration Office at CUMH. Any queries please contact (021) 427 5126.

VITAMIN D

It is recommended that all infants, from birth to 12 months receive Vitamin D drops. Both breastfed or formula-fed babies should be given a daily supplement of 5ug (200IU) of Vitamin D3. This should be provided by a supplement containing Vitamin D3 exclusively. Vitamin D helps our bodies use calcium to build and maintain strong bones and teeth. Low levels lead to weak bones and in severe cases can cause rickets in children. Vitamin D is known as the 'sunshine vitamin' because our bodies can make vitamin D from the sun. It is not possible for babies to safely get the vitamin D they need from the sun and therefore

supplementation is required. There are a number of suitable Vitamin D3 products available to buy in Ireland. A list of these products can be found on www.hse.ie or ask your pharmacist, doctor, nurse or other healthcare professional.

IMMUNISATION

Immunisation is provided against a number of diseases. A schedule for all additional vaccinations will be given to you after you have your baby and these can be arranged in your local area. In case of doubt or where babies were admitted to the Neonatal Intensive Care Unit, a neonatologist should be consulted. You can contact the immunisation nurse, Stephanie Mulcair through the CUH switchboard on telephone (021) 454 6400.

POSTNATAL DEPRESSION

Childbirth can be one of the most challenging and rewarding experiences in any woman's life. While it is a very exciting time, new mums can and do feel tired, stressed and sometimes overwhelmed by their new circumstances; these feelings are natural and a period of adjustment is to be expected. However, for some women these feelings may persist. Postnatal depression is a reaction to a life event and seeking proper support and diagnosis can also help. Post Natal Distress Support Group: Tel: (021) 4922083 Website: www.pnd.ie

Postnatal Exercise

Chartered physiotherapists specialising in the area of women's health give classes on the postnatal wards about:

- Pelvic floor exercises and perineal care,
- Strengthening your tummy muscles,
- Caring for your back,
- Returning to exercise,
- Encouraging your baby's development, and
- Dos and don'ts following a Caesarean section.

Details of when and where the class will be held on your ward will be on the notice board in your room. You are encouraged to attend this class regardless of the type of birth you have had. The physiotherapist will also answer any queries you may have.

FAMILY PLANNING

Different contraceptive methods suit different people at different times, so ask the advice of your family doctor or your family planning clinic. If necessary, try one or more methods until you find the one that suits you and your partner best. You are





far more likely to use a method regularly and properly if you feel it is the right one for you.

HIV AND CONDOMS

It cannot be too strongly stressed that to avoid sexual transmission of HIV, the most effective way of all is to stay with one faithful partner, and remain faithful to that one partner. However, for sexually active people who are not in 'one faithful partner relationships', a good quality, new condom, correctly used, is the single most effective defence against HIV infection. Read the instructions on the packet carefully. Remember, condoms reduce, but do not eliminate the risk of infection as they occasionally break. For more details on contraceptive methods contact your GP.

CONTINENCE ADVISORY SERVICE

A specialist midwife in continence advice is available to assist with any bladder or bowel problems you may have; either during pregnancy or after the birth of your baby. We will ask you during your first visit to the Antenatal Clinic if you have any problems in this area and your midwife can refer you to the service. You may also contact the continence advisor on telephone number (021) 490 0761.

URODYNAMICS CLINIC

We assess urinary incontinence at our urodynamics clinic. It provides a gold standard in the diagnosis, which helps informed treatment choice and improves treatment outcome. This test takes approximately one hour.

PESSARY CLINIC

This service is available to women with pelvic organ prolapse and urinary incontinence. Ring pessaries are used in the conservative management. Your assessment takes approximately 20 minutes.

RUBELLA (GERMAN MEASLES) VACCINATION

If you are not immune to rubella (rubella negative) the three-in-one vaccination will be offered to you at CUMH. If you have the vaccination, it is important not to become pregnant for one month as the German measles virus can damage unborn babies, particularly in early pregnancy.

REDUCE THE RISK OF COT DEATH

- Place your baby on his or her back near the foot of the cot to sleep.
- Babies should be kept warm but they must not be allowed to get too warm. Keep the temperature in your baby's room to a level that you

feel comfortable in. To check how warm your baby is, feel the tummy. Your baby's tummy should feel warm, but not hot. Sometimes when your baby is ill, his or her temperature may go up. If this happens you should take off some of the clothes and bedding. If you are worried, contact your GP or public health nurse. Use lightweight blankets that you can add to or take away according to the room temperature. Do not use a duvet or baby nest, which can be too warm and can easily cover a baby's head.

- Mothers should not smoke or allow anyone to smoke near the baby during the first year of life. If at all possible, mothers should breastfeed babies for the first few weeks, as it may reduce the risk of infection. If your baby seems unwell seek medical advice early and quickly.
- Research continues into the causes of cot death. Remember, it is comparatively rare, so do not let the fear of cot death spoil your months with your baby. We will give you the booklet – *Safe Sleep for your Baby: Reduce the Risk of Cot Death*, when you are on the post natal ward.





PUBLIC HEALTH NURSE

Role of the Public Health Nurse (PHN)

You can make contact with the PHN service prior to your birth by contacting your local health centre for the name of your PHN. Some health centres offer antenatal care. The role of the PHN is health promotion, education and early detection. The PHN will advise you on all aspects of child health e.g. feeding and developmental milestones. Your PHN also advises and support mothers on postnatal care such as diet and rest. She/he will continue to check if your child is progressing satisfactorily.

DISCHARGE

The midwives will discuss discharge times with you during your visits to the antenatal clinics. You should be ready and organised to leave by 11am on the morning of discharge.

CHARGES FOR PRIVATE PATIENTS

Discuss charges for private care with your chosen consultant, the consultant's administration staff and your private health insurer. At the time of going to press, charges for private and semi-private accommodation at CUMH are: Single Occupancy Room: €1,000 per night, Multi occupancy room €813 per night and private day cases (private or semiprivate) €407. You cannot book a private room prior to admission. Single rooms will be given on a first come basis. Note, if you choose to attend a consultant on a private basis you are automatically a private patient in hospital. We will charge you the fees listed for your stay and any fees charged by the consultants looking after you and

your baby. In general, the night of your induction is only covered by insurance companies if there is a medical necessity for the induction. Please clarify directly with your insurance company. It is your responsibility to ensure your health insurance company will cover these costs. These rates are subject to regular review and details of up-to-date charges will be available from the Patient Accounts Department at CUMH.

PRIOR TO DISCHARGE

A midwife or doctor will examine you before you leave. Tell the midwife if you are going to an address other than one recorded on your hospital case notes so that the public health nurse will know where to visit. We will send a discharge letter will be sent to your GP with details of your pregnancy and birth in preparation for your six-week check-up. Before leaving, please ensure that you have not left any belongings behind and you have returned any borrowed hospital property.

Support on Discharge

For most mothers and babies, the postnatal period is uneventful. However, you may have concerns or questions about your recovery that you would like to discuss with a health care professional.

- We will give you a card with the telephone number of the ward you were discharged from and this is a 24-hour service. An experienced midwife from the postnatal ward, where you were cared for will be happy to assist you with any queries or questions you may have and will give you support, information and advice about possible post natal problems and complications.
- If you have any of the following symptoms it is important to go to your GP for a check-up: fever, excessive foul smelling vaginal discharge, abdominal pain, leg swelling or pain in the calves of your legs, breathlessness or headache.



and also checked before baby is discharged. A baby should never be carried in the front passenger seat as most cars now have air bags. Discharge times will have been discussed with you by the midwife in the antenatal period. It is important to be organised and ready to leave by 11am.

SUGGESTIONS AND COMPLAINTS

If you wish to make a suggestion or a complaint, please ask to see the member of staff in charge of the ward/department. The leaflet 'Your Service Your Say' outlines the complaints procedure. Staff will discuss the matter with you and if you wish, you may meet the hospital's Complaints Officer to discuss the matter further. You may wish to complete our suggestion form available at the hospital if you feel strongly about an issue (praise or complaint). We constantly evaluate our service and value your comments. Violence and aggression towards staff will not be tolerated.



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- Your GP will also help if you have been bothered by feeling down, depressed or if you have little interest or pleasure in doing things.
- Booking routine check-ups with your GP is advised. The baby should be checked at two weeks old and the mother at six weeks after the birth.

ASSESSMENT OR RE-ADMISSION OF YOUR BABY AFTER DISCHARGE

If your baby becomes unwell after discharge please contact your GP. For after hours, family doctor

service please contact Southdoc on telephone 1850 335 999.

If for some reason you cannot attend your GP or Southdoc or your infant requires urgent care you go directly to the Emergency Department at CUH (Cork University Hospital). The Emergency Room (ER) at CUMH is for adult obstetrical and gynecological patients only.

CAR SAFETY FOR NEWBORNS

When you are making arrangements to take your baby home, please ensure that you have a proper baby car seat. This car seat should be carefully checked on purchase

USEFUL NUMBERS:

- **Cork University Maternity Hospital** (021) 4920500
- **Cork University Hospital**, (021) 4920600
- **Breastfeeding Support Group, CUMH Lactation Consultants Susan O'Driscoll/Veronica Daly**, (087) 6623874
- **Breastfeeding Support Group La Leche League** (021) 4552357
- **Social and Breastfeeding Support Group Cuidiú The Irish Childbirth Trust**. www.cuidiucork.net or (085)1406321
- **Smoking Cessation Midwife**, (087) 151 4202
- **Child Benefit Department of Social and Family Affairs**, 1890 400 400
- **Maternity Benefit Department of Social and Family Affairs** (01) 7043475 or (043) 40000
- **Immunisation Community Services, St Finbarr's Hospital** (021) 4965511
- **Child Benefit Department of Social and Family Affairs**, 1890 400 400
- **Post Natal Distress Support Group**. www.pnd.ie or (021) 4922083
- **Registration Office (Births)** Adelaide Street Cork (021) 4275126
- **North Cork** (022) 30233
- **West Cork** (028) 40418
- **Kerry** (066) 7195617
- **Traveller Visibility Group** (021) 4503786 or (087)1301756

My pregnancy record

Name _____

Due Date _____

Maternity hospital details

Address _____

Phone _____

In case of emergency please contact

Name _____

Phone _____

EMERGENCY NUMBERS

Ambulance, Fire Brigade, Garda Síochána
or Irish Coast Guard **112** or **999**

Poisons Information Centre of Ireland
01 809 2166 8am-10pm 7 days a week

Daily checklist ✓

Am I...

- Not smoking
- Avoiding drinking alcohol
- Exercising regularly
- Eating a healthy diet
- Drinking 8 glasses of water
- Cutting down on caffeine
- Avoiding medications
(unless prescribed by doctor)
- Spending time relaxing
- Going to bed early



the ultimate maternity guide 2020/2021

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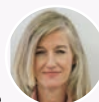
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Welcome

Congratulations on your pregnancy. From the moment you find out you are pregnant, you will have lots of questions and queries running through your mind. So make sure to create a space on your bedside table (and in your handbag!) for this copy of The Ultimate Maternity Guide. This guide will bring you through every stage of expecting a baby and early parenthood; from that first scan to expert advice on coping with various pregnancy symptoms; plus important tips on raising a healthy infant. With the help of a qualified team of experts, we talk you through the labour and birth process and you can read about other mums' birth stories. You'll discover handy baby care tricks and hints, plus find out about the essential equipment and gear you'll need.

We wish you the best of luck with your pregnancy and welcome any feedback you might have on the content, so please email umg@zahramediagroup.com

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Pregnancy



COVID-19

AND YOUR PREGNANCY

What are the key things you need to know about COVID-19 in relation to your pregnancy?

Medical experts are still learning about COVID-19. It's not fully known how it affects pregnant women and their babies.

The information we have so far shows that pregnant women or their babies are not at a higher risk of serious illness if they get COVID-19.

This does not mean that pregnant women are protected against COVID-19.

To protect yourself and your baby, you should carefully follow the advice around:

- washing your hands properly
- respiratory hygiene
- social distancing
- staying at home

- working remotely wherever possible
- You should also remind guests not to visit if they have any symptoms. Phone your GP for advice if you have any of the symptoms of COVID-19.

WHAT ARE THE SYMPTOMS OF COVID-19?

Mild symptoms include: A fever, cough, and mild shortness of breath. Most women who test positive and have mild symptoms can safely self-isolate at home.

Guidelines include staying at home and not going to work, to the shops, or on public transport, making sure your space is well-ventilated, not sharing eating utensils or towels with other

family members, and separating yourself as much as possible from other people.

More extreme symptoms include: pneumonia, respiratory failure, and lower oxygen levels. Those affected may require ventilation support.

If your symptoms become more extreme, or you go into labour after diagnosis of COVID-19, it's important to phone your GP or hospital before going in person, to make sure you are seen by the right team, in the safest way possible.

HIGH TEMPERATURE DURING PREGNANCY

One of the symptoms of COVID-19 is fever (high temperature). This can increase the risk of complications during the first trimester (week 0 to 13). If you have a high temperature and you are pregnant, phone your GP or midwife.

PROTECTING YOURSELF DURING PREGNANCY

When you are pregnant, your body naturally changes your immune system. This is to help your pregnancy continue successfully. It means that when you are pregnant you may pick up some infections more easily. As well as the previously mentioned advice to help protect you and your baby, other very important measures include:

Vaccines - All pregnant women should get the whooping cough (pertussis) vaccine, and flu vaccine. This will protect you and your baby from whooping cough and the flu, not from COVID-19.

Wearing a face covering is recommended to help stop the spread of COVID-19. Wearing a face covering is mandatory on public transport, in shops, when you attend hospital appointments and other indoor settings.



Feeding

APPOINTMENTS AND SCANS

Hospitals are continuing to give antenatal care. Many appointments are happening by phone followed up by a shorter visit at the hospital. You'll need to go to hospital for examinations, blood tests and ultrasound scans. You should go to these visits or scans on your own to reduce the number of people in the hospital.

If your care is shared with your GP, this should continue. Maternity hospitals have helplines open for advice at any time.

If you have any concerns about your pregnancy, phone your hospital for advice. You should still go to hospital if you have any concern about your baby's movements.

BEFORE THE BIRTH, IF YOU HAVE COVID-19

If you have COVID-19, your healthcare team will take extra precautions. This will be before, during and after your baby's birth. Your obstetrician or midwife will talk to you about the safest way and time for your baby to be born.

Other expert doctors may also be involved in your care. These might include a doctor who specialises in infectious diseases and a neonatologist. This is a doctor who specialises in the care of newborn babies.

You may be in an isolation room with en-suite facilities during labour. You may need to stay in this room throughout your hospital stay.

DURING BIRTH AND LABOUR

In most cases, your partner can be there for the delivery, but in some cases this may not be possible.

Every effort will be made to ensure your partner is present at the birth.

But in some hospitals, this may not be possible. Any restrictions in place are to keep everyone safe.

If your partner can be there, they will need to wear protective equipment. This is to minimise the risk of infection.

You will not have to wear a facemask during labour and birth. But you will need to wear a surgical mask when you're outside your room.

AFTER THE BIRTH

All maternity hospitals have strict visiting policies. All measures in place, which are constantly under review, are there to protect you and your baby as well as the staff looking after you.

NEONATAL CARE IN NICU

In most neonatal intensive care units (NICU) staff have had to limit, or change visiting practices. This is to protect babies who are most vulnerable from infection. Restrictions are lifted only when it is safe to do so. In the meantime, many units are using technology to help parents have regular contact with their baby.

AFTER THE BIRTH, IF YOU HAVE COVID-19

If you have COVID-19, your doctor or midwife will discuss your options for after your baby is born.

One option may be to arrange for someone else to care for your baby while you wait for COVID-19 to pass. This is to protect your baby from catching the virus.

A family member or healthcare worker can provide this care.

This could be provided at home or in the hospital. How long this lasts for will vary. The advice will depend on your symptoms and the results of any tests you have had.

If you have COVID-19 and you are caring for your baby, you will be encouraged to breastfeed as normal. There is no evidence that the virus passes through breast milk. But we are still learning about COVID-19. If you breastfeed, wash your hands properly before touching your baby, and wear a face mask while breastfeeding.

CARING FOR YOUR BABY, IF YOU HAVE COVID-19

If you choose to care for your baby after the birth, your doctor or midwife will explain the risk. You and your baby will then be isolated in a single room with an en-suite bathroom. Your baby will be in an enclosed incubator in your room. An incubator is a special crib made of plastic, it keeps your baby warm. You will be able to see your baby in the incubator.

When your baby is outside the incubator for breastfeeding, bathing or caring you will need to:

- wear a long-sleeved gown and surgical mask
- clean your hands properly and often with soap and water or alcohol rub - before and after interacting with your baby

Your baby should be observed for signs of infection. This will be for at least 14 days after the last contact with you. If your baby develops any signs of infection, they will need to be tested.

To find out more about specific changes and any COVID-19 measures at the hospital you're attending, visit their website as changes may vary from hospital to hospital.



WHY YOU NEED TO QUIT

NOW 

It's hard to quit smoking. But as an expectant mum, it's important that you do give up the habit

There is no gentle way to describe the effects of smoking on your health. The fact is that one in every two smokers will die of a tobacco-related disease. Did you know that only 20 minutes after quitting smoking, your circulation will improve, and your heart rate and blood pressure will get lower?

Now that you're expecting, it's even more important than ever to kick your smoking habit to the curb. You and your baby's health will be protected when you do.

SMOKING IS EXTREMELY HARMFUL TO YOUR BABY

When a person smokes, some of the oxygen in their blood is replaced by carbon monoxide. If a pregnant woman smokes, her blood and therefore her child's blood, will contain less oxygen than normal. This can cause the fetal heart rate to rise as the baby struggles to get enough oxygen.

Pregnancy complications: Smoking increases the risk of a number of pregnancy complications. Compared to non-smokers, smokers are: between 30% and 50% more likely to have a miscarriage; and twice as likely as non-smokers to develop a problem with the placenta. Nutrients and oxygen come via the placenta and umbilical cord. Smoking not only exposes the fetus to toxins in tobacco

SMOKE-FREE ZONES

All public hospitals are tobacco-free hospitals. This means that nobody is permitted to smoke anywhere on these campuses including E cigarettes.

Research suggests that one in 10 stillbirths is caused by smoking.

If you would like to stop smoking contact your GP or the National Smokers' Quitline 1850 201 203. See www.quit.ie for more information.



smoke, but it also damages placental function.

Low birth weight: Smoking cuts down the amount of oxygen and nutrients that get to your baby through the placenta. Your baby needs these to grow and develop, so babies of women who smoke tend to be smaller than average. If you smoke all through your pregnancy, on average your baby will be almost half a pound (200g) lighter than if you'd been a non-smoker. It may not sound like much, but size is critical. Smaller babies are more at risk of infections and other health problems. Don't think that a smaller baby means an easier delivery. The baby's head won't be much smaller, and that's the most difficult part to get out.

Higher risk of Sudden Infant Death Syndrome (SIDS): If you smoke during pregnancy or after the baby is born, SIDS is up to three times more likely. Some studies suggest that a quarter of all cot deaths are caused by smoking.

Asthma, wheezing, and chest infections: Smoking while pregnant damages the development of the baby's lungs. Babies born to women who smoke are twice as likely to develop asthma and are also more likely to have other lung problems, such as wheezing and chest infections.

Meningitis: If you smoke, your baby is up to three and a half times more likely to get meningitis. Many people carry meningitis bacteria for years in their nose and throat without ever getting ill. Cigarette smoke damages the lining of the baby's nose and throat, allowing more bacteria to stick there, so making infection more likely.

Ear infections: Babies exposed to

cigarette smoke are more likely to get middle ear infections and 'glue ear', which can cause partial deafness.

Colic: Babies whose mothers smoke are twice as likely to suffer from infantile colic (although breastfeeding provides some protection against this).

IT'S NOT TOO LATE TO STOP

As soon as you stop, the chemicals will start to clear from your body and your baby will get more oxygen. So give yourself and your baby a head start by giving up for good. Even if you haven't managed to stop smoking in the past, you can do it this time. Up to 40% of all pregnant women who smoke have successfully quit.

ASK FOR SUPPORT

Tell your midwife or doctor if you're still a smoker at your next appointment. Whatever your approach to stopping smoking is, your midwife or GP can help you. They will have information about local support programmes, as well as words of encouragement for you.

Visit www.quit.ie – there is a lot of information there, and an online quit plan that you can sign up to.

It will assess your smoking habits, give advice on how to quit, and send you emails and tips to get you through the first few weeks. You can sign up for a QUIT smoking course with a HSE QUIT clinic.

Support contact info:

Email: support@quit.ie
 Twitter: @HSEQuitTeam;
 Freetext: QUIT to 50100.
 Freephone: 1800 201 203
 Facebook: [facebook.com/HSEquit](https://www.facebook.com/HSEquit)

10 gorgeous Irish baby names

Looking for a name with a story to tell? Irish names are fantastic for this, with beautiful meanings, and origins dating back to Irish history and mythology. We have made a list of our favourite Irish baby names to help you feel inspired.

GIRLS

AISLING

Aisling is a gorgeous feminine Irish name, meaning 'vision' and 'dream'. It is usually pronounced Ash-ling, or Ash-leen.

ALANNAH

The name Alannah is a stunning Irish female name meaning 'a leanbh' or 'child'/'serenity'. Alannah is considered to be the feminine form of Alan. It is usually pronounced Al-lah-nuh.

CAOIMHE

Caoimhe is a popular Irish female baby name meaning 'beautiful', 'precious' and 'gentle'. A gorgeous Irish name for your beautiful girl. It is usually pronounced Kwee-va or Kee-va.

EILÍS

Eilís is the Irish form of 'Elizabeth'. A beautiful feminine name meaning 'God is my Oath', it is usually pronounced Ay-ish.

GRÁINNE

Gráinne is a beautiful Irish feminine name meaning 'grain'. In Irish mythology, Gráinne was Cormac Mac Airt's daughter, one of Ireland's most famous ancient High Kings. The name is pronounced Graw-nya or Gron-ya.



BOYS

CIAN

Cian is a popular Irish male name, meaning 'Ancient'. In Irish mythology, Cian was the son-in-law of Brian Boru, King of Munster. Both were reportedly killed in the battle of Clontarf. The name is commonly pronounced Kee-an, or Keen.

CILLIAN

Cillian is a popular Irish name for baby boys meaning 'little church'. It can also be spelt Killian, and is usually pronounced Kill-eean.

DARRAGH

Darragh is an Irish name that can be used for a baby boy or girl, meaning 'oak' or 'rascal', and is an anglicisation of the name Dáire. The name is usually pronounced Da-ra, and can also be spelt Dara, or Daire.

FIONN

Fionn is a traditional Irish boy's name meaning 'fair-headed'. In Irish mythology, Fionn gained wisdom from eating Salmon of Knowledge who later led the Irish Warrior band 'the Fianna'. It can be pronounced Fee-awn, or Fin.

5. IARLA

Iarla is the Irish word for 'earl'. This unusual male name is related to the name Jarlath, who was an Irish Saint. It is usually pronounced Ear-la.

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PREGNANCY

LABOUR & BIRTH

HOME AT LAST

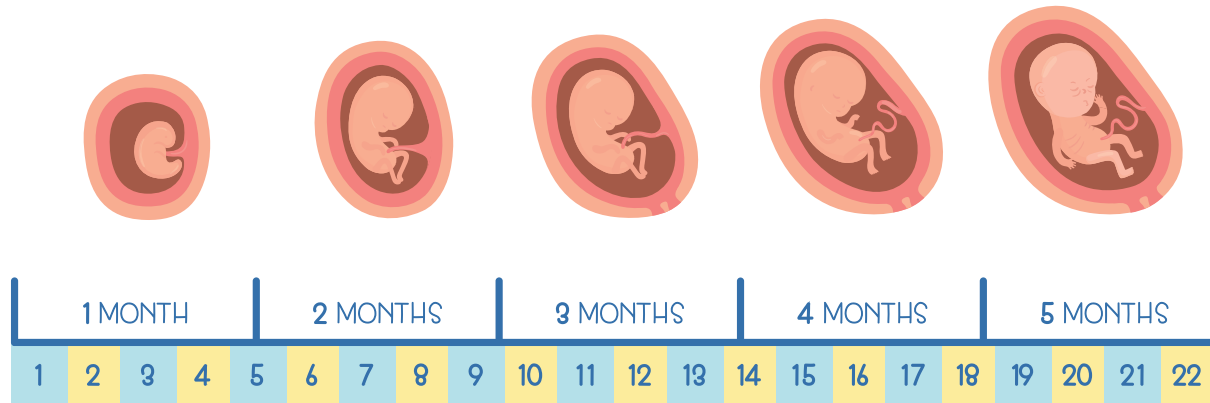
FIRST 12 MONTHS

EQUIPMENT & GEAR

HELP

RECIPES

TOOLS



Trimesters explained

A full term pregnancy lasts around 40 weeks, which is divided into three trimesters.

This is measured from the first day of your last menstrual period. Find out what changes you and your developing baby will go through during those nine months

THE FIRST TRIMESTER (WEEKS 0 - 12)

Mum

- Your body will undergo many changes throughout this trimester. The first sign of pregnancy is the absence of a period.
- You may feel fatigued and you could also have some cramping or PMS symptoms around the time of your expected period. Making changes to your daily routine, such as going to bed earlier or eating frequent, small meals can help to reduce symptoms.
- If you are suffering from morning sickness, you can rest assured that it normally goes away after the first few weeks of pregnancy.
- You will need to decrease your intake of caffeine and cut out alcohol and cigarettes.
- Continue to take 400mcg folic acid every day and ensure that

you eat a nutritious diet and drink lots of fluids during the day.

- Your first antenatal visit should take place at 12 or 13 weeks, you will be asked questions about your medical history and blood tests will be taken. You will also be asked the first date of your last menstrual period, which will give you an estimated due date.
- Ask your doctor/midwife what medications are okay to take and what meds you need to find safe alternatives for.

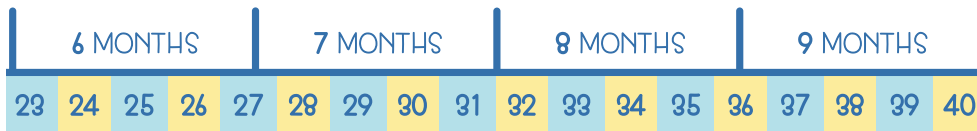
Baby

- Your baby will develop from just a few cells to about 8 – 9cm measured from crown to rump.
- Your baby will start to develop eyes, ears, teeth buds, fingers, toes, vital organs and urine.
- Genitals are also formed in the first trimester, but gender will not be determinable yet.

THE SECOND TRIMESTER (WEEKS 13 - 27)

Mum

- Symptoms such as nausea and fatigue will normally subside for most women. You will notice bigger changes such as an expanding abdomen and you will be able to feel your baby move by the end of this trimester.
- You can expect to gain about a pound/½kg a week during your second trimester. You will most likely start showing during this time, if you haven't already.
- Your breasts will continue to grow in size.
- Your blood vessels dilate in response to pregnancy hormones. Until your blood volume expands to fill them, your blood pressure will drop and you might experience occasional dizziness. If you're suffering from dizzy spells, drink plenty of fluids and rise slowly after lying or sitting down. When you



feel dizzy, lie on your left side to restore blood pressure.

- Continue to eat healthily to ensure that you and your baby are getting all the correct nutrients and get as much rest as possible. Do some regular but gentle exercise.
- You may be given a second trimester scan (anomaly scan) at around the 18 – 22 week stage, which examines your baby’s organs, takes measurements of limb lengths, and stomach and head circumference. You will most likely continue to have appointments scheduled for once a month during your second trimester.

Baby

- By the end of the second trimester, your baby will weigh around 680g to 920g/1.4lbs to 2lbs and be around 33cm long.
- By the end of the second trimester, all of your baby’s major organs are formed and lanugo, which is a fine hair will begin to cover his/her body.
- Your baby will begin to form sleeping patterns and will move about inside the uterus.
- Ears will begin to look like real ears and your baby’s bones will start to get harder.

THIRD TRIMESTER (WEEKS 28 – BIRTH)

Mum

- Your breasts may begin to leak colostrum.
- Your abdomen may affect your balance and cause you to have backache.
- You may begin to feel more uncomfortable during your third trimester. It might be difficult to get a good night’s sleep, as you might be waking frequently to use the bathroom.
- By the end of the third trimester, you will probably have gained around 25 pounds/11-25kg.
- As you near your due date, your cervix becomes thinner and softer (called effacing). This is a normal, natural process that helps the birth canal (vagina) to open during the birthing process. Your doctor/midwife may check your progress with a vaginal exam as you near your due date. You might also have Braxton Hicks contractions. If you are in real labour, your contractions will become regular and get closer together.
- Your doctor/midwife will probably start seeing you every two weeks once you are 28 weeks pregnant. Then, at 36 weeks he/she may start seeing you once a week.

MUM’S TIP

“I spent a lot of time throughout the third trimester filling the freezer with casseroles, soups, and lasagnes. You and the rest of your family will be exhausted when you first arrive home from the hospital. A few frozen home-cooked meals for those early weeks can be a great relief.”

Meabh Smith

- This is a good time to start thinking about how you want to give birth and draw up a list of birth preferences. Have your hospital bag packed and ready to go.
- Get as much rest as you can and avoid lifting heavy objects.

Baby

- All of your baby’s vital organs will have developed by this stage, and he/she will begin to get fatter as fat deposits are being made underneath your baby’s skin.
- At birth, your baby may weigh around 3.5kg/7lbs and be about 50cm – 55cm long.
- Your baby will get into position for birth.

I can see you!

Fidelma Harrington, Clinical Manager/Sonographer, CUMH talks through the different ultrasound options

The first prenatal scan is a key moment in a woman's pregnancy. It's your first little glimpse of your growing baby. Here's what you need to know.

WHAT IS A SCAN?

An ultrasound scan is a procedure that uses high frequency sound waves to create an image of part of the inside of the body. A small handheld sensor called a transducer is used to direct ultrasound waves at your body. When the sound waves hit an object, such as the womb, they bounce back as an echo.

At your scan, you will be asked to loosen your clothing from around your abdomen and lie on a couch so that the sonographer can apply gel to your abdomen. The transducer is then placed on your abdomen and moved around to produce pictures. The gel can be easily wiped off afterwards. These ultrasound echoes are then converted into an image by an ultrasound machine.

The number of scans you have depends on whether your pregnancy is considered high or low risk. For example, if you have had previous complications in a pregnancy, suffer from high blood pressure, or are expecting twins – you might be offered more scans to keep an eye on your baby's growth and health.

EARLY PREGNANCY SCANS

If you require an early pregnancy scan (from six weeks to 10 weeks) for some emergency reason or previous complications, it is more likely to be a

transvaginal scan. A scanning device is inserted into the vagina – some women might feel a bit of discomfort but it should not cause any pain. This type of scan allows the ultrasound to get closer to the embryo or fetus, which can give a more detailed result than a transabdominal scan in early pregnancy. These scans are generally used if there is a question about whether the mother has suffered a miscarriage, or if the pregnancy is ectopic (contained outside the uterus).

FIRST TRIMESTER SCAN

As part of your antenatal care, you may be offered a dating scan that will confirm an estimated due date (EDD). This scan will not be able to determine what gender your baby is at this early point, but it will identify if there is just one baby in there and will confirm if your pregnancy is viable. This scan, which normally takes place between 10 and 13 weeks, will also:

- check that your baby's heart is beating and that he/she's developing normally
- check for any early, significant abnormalities
- check that the pregnancy is situated in the womb
- check whether the age of the baby agrees with your own dates

THE ANOMALY SCAN

This scan is normally done at the 21-24 week stage and will examine your baby's organs, take measurements of limb lengths and stomach and head circumference. These scans



Pregnancy scans should only be performed by a qualified healthcare professional. Scans are only recommended when there's a clear medical reason, such as checking that your baby is developing normally. This explains why you may only have a few scans during your pregnancy.

are not routine in some maternity units in Ireland. If you want to know your baby's gender, this can usually be seen at this scan – although the sonographer will not automatically tell you the sex of your baby. But if your baby's lying in an awkward position, it's not always easy to tell. It's worth remembering that the main objective of this scan is to check that your baby is developing normally, rather than whether you're expecting a boy or girl.

Sonographers will be looking out for a list of conditions. Detecting any abnormalities can allow doctors and parents to plan and prepare for various outcomes. An information leaflet is provided.

The position of your placenta will also be checked. If it is found to be lying low in your uterus, you will have another scan in the third trimester to check its position, but by then the placenta will probably have moved away from your cervix.

COVID-19 UPDATE: *In order to protect mothers, babies and staff, you should go to these visits or scans on your own to reduce the number of people in the hospital.*

Saving for baby

Sound financial advice for new parents from **Grainne Griffin**, Director of Communications for the CCPC

If you are having a child, big changes are on the way, not least to your personal finances. It's definitely worth thinking about the financial side of things now, as it will help lessen any money pressures you may face once the baby arrives. Here are some tips to get you started.

TAKE A FINANCIAL SNAPSHOT

Taking a snapshot of your current financial situation sounds basic, but it is a great starting point as you will get a real sense of what is coming in and how you are spending it. Looking at how you spend your money and where you can possibly make changes will help you work out how you can better manage your money.

PAY OFF ANY LOANS

Interest rates on credit cards and personal loans are considerably higher than the interest you will earn on savings. If you can reduce any outstanding debts before the baby arrives. The 'clearing your credit card calculator' on ccpc.ie can help you work out whether you can save money and also pay your credit card debt more quickly by switching to another card.

LOOK FOR THE BEST RATES

There are savings to be made by shopping around for financial products. For example, if you switch to a credit card with 0% interest in the first six months then you can make real inroads on lowering the balance. For mortgages, switching to a bank with a lower mortgage rate can save you thousands. There are free tools on ccpc.ie to help you compare current accounts, mortgages, savings accounts, credit cards and loans.

YOUR BABY BUDGET PLANNER

Use the budget planner on ccpc.ie to work out what you are spending your money on and compare this with your income.

Work out a plan that suits you (or your household) and helps you keep control of your spending effectively.

ADD UP ALL YOUR INCOME

If you are taking maternity leave, check with your employer to see if you will be paid while you're on maternity leave. You will need to apply for state benefits such as Maternity Benefit, Parent's Benefit, Working Family Payment and Child Benefit at least six weeks before your baby is due. If you are not sure which of these benefits you may be entitled to, log on to www.welfare.ie. Make sure to include any entitlements in your new budget.

SHOP FOR BARGAINS

There are numerous ways you can save on your baby essentials. If you are concerned about paying for the really big baby items, for example pushchairs or car seats, ask family and friends to contribute to the cost instead of buying gifts that you might not need. You could also ask friends and family for any equipment that they may not use anymore. But remember, some items such as cot mattresses and car seats should not be used second hand, for health and safety reasons.

UNEXPECTED COSTS

Start up an emergency fund to cope with unexpected expenses. Saving might not be practical once your baby arrives, with all the additional day-to-day expenses, so, try and save as much as you can afford to before the baby arrives.



YOUR BUDGET PLANNER

First trimester

Pregnancy books	€
Pregnancy journal	€
Folic acid, pregnancy vitamins	€
Good body lotion	€

Second trimester

Maternity clothes	€
Pregnancy pillow	€
Hospital expenses	€

Third trimester and first month

Sleeping equipment	€
Clothing	€
Feeding	€
Changing	€
Bathing	€
Transport costs	€
Mum-to-be (hospital bag etc)	€

OTHER EXPENSES TO CONSIDER

- ✓ Loans and debts
- ✓ Savings (including emergency fund)
- ✓ Pension
- ✓ Work related
- ✓ Home expenses
- ✓ Phone expenses
- ✓ Insurance
- ✓ Car costs
- ✓ Education and courses
- ✓ Leisure
- ✓ Occasional expenses
- ✓ Family costs

FOR FURTHER INFORMATION

Go to www.ccpc.ie to check out their money saving tips, and how to be good with money.

PREGNANCY

LABOUR & BIRTH

HOME AT LAST

FIRST 12 MONTHS

EQUIPMENT & GEAR

HELP

RECIPES

TOOLS

prioritise Your prenatal mental health

Your mental health is just as important as your physical health during pregnancy. **Elsje du Toit** finds out why it's key to be mindful of your emotional wellbeing when you're expecting

Pregnancy is often described as the happiest time of a mother's life. Growing a little person and feeling every kick or hiccup the baby makes usually excites not just the mummy-to-be, but everyone around her. But what if you don't feel excited? What if your emotions are overwhelming and you're struggling to cope? You're not alone – it's estimated that about 7,500 pregnant women in Ireland experience the same emotions.

According to Nurture Health, prenatal or antenatal depression is often overlooked because it's hard to identify and is less well understood than postnatal depression:

"For about 10% of women the emotions experienced during pregnancy can be overwhelming and hard to shift. They are different from the usual emotional changes if they last longer than two weeks and interfere with the pregnant woman's ability to function in everyday life."

PREGNANCY EMOTIONAL HEALTH

Chairperson of Postnatal Depression Ireland, Madge Fogarty, says a lot of expectant mothers aren't even aware that they have antenatal depression.

"That's why they don't talk about it," she says. "A lot of research has been done about postnatal depression, but very little is known regarding what antenatal depression is and how to handle it."

EXPECTATIONS

Because it's assumed that expectant mums should be happy and glowing because of all the pregnancy hormones, women are often embarrassed or afraid to talk about their prenatal depression. "It is important that women are aware of it," Fogarty says. "Don't be ashamed. You are not alone. There are hundreds of women going through the exact same thing. You can talk to somebody. You need to talk to someone who will support you."

"If you don't treat your antenatal depression, it can lead to postnatal depression," Fogarty says. "About 1% to 2% of pregnant women can develop postnatal depression if their antenatal depression is left untreated." It's more common that women experience antenatal depression in their last trimester.

Although you may suffer from antenatal depression with one baby, it doesn't mean you'll

GET SUPPORT:

Postnatal Depression Ireland

www.pnd.ie

Support line tel: 021 4922 083

Email: support@pnd.ie

Nurture Health

www.nurturehealth.ie

Tel: 085 8619585

Lines are open Monday – Friday from 9:00am – 6pm

Aware

www.aware.ie

Aware Support Line:

Freephone: 1800 80 48 48

Monday – Sunday, 10am to 10pm.

Women's Aid

www.womensaid.ie

Tel: 1800 341 900 (24-hour national freephone helpline)

suffer from it again during subsequent pregnancies:

"We have women in our support group who joined us after being pregnant and suffering from prenatal depression. With their subsequent pregnancies it was much easier. But they kept on coming to the support groups."

A FRIGHTENING TIME

Some of the symptoms of prenatal depression might be confused with just being pregnant. That's why it's often overlooked and hard to identify. Fogarty says the most common symptom is that you get no joy out of your pregnancy: "If you struggle to become excited or joyful about anything anymore, or you're finding it impossible to cheer up, it's usually the first sign of antenatal depression," she says.

Many women do, however,

feel confused about struggling with sadness when they feel they should be happy that they're having a baby. If you're not happy about your pregnancy, don't feel like you have a connection with your fetus or you're wishing you were no longer pregnant, you might struggle with prenatal depression.

Moodiness, impatience, irritability, restlessness, having trouble concentrating and suffering from insomnia are all signs of prenatal depression. Other symptoms include an increase or decrease in appetite, feeling emotionally numb and totally exhausted, or having no motivation to do anything. If you do experience any of these symptoms, it's important that you talk to your health care professional about it.

Changes in oestrogen and progesterone can contribute to mood changes during pregnancy. With your body's hormones all over the place, it's understandable that you might feel happy one minute and crying the next. Worry and uncertainty are also two of the biggest causes of prenatal depression. Worries about either your financial affairs, or being concerned about your baby's movement or health can all be factors to take into consideration. This can sometimes lead to feelings of guilt about the fact that you are struggling emotionally.

YOU MUST PRIORITISE YOUR MENTAL HEALTH

Your responsibilities at work may also be troubling you. Feeling anxious about going on maternity leave can trigger depression;

as can any stressful situation like a sick family member or friend, moving house, job loss or changing jobs, divorce, or relationship difficulties with the father of the baby, or your partner. And then of course there's thinking about the day of birth. You might be feeling overwhelmed and anxious about it, or overly concerned about the birth experience and how it will work out.

Fogarty says if you are worried about any of these issues or anything else that may trigger depressed feelings, talking to someone will help: "Talk to your doctor, a friend or a support group about what you're experiencing. If you need further assistance, contact a professional."

Medication isn't always the best option to treat your depression. But discuss this with your obstetrician or midwife. In extreme cases, medicine may be prescribed, though this is not always recommended during pregnancy. Either way, the first step is to talk to someone, as Madge Fogarty confirms: "Talk. You are not alone."

LOOK AFTER YOUR MENTAL HEALTH IN PREGNANCY BY:

- **Building a support network.** Develop a network of support during pregnancy, whether this is from family, friends or other women who are pregnant or have children of a similar age.
- **Taking time for yourself.** Self-care is really important and it's about taking time out for doing things just for fun or doing activities that you enjoy.
- **Asking for help.** Talk to your

partner and loved ones about how you are feeling.

- **Eating healthily.** Keep healthy snacks to hand rather than sugary snacks and drinks that can spike your mood.
- **Speak to a psychotherapist.** Cognitive Behaviour Therapy has been shown in research to be very effective in treating anxiety, depression and OCD.

MUM'S TIP

"Talking really helped me when I suffered from prenatal anxiety. Talk to your partner, family or close friends so that they are aware of how you feel and can also help and support you. Your doctor or midwife can offer support, advice and treatment options."

Jane Murphy

SOME OF THE SIGNS YOU NEED PROFESSIONAL HELP:

- ✓ Lethargy and lack of interest in normal activities, or other people.
- ✓ Exhaustion – even when you have a normal iron level and are getting regular sleep.
- ✓ A flat apathetic mood or feeling of numbness and sadness.
- ✓ Recurring disturbing thoughts.
- ✓ Ongoing feelings of resentment or irrational fears towards your unborn baby; hopelessness or anxiety.
- ✓ Fear of rejection by your partner.
- ✓ Inability to think clearly, make decisions or cope with daily routine.

Nutrition

IN PREGNANCY

Fiona Dunlevy, Dietitian Manager at the Coombe Hospital explains the benefits of a healthy diet when you're expecting

All through pregnancy, and for the first two years of your baby's life, they depend on nutrition to grow healthily. By including the following essential nutrients in your diet you can improve your own health as well as that of your baby.

> PROTEIN

This is one of the most vital nutrients for a growing baby and for mother too. All of the baby's muscles, bones and internal organs need enough protein to grow. You will need protein for the placenta, and for your expanding womb.

Good sources of protein

Protein is found in meat, chicken, fish, cheese. Alternatives to meat include beans, lentils, nuts, eggs, tofu and tahini.

Snacking on unsalted nuts, yoghurt, cheese or drinking some milk will help you to pick up some extra protein during the day. Try to eat protein at least twice a day, and three times a day from the third trimester.

One serving is 50g-75g cooked meat, 100g cooked fish, two eggs, 100g soya or 100g tofu.

> CALCIUM

Your baby will need plenty of calcium, especially towards the end of your pregnancy, to grow bones.

Good sources of calcium

Dairy products and alternatives with added calcium – three portions or more a day – are recommended.

One portion is one glass of milk (200ml), one pot of yoghurt (125ml) or two thumbs of hard cheese.

> FATS AND OILS

It's best to use fats and oils sparingly. However, Omega 3 is an essential fat, which can help your baby's brain and eye development. Oily fish is the richest source of omega 3 and can be found in salmon, trout, sardines and mackerel. One portion of oil-rich fish per week is recommended in pregnancy. Limit processed foods such as crisps, chocolate, takeaways, cakes, biscuits, and fried foods. These foods contain 'trans fats,' which are bad for you.

> FRUITS AND VEGETABLES

Essential for vitamins and antioxidants, fruit and vegetables are vital for a growing baby. Aim to eat at least five to seven portions of fruit and vegetables every day – try to have some at every meal or snack. One portion of fruit is one medium fruit (apple, pear, orange or banana), two small fruit (plums, apricot or kiwi) or 10 to 12 berries. One portion of vegetables includes half a cup of cooked vegetables, one bowl of salad or one bowl of homemade vegetable soup. Try berries on your breakfast cereal, tomatoes in your sandwich at lunch and plenty of vegetables or salad at dinner.

> BREADS, CEREALS AND POTATOES

This food group is a valuable source of energy and fibre. The number of portions you need will depend on your activity levels. For most women the requirement will be three servings of this food group per day. Choose wholegrain and wholemeal options more often. One portion is two thin slices of bread, two medium potatoes, one cup of breakfast cereal, one-third



cup dry porridge oats or one cup of cooked rice or pasta. Eating high-fibre foods will also help you to avoid constipation, which can be common as your pregnancy progresses.

OTHER VITAL NUTRIENTS

> FOLIC ACID

One of the B vitamins, folic acid is a very important supplement to take throughout pregnancy. You should take a supplement containing 400 micrograms of folic acid. Some women will require a higher dose of folic acid, so speak with your doctor. Folic acid helps the baby's neural tube to grow in a healthy way. It's also important for a healthy immune system. It can be found in green vegetables, fruits, nuts meats and fish. But a supplement is essential in pregnancy.

> IRON

You will have higher requirements for iron during pregnancy, and as your baby grows and blood volume increases. Taking a pregnancy multivitamin will provide additional iron. Your midwife or doctor will recommend a supplement with extra iron, if necessary. Speak to them if you are feeling tired.

Do not drink tea with meals as all types of tea can limit the absorption of iron. It is a good idea to eat or drink something with Vitamin C as this will help with iron absorption at mealtimes (e.g. fruit, fruit juice or salad). Iron is found in red meat, dark poultry, fish, egg, beans, lentils and crunchy greens.

> VITAMIN D

This vitamin is needed for the absorption of calcium and has also been linked to the possible prevention of diseases. The main source of Vitamin D is through sunlight. In Ireland, we don't get enough sunlight to produce

adequate vitamin D, so you should take a daily supplement with 10 micrograms of vitamin D. This can be taken through a pregnancy multivitamin. Vitamin D is particularly important if you have dark skin, or if you are pregnant during the winter months.

> IODINE

Iodine is important for a balance of thyroid hormones. You have an increased requirement during pregnancy. Including two to three portions of cow's milk or yogurt and eating white fish once a week is recommended. Alternatively, you can take a supplement with 200 micrograms iodine.

ALLERGIES AND PREGNANCY

There is no evidence to show that avoiding foods will reduce the risk of allergies in your baby. In fact, a good varied diet is more likely to reduce the risk of allergies. Breastfeeding your baby and continuing to breastfeed until solids are introduced into their diet will also reduce the risk of allergy.

FOOD HYGIENE RULES

- ✓ Ensure all meat, fish and poultry is cooked throughout. Avoid smoked fish such as smoked salmon, and cured and smoked meats unless cooked in a dish.
- ✓ Wash all raw ingredients such as fruits, vegetables and pre-packed salads very well before eating.

... Top tip ...

During pregnancy, eating for two is not necessary. Your energy needs will increase in the second and third trimesters as your baby will be growing rapidly. An extra couple of snacks or a small meal like a sandwich should be enough. The food pyramid above provides a really useful guide on portion sizes.

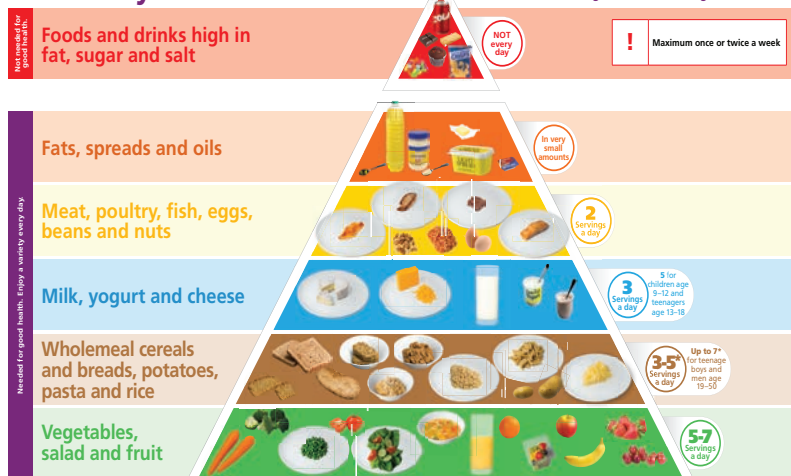
Healthy Food for Life

www.healthyireland.ie



The Food Pyramid

For adults, teenagers and children aged five and over



*Daily Servings Guide – wholemeal cereals and breads, potatoes, pasta and rice

Active	Child (5-10)		Teenager (11-18)		Adult (19-50)		Adult (51+)	
	Child (5-10)	Teenager (11-18)	Teenager (11-18)	Adult (19-50)	Adult (19-50)	Adult (51+)	Adult (51+)	
♂	3-4	4	4-5	3-4	3	3-4	3	
♀	3-5	5-7	4-5	4-5	4-5	4-6	4	

There is no guideline for inactive children as it is essential that all children are active.

Source: Department of Health, December 2016.

Drink at least 8 cups of fluid a day – water is best

Get Active!
To maintain a healthy weight adults need at least 30 minutes a day of moderate activity on 5 days a week (or 150 minutes a week); children need to be active at a moderate to vigorous level for at least 60 minutes every day.

WHAT TO AVOID IN PREGNANCY

- ✗ **Vitamin A:** Too much vitamin A is not recommended in pregnancy. It is important to avoid all supplements that are not approved for pregnancy. Check with your doctor or midwife. Liver and liver products should also be avoided.
- ✗ **Undercooked foods:** Food poisoning during pregnancy can harm your baby so you need to be very careful about the foods you eat. Avoid foods that are undercooked like raw fish (sushi), rare meat, eggs with a runny yolk and undercooked chicken or turkey.
- ✗ **Tuna, swordfish, shark and marlin:** Limit tuna to one tuna steak or two tins of tuna a week due to the high mercury content. Shark, swordfish and marlin should be avoided due to mercury.
- ✗ **Alcohol:** Alcohol should be avoided in pregnancy. There is no safe minimum intake.
- ✗ **Caffeine:** Caffeine should be limited in pregnancy. Coffee should be limited to two cups a day, While tea should be limited to three cups a day. Try choosing decaffeinated versions.
- ✗ **Unpasteurised milk and any cheese or yoghurt made with unpasteurised milks:** Avoid all unpasteurised dairy.
- ✗ **Mould-ripened cheese, e.g. Camembert, Danish Blue, Brie, Stilton should be avoided**
- ✗ **Soft eggs or raw eggs, e.g. in mousse:** Ensure eggs are cooked thoroughly before you eat them.

For more information see mychild.ie

Your Hospital Bag CHECKLIST

Mum of three-year-old Penny (with another baby on the way!) **Sinead O'Moore** shares her hospital bag wisdom

While the risk of COVID-19 exists, your partner may not be able to stay with you as long as you would like. Restrictions vary from hospital to hospital and are put in place for everyone's safety.

The final weeks of pregnancy can feel like an eternity, but your baby will soon be on the way, so it is important to be prepared and have your hospital bag handy. On your first birth, packing

your hospital bag is an exciting rite of passage as you begin to imagine the day you meet your baby. The anticipation, nerves, checking and rechecking can go on for weeks. This

time round I feel more confident about what I know I'll need but I know the excitement of preparing for another baby to come in to our lives will feel just as magical.

FOR MUM

- A nightie or PJ set with wide neck opening/buttons to allow for breastfeeding and skin-to-skin.
- When it comes to underwear, it's time to embrace full briefs. You'll be wearing maternity pads after you give birth, so big, comfortable pants are essential. A good tip is to look out for knickers with no seams, especially if you have a Caesarean section, as they may be more comfortable. Breast pads are another must, along with a supportive maternity/nursing bra
- One/two packets of maternity pads.
- Light dressing gown. Maternity wards are often warm, but you may still need one.
- Comfy, non-slip slippers. Go for a size up from what you usually wear, as your feet can swell after giving birth.
- Flip flops to wear when going for a shower. If you're short on space, then go for those handy roll up/fold up flip flops that take up practically zero space in your bag.
- It's important to have your own personal toiletries such as, your favourite shampoos/conditioners, skincare products, as well as essentials such as a toothbrush, hairbrush and hair accessories, etc. Both for practicality, but also to make you feel more human and comfortable. Top tip – use travel sizes so you won't take up too much space in your bag.

- On that note, bring in your makeup too if you fancy. Some women aren't too fussed, but some would like to be able to put their face on and feel like themselves again.
- Lip-balm. Your lips may become dry when breastfeeding and after using the gas/air.
- Two dark coloured towels.
- Mobile phone. Don't forget your charger and/or juice pack.
- Nail varnish remover just in case you end up going into theatre. Make sure that it's suitable to remove – avoid gel manicure and pedicures.
- Pre-check the camera on your phone has enough space for lots of pictures, or bring a standalone camera with you.
- Light snacks.
- If applicable, bring your regular prescription medication with you, such as inhalers for asthma.
- If you wear contact lenses switch to your glasses. If you are having a Caesarean section or end up needing one then you will need to remove your lenses anyway.

FOR BABY

- Special/first outfit in a plastic zip bag. Mark it with a felt pen, so it's easy for your birthing partner to grab right after baby is born
- Some mums like to put each set of outfits into a zip bag and label

for ease. Regardless of how you pack them, you'll most likely need six pre-washed baby grows (use non-bio detergent).

- Six pre-washed vests.
- Six baby bibs.
- One cardigan and one hat.
- Two cotton cellular baby blankets.
- Two pairs of scratch mittens, as those baby nails can be surprisingly sharp!
- One pre-washed baby towel.
- One packet of newborn sized nappies.
- Packet of cotton wool balls.

FOR YOUR BIRTHING PARTNER

- A stash of loose change for the parking machines, or if parked on the street, download the applicable parking app so they won't have to worry about running out to fill the meter.
- Phone charger and/or juice pack.
- Travel sized deodorant and toothbrush.
- Some light snacks.
- Change of t-shirt and underwear.
- Contact details of family/friends who will want to hear the good news after the birth.

From about **30 weeks** into your pregnancy, you should be starting to gather essential items to bring with you to the hospital for the delivery, with the aim of having your hospital bag ready to go by **36 weeks**.

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A HEALTHY & HAPPY PREGNANCY

Mother of one **Sinead O'Moore** shares some advice on how to stay on top of your mental and physical wellbeing while pregnant

✓ PRIORITISE SELF-CARE

Self-care is a necessity for mums-to-be. Try to make yourself a priority at least once a week.

Regular self-care can be as simple as taking an hour to yourself. Switch off, un-plug, and just focus on you. Be it a warm bath, sitting down to flick through a magazine, listening to your favourite podcast with a cuppa or getting your hair done, 'me-time,' can be anything you want it to be. Discovering the life-saving power of giving yourself the permission to stop, rest, say no... can also transform how you get through pregnancy.

Your body is a 'tiny human' factory right now, building a heart, a brain, a nervous system, bone marrow, and lungs all from scratch.

So if you want to go to bed at 6pm, go to bed! If you want to cancel plans at the last minute, cancel them! If you want to book a cleaner, get a taxi instead of the bus, buy anything you need online and delivered to your door – do it! You have permission.

✓ KEEP POSITIVE

If you find yourself feeling overly stressed, try to practise ways to let go of your worries and get into a positive state of mind.

Yoga, mindfulness and meditation are great ways to relax. If you don't have time to go to a class, why not listen to a relaxation podcast and try some guided meditation when and wherever suits you.

Gentle, low impact exercises like swimming, pregnancy yoga or simply getting out for a daily

walk are some of the best natural de-stress methods. Don't forget if you feel your anxiety is becoming overwhelming, then have a chat with your doctor or midwife.

✓ EAT WELL

Sometimes all the advice about what you can, and can't eat might seem a bit overwhelming; but as long as you follow a balanced diet, there are only a few extra nutrients you need to be extra mindful of.

Choose high fibre fruit and veggies. Avoid unpasteurised dairy products, raw foods like sushi and try not to skip breakfast. Eat regular healthy snacks to keep blood sugar levels up and try to drink two litres of liquid a day, be it water, juice or caffeine-free teas.

Generally speaking, pregnant women are recommended to source their vitamins and minerals from the food they eat, however it is advised that you take an extra folic acid supplement throughout pregnancy. Some women may also need extra iron or calcium, but always check with your doctor or midwife before taking any supplements. A pregnancy multivitamin is safe to take.

✓ GO FOR COMFORT

While past generations had to make-do with often unflattering maternity clothes, today mums-to-be have more choice than ever when it comes to maternity style.

Make sure you invest in some key transitional pieces to see you through the time before your bump 'pops out,' which will most likely be in your second trimester. Empire



lines will skim over your tummy and give you plenty of room while still looking stylish. These days you don't have to compromise style for comfort, so never wear something that doesn't feel right. If swollen ankles and feet are becoming an issue, swap your high heels for comfortable flats.

✓ EMBRACE THE POWER NAP

You can feel truly exhausted during the early weeks of pregnancy. It's tiring growing a tiny human, so never be afraid to take rests when you can.

Try to go to bed an hour earlier than normal and never underestimate how refreshing even a 15 to 20 minute power nap can be. And as counterintuitive as it sounds, a regular 10 to 20 minute walk can replenish your energy levels too. You should feel more energised in your second trimester, but that said, never say no to the opportunity to put your feet up.

✓ SUPPORT

Accept it, ask for it and lean upon it. Seek out those who make you feel strong, capable, loved and celebrated. Be ruthlessly protective of your positivity.

Everyone's got a horror story to share. Ignore them and steer clear of those who are sharing them. Right now you are in a bubble of love and the only thing that is going to burst is your waters!

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Pregnacare® Conception with 21 nutrients including folic acid as recommended for all women trying to conceive.

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✓ Most trusted by mums

Helping to make healthy mums and babies for over 25 years, Pregnacare® has always contained the recommended level of folic acid⁴ along with vitamin D and a range of micronutrients, and is supported by clinical research with mums-to-be^{5,6}.



BEFORE



DURING



AFTER

Available from leading pharmacies, health food stores & supermarkets nationwide.
For more information visit www.vitabiotics.com/pregnacare

[f/PregnacareIreland](https://www.facebook.com/PregnacareIreland)

VITABIOTICS

4. Folic acid contributes to maternal tissue growth during pregnancy. Pregnacare® has always contained 400mcg folic acid, the level recommended for all women from the start of trying to conceive until the 12th week of pregnancy. S. Agrawal, R. et al. Prospective randomised trial of multiple micronutrients in women undergoing ovulation induction. Reproductive BioMedicine Online December 2011. 6. L. Srough et al. Effect of multiple-micronutrient supplementation on maternal nutrient status, infant birth weight and gestational age at birth in a low-income, multi-ethnic population. *EU Mom survey in August 2016 on behalf of Pregnacare and had 2,208 respondents.

Valeo
HEALTHCARE

How to HELP YOUR PARTNER

Father-of-one Michael Brennan shares tips for partners on how to help care for your little one and your other half throughout pregnancy and in those early weeks

SHOW UP

My one piece of advice for the pregnancy stage, especially if, like me, it's your first time here, is to make sure you step up when it comes to home life. Ask questions and take interest in all the big decisions! When you get to the 'business end' of the pregnancy you will have a new found respect for, not only your partner, but for your own mother and every single woman who has gone through childbirth. It is the most incredible experience to witness.

Understand what is going on, Mammy has enough to be thinking about and is probably anxious and scared about labour. Let her relax while you step up and educate yourself!

TALK TO OTHER PARENTS

Talk to other fathers, you will get far too many experts in the pub offering you their tuppence worth and boring you with the same tired remarks such as, "you better sleep now because you'll never sleep". But don't let this put you off having meaningful conversations with other men, the very same guys, if you were to meet them privately for a coffee and a chat will tell you how rewarding the lack of sleep is, and how precious it is to get to see your wee baby falling asleep for the 23rd time that night. Trust me – you will need your friends during this rollercoaster time, so

don't ever be afraid to ask for advice or to seek support when needed.

YOU'LL FIGURE IT OUT

My wife had a few complications during the C-section and after our daughter's delivery they took a little longer than usual to finish, so while she was in the best of hands, I was thrown head first into the deep end. Within 30 minutes of Gracie's arrival, I had to figure out how to put on my first nappy, thankfully it's pretty foolproof! It was the most memorable and terrifying few hours of my life – hours that I will forever cherish and never forget.

BE THERE

Be present! This is your baby. YOUR baby. Don't sit back and focus on your phone, or on others' opinions. Speak to your partner, practise breathing techniques with her, go for walks, talks and spicy curries. This is an awesome time for you both and she is amazing for going through all this. Again, remind her.

The early stage was great, there were only three things that we needed to do – feed, clean and sleep. Easy. Don't get bogged down on anything other than ensuring your new bundle is as happy and content as they had been for the last nine months – once you've got this covered, I assure you, you're doing great.

ASK QUESTIONS

Once your baby arrives - ASK MORE QUESTIONS – if this is your first baby, it is impossible that you would know how to perfectly care for a newborn baby, how could you? Ask the public health nurse to help you bathe your baby, ask them to show you how to change a nappy, ask them about blankets and beddings and temperature checks and vaccines – find out as much as you can, and then ask even more questions! In my experience, the men and women working in these roles are in them for a reason, they are passionate and compassionate and are more than willing to help you – utilise this. Trust me when I say this, this is the most amazing time of your life. Enjoy every single second.

YOU CAN NEVER TAKE ENOUGH PICTURES

Take photos and videos, even when you think you've taken too many... take another. I still look back at photos of those first few hours/days and can't believe how much our little lady has grown, developed and changed. She gets more and more beautiful with every day, and I fall even further in love with her every minute.

Check out Micheal Brennan's Instagram page 'Donegal Daddy' for his humorous account of being a dad.



Keep ON MOVING

Staying active while you're expecting will help to keep you fit, and also cope with some of the common ailments of pregnancy. Find out how to work out safely when you're pregnant

Unless you've been advised to rest by your midwife or doctor, pregnancy is actually an important time to stay active. Physical exercise is not only key to an expectant mum's health, but also to the health of their unborn baby.

Provided your midwife or GP has given you the go ahead, there is no reason why you can't keep up a light level of fitness throughout your pregnancy.

What are the benefits of exercise during pregnancy?

- ✓ Better quality of sleep.
- ✓ You tend to feel great after a workout, and have more energy.
- ✓ It helps you to build muscle and keep up a level of cardio fitness – it will help you avoid excessive weight gain during pregnancy – the more muscle you have the higher your metabolism becomes.

In turn, this can prevent the onset of gestational diabetes.

- ✓ It prepares you for the later stages of pregnancy – you may not feel as tired towards the end.
- ✓ It alleviates back pain – strength in your legs helps you carry the extra weight of baby and amniotic sac, instead of your lower back carrying the extra weight.
- ✓ It helps with preparing you for labour – physically and mentally.
- ✓ It reduces stress – the endorphins produced during exercise are proven to lower stress levels.
- ✓ It improves your self-image – toning your body makes you look and feel good.
- ✓ It can speed up your recovery from childbirth.

If you have been doing regular exercise, you can carry on. If you are

Antenatal exercises to do if you are working from home:

The Physiotherapy Team at The Coombe Women & Infants University Hospital share some simple exercises you can do at home.

QL stretching

Whilst standing against a wall with feet apart and away from wall OR sit crossed leg on the floor Place your left hand on left hip. Push your hip towards the right. Whilst reaching over to the left with your right hand, tilt your torso to the left. Aim to feel a stretch on the right side. Repeat on other side.



Mobilising on a gym ball

Sitting on your gym ball, circle your pelvis in a circular clockwise movement x10 reps then in an anticlockwise movement x10 reps. Sitting on your ball circle your pelvis in a figure of 8 direction. Sitting on a ball gently bounce up and down.



Relaxed breathing

Lie on your side or sit on your gym ball. Relax your shoulders, soften your abdominal muscles and your buttocks. Take a long slow breath in through your nose, getting your breath right down to your bump. You should feel your bump grow and expand under your fingers with every breath in. Breathe out slowly allowing with every exhale the tension in your body to melt away, with every exhalation. Repeat this for five minutes, being mindful that your body should be relaxing and getting lighter.



new to exercise, once you are past the 12-week stage, you can look at beginning an exercise routine. This should be a light exercise regime – now is not the time to get super fit and start losing weight.

It's better to exercise regularly, as opposed to sporadically. Your body will become better accustomed to exercise if it is used to moving often.

DOS & DON'TS OF EXERCISING DURING PREGNANCY

DO

- ✓ Make sure you have cleared with your GP/midwife/physiotherapist that you are okay to exercise.
- ✓ Listen to your body – if you feel weak, light-headed, dizzy or unwell, stop straight away and have a rest.
- ✓ Make sure you warm up for at least five to 10 minutes before.
- ✓ Get up from the floor slowly, rolling onto your side first.
- ✓ Cool down for at least five minutes, and make sure you stretch after your workout. Don't overstretch.
- ✓ Walk – it's one of the best ways to keep fit during pregnancy.
- ✓ Swim – water supports your joints and creates resistance for strength.
- ✓ Do aqua aerobics – make sure that you inform the instructor that you're pregnant.
- ✓ Do a strength routine using dumbbells or dynabands – make sure to keep your arms below shoulder height, don't raise your arms above your heart. Use weights under the supervision of a trained fitness instructor. A good way to maintain tone is by using the

resistance of water in aqua fit classes, or using your own body weight as resistance.

- ✓ And do your pelvic floor exercises. It is so important and your 60-year-old self will thank you for starting now. Ask your physiotherapist if you are unsure how to perform these exercises.

DON'T

- ✗ Overheat your body. Avoid becoming overly sweaty – you heat from the inside out, so your baby will be very warm in there.
- ✗ Lie flat on your back for longer than 30 seconds – a growing baby can lie on your vena cava and slow blood flow to the heart, causing dizziness.
- ✗ Do any extreme jumping or bouncing exercises – have one foot on the floor at all times.
- ✗ Never do sit ups, ever. This can cause diastasis recti, the separation of the abdominal wall.
- ✗ Do step aerobics – it can throw off your balance and it's easy to fall off the step.
- ✗ Cycle after the second trimester – this activity can also affect balance.
- ✗ Overstretch – relaxin, the hormone which relaxes your joints and muscles, is present, and stretching too much can cause a muscle to tear.
- ✗ Run or jog after 20 weeks. Running is a high impact exercise, and can have a reverse effect on all those pelvic floor exercises you should be doing. Joints and ligaments relax during pregnancy, so running can cause pain.

KNOW YOUR BODY'S LIMITS

Exercise safely but know your limitations. Always listen to your body and adapt as you need to. It will help with the recovery after the birth. A gentle walk every day will help with your pregnancy. If you feel pain and it persists, seek advice from a chartered physiotherapist.

GOOD EXERCISES FOR PREGNANCY:

- ✓ Gentle walking
- ✓ Swimming
- ✓ Pregnancy yoga
- ✓ Prenatal pilates

HOW DOES EXERCISE BENEFIT BABY?

- ✓ Exercise in early pregnancy stimulates placental growth.
- ✓ Exercise in late pregnancy improves placental function.
- ✓ Babies from active mums tend to be leaner with stronger muscles.
- ✓ Sound and vibratory stimuli before birth may accelerate development of baby's brain.

MAKE EXERCISE FUN AND SAFE

- ✓ Wear loose-fitting, comfortable clothes as well as a bra with good support.
- ✓ Choose shoes that are designed especially for the type of exercise you are doing. Proper shoes will help to protect against injury.
- ✓ Drink water before, during and after your workout.
- ✓ Never exercise to the point of exhaustion.

You can exercise most days of the week if you feel like it.

Pregnancy and DIABETES

Ciara Coveney, Registered Advanced Midwife Practitioner NMH, tells us why it's essential to manage diabetes properly throughout pregnancy



Pregnancy is a time filled with many milestones and having a diagnosis of diabetes and pregnancy is one of the most common conditions in pregnancy. Most women with diabetes do go on to have healthy pregnancies and healthy babies. Diabetes is a condition where there is too much sugar (glucose) in the blood. Glucose comes from the digestion of starchy foods, such as bread and rice. Diabetes occurs because a hormone called insulin, which is produced by your pancreas, is not working as it should. Insulin helps our body to use glucose for energy.

MUMS' TIPS

"I was concerned when I was first diagnosed with gestational diabetes but I quickly realised that it is very manageable. My top tips would be:

- 1) Be organised with food and ask for help at home with this if needed.
- 2) Prioritise yourself, give yourself the time to do the yoga class. It will help you and your glucose levels.
- 3) Keep close contact with your diabetes team, they can help troubleshoot any concerns you have." **Rachel Harris**

THREE TYPES OF DIABETES:

1 Gestational Diabetes: This type of diabetes occurs only in pregnancy and can occur at any stage, however it's more common from 24 weeks gestation. Your body is still making insulin, the pregnancy hormones interfere with how well your body can use your insulin.

2 Type 1 Diabetes: Some people don't make any insulin and need to have insulin injections. This is called Type 1 diabetes and happens when the body attacks the cells that normally make insulin in the pancreas and they no longer make insulin. This type of diabetes is usually diagnosed in children and young adults, but it can be diagnosed in later life.

3 Type 2 Diabetes: This type of diabetes occurs in adulthood and happens when your body cannot use the insulin you are making effectively.

HOW IS DIABETES TREATED?

The first step to controlling your diabetes is to look at your diet and lifestyle. Even small changes to these can improve your control of the condition. If you have type 1 or 2 diabetes, you should contact your maternity hospital as soon as you discover you are pregnant. During pregnancy, it becomes difficult to control your blood glucose and your medications or insulin dose will need to be adjusted immediately and regularly throughout your pregnancy. You should also take a higher prescription dose of folic acid for three months before you get pregnant and for the first 12 weeks of pregnancy.

Women who have diabetes before they become pregnant are at a higher risk of some of the complications of pregnancy, so it is important that anyone with the condition has good control of their blood sugars before they become pregnant.

WHAT ARE THE RISKS?

Having poorly controlled diabetes during pregnancy can lead to a number of issues, including having a large baby for gestational age. Your diabetes in pregnancy team will work with you to help control your blood glucose levels and reduce the chance of any issues occurring. The babies of women who have gestational diabetes are also more likely to have low blood glucose levels after birth. Controlling your blood glucose levels in pregnancy can help control your baby's blood glucose levels in the first days of life.

TREATING DIABETES IN PREGNANCY:

WATCH YOUR DIET

Nearly 70% of women who develop gestational diabetes can manage their blood glucose levels by making changes in diet and increasing their daily physical activity. It is recommended that all women with gestational diabetes see a dietitian. Here are some tips for managing diabetes:

- ✓ Do not leave long gaps between meals, as this can affect your blood glucose levels. Ideally, eat breakfast within one hour of waking



up in the morning.

- ✓ Cut out all sugary foods.
- ✓ Eat the right carbs.

Carbohydrates are important for energy, but they turn into glucose when you eat them. It is best to choose types that break down more slowly.

These are sometimes called low glycaemic index (GI) foods. They include wholegrain high-fibre choices, such as brown bread and granary bread, porridge, brown or basmati rice, wholewheat pasta, couscous, baby potatoes and new potatoes. Dairy product type carbohydrates, such as yoghurt and milk are very important for your baby's bone development during pregnancy. Ask your dietitian about the right amount for you. Fruit and vegetables also contain carbohydrate or sugar. They are very important for nutrition and provide many essential nutrients.

- ✓ Eat plenty of protein. Protein-rich foods can slow the release of glucose into your blood and allow your insulin more time to act. Try eating low-fat protein options at all your meals and snacks. Sources of protein include nuts, cheese, poultry fish, beef, lamb, egg, tofu, beans and lentils.

- ✓ It's a good idea to read nutrition labels on food packaging. All of the ingredients are listed in order of their descending weight. For example, the closer sugar is listed to the top of the list of ingredients, the more sugar the food contains. But remember with diabetes, you need to look at the total carbohydrates.

GET MOVING

Try to aim for 150 minutes of physical activity a week. Thirty minutes of activity a day can really help you improve your blood glucose levels. Walking, yoga and swimming are all excellent activities in pregnancy. If you are on medication or insulin for your diabetes, check with your doctor

WEIGHT GAIN IN PREGNANCY

Louise O'Mahony, dietitian and clinical nutritionist, CUMH has the following advice on weight gain in pregnancy.

Research shows that women who gain too much weight during their pregnancy can have larger than average babies which can in turn lead to more complicated pregnancies and deliveries. This can also contribute to childhood obesity for your baby. Gaining more than the recommended amount of weight also makes you more likely to retain too much weight after pregnancy, which can lead to or contribute to obesity.

It's a good idea to take note of what your weight and body mass index (BMI) is at your booking

appointment. BMI is a measure calculated from weight and height that gives a general indication whether your weight falls within a healthy range. If your BMI is very high and you are worried about gaining too much weight during your pregnancy, ask your doctor or midwife if they can refer you to a dietitian for advice.

If you're underweight before pregnancy, it's essential to gain a reasonable amount of weight while you're pregnant. Without the extra weight, your baby might be born early or smaller than expected. Much of the weight gain you see should be in the second and third trimesters of the pregnancy. At a normal BMI, most women shouldn't gain more than 1-5lbs in the first trimester,

BODY MASS INDEX

Underweight:
BMI is less than 18.5
Normal weight:
BMI is 18.5 to 24.9
Overweight:
BMI is 25 to 29.9
Obese: BMI is 30 or more

and then about 1lb per week for the rest of the pregnancy. The recommended gain in a multiple pregnancy is higher than in a singleton pregnancy. If you were at a normal weight before pregnancy, you should gain 37-54lbs (16-24kg) during a twin pregnancy. If you are having twins, discuss your target weight gain with your midwife or doctor.

and dietitian about avoiding a low blood sugar during or after exercise.

Some women will need medication to help reach normal blood glucose levels, even though they have made diet and exercise changes. Your diabetes midwife and doctor will explain the best choices for you and your baby if medication is indicated.

PREVENTION

The best way to prevent gestational diabetes is by ensuring you are a healthy weight when you become pregnant. This is important for your next pregnancy and women who lose weight or return to their pre-pregnancy weight afterwards are less likely to develop diabetes in their next pregnancy. Some women will

develop gestational diabetes for other reasons, for example, it may run in the family, but by following a healthy diet and entering pregnancy at a healthy weight you can still improve the control of your diabetes.

If you maintain normal blood glucose levels during pregnancy (3.5 – 7.0 mmol/l), your baby should grow in a normal healthy way. If your blood glucose remains too high your baby will get too much sugar. This can result in your baby growing larger than they should, which may lead to complications. If your blood glucose is high you are also more likely to develop high blood pressure in pregnancy. So it's important to control the blood glucose levels during pregnancy.

MUM'S TIP

"I have Type 1 Diabetes and was worried about how I could reach my target blood glucose levels in pregnancy. I realised I did not have to do this alone. The diabetes team in your maternity hospital will help you reach your target blood glucose levels. It may not happen overnight but small changes with insulin and food really helps. My insulin dose was changed every week during my pregnancy and I came to realise that this was normal for pre-existing diabetes and pregnancy."

Sarah Connolly

BREASTFEEDING REDUCES YOUR RISK OF DIABETES

Research has shown that breastfeeding reduces your baby's chance of developing diabetes in later life. It also reduces their chance of being overweight in childhood. Breastfeeding will help your blood glucose to return to normal levels postnatally. If you have type 1 diabetes you may need less insulin than you did before pregnancy, so keep in touch with your maternity hospital and diabetes team to adjust your doses.

FOR MORE INFORMATION ON DIABETES:

www.indi.ie www.diabetes.ie

NURTURING RELATIONSHIPS

Becoming a parent can nurture and solidify relationships with your partner, as well as with friends, relatives, and colleagues writes mum-of-three **Ruth Fitzsimon**

Becoming a mum is one of the greatest changes you will ever embrace. From the moment those two blue lines appear on the stick your sense of self is altered. Your emotions, decisions and priorities shift. Not to mention your wardrobe and eating habits! There's no other stage of life quite like it.

While we still in essence feel like the same person, relationships with partners, friends, family and work can also be affected.

The extra hormones and physical changes of pregnancy can bring lots of ups and downs. So it isn't surprising if you and your partner are feeling emotional. As an expectant mum, you might feel more vulnerable and tired than usual; more interested and involved in the pregnancy than your partner.

BONDING CAN START EARLIER FOR MUM

"I resented the fact that Daddy still had his body and sanity" Emma, Mum of two.

Relationship expert, David Kavanagh, says it's all very normal. "Even when a baby has been longed for, the reality of pregnancy, like any change in life, takes time to process. Feeling afraid, worried or anxious about this is natural."

In the early few weeks you might discover that your partner doesn't feel the same connection with your unborn baby as strongly as you do. As

baby makes its presence felt with kicks, movements and a growing bump your partner is likely to feel more connected too. David suggests giving it time, "Men can't possibly understand what being pregnant feels like. Relationships take time to build. It will happen."

The birth of your baby is an exciting time for you both. A newborn brings great joy but also change. It's common for relationships to experience strain in the early months of caring for your baby with a shift in focus from 'just us' to 'all of us' causing tension. The love you feel for your gorgeous bundle is all-consuming, but sleep deprivation is no laughing matter. Exhaustion leaves you both in the trenches... and this is where battles are fought!

As a member of the Family Therapy Association of Ireland, David Kavanagh is no stranger to how this stage can play out. "It's important to realise that when caring for a new baby, your time is not your own. Women often adjust to this 'new normal' better than men. It takes more time for dad to bond with baby. They are just getting to know each other. I've seen men feel angry that too much time is being given over to caring for baby, and women who can't understand that their partner just isn't getting it!"

Small things can make a big difference. David emphasises taking time to be together, "Physical attention is very important. I don't mean sexual contact. A gentle neck rub or simply

curling up together on the sofa releases oxytocin the 'cuddle chemical'. Keep it simple. Enjoying a gentle walk together, while baby naps, or holding hands on a park bench with a coffee."

David has a clear message about screens "The smartphone, and screen addiction, is the death of healthy relationships." Mindless scrolling at either end of the sofa with the TV on does not qualify as being together in his eyes. He adds "If you do just one thing let it be this: stay off the screen, sit facing each other for five minutes, ask 'How are you?' and really listen to the answer."

WORK TOGETHER AS A TEAM

If returning to work is on the cards look no further than www.mumager.ie.

The website is a hub of tips and advice on all aspects of juggling parenting with a working life.

Tracy Gunn has been supporting working mums and dads for over five years. She says, "figuring out what you both want and how this will work helps prevent frustration and resentment." Being a team at home is vital "During maternity leave many women find they take on the bulk of the household tasks simply because they are at home. This isn't sustainable when they go back to work. I'd recommend having an upfront conversation with a partner about how they're going to work as a team and get everything done."

If both parents are working, it's helpful to thrash that out too. Tracy outlines some questions you need to consider "Are both parents pursuing their career? Is one happy to step back for a short while? Will one or both use parental leave?"

Try not to feel overwhelmed and allow time to chat these things out.

NEW CONNECTIONS

One of the many benefits of

becoming a mum can be the new friendships you develop.

“When one parent stays at home, in that narrow world, and the other is out all day interacting with the other larger, more varied world it can be difficult to meet in the middle, sympathise and share. Especially when there’s more than one child taking up the airspace and both parents are exhausted in different ways... Female friendships, on the other hand, blossomed for me and became vital

lifelines!” Sophie, mum of two

“Becoming a mum definitely brought me closer and back in touch with my teenage/hometown friends some of whom I lost contact with when I moved to Dublin and had a new social set of friends. I hardly ever see the social set now but enjoy lots of girly lunches or playground dates with my older gang of mates.” Megan, mum of two.

Becoming a mum is beautiful and challenging. It’s a balancing act for

sure. Like any life-altering reality it takes time to adjust. The sense of connection and capacity to love it brings you is unparalleled.



FOR FURTHER INFORMATION

Accord - Marriage and Relationship Counselling

www.accord.ie

Tel: 01 505 3112

DOMESTIC VIOLENCE AWARENESS

Pregnancy should be a special time in a woman’s life. However, women may be more at risk of domestic abuse in pregnancy and existing abuse may get worse during pregnancy or after giving birth. The restrictions that have been in place due to COVID-19 may create a strain on relationships, and normal routines for many families have changed such as children out of school/crèche, and women and their partners working from home. These circumstances may lead to an increase in stress and tension in the home, and it may also lead to an increase in incidents of domestic violence.

Experiencing domestic violence can be a serious risk to the health of a mother and her unborn baby. If you or a woman you know is experiencing domestic violence, please be aware there is dedicated support available to you. The first step to protect yourself is to talk to somebody you trust. This could be a friend, a family member or a domestic violence support service. You can also talk to your public health nurse, GP (family doctor),

GP practice nurse or midwife. Help, support and information is also available in every maternity hospital in Ireland. If you are in immediate danger call the Gardáí on 999 or 112.

Domestic violence can be any of the following types of abuse:

- physical
- emotional
- sexual
- financial
- mental

Domestic violence is any behaviour that makes you feel:

- scared
- isolated from your family or friends
- threatens your safety and wellbeing

Signs of an abusive relationship with a current or ex-partner can include any of the following:

- you feel afraid
- you feel controlled
- you have been hurt or injured
- you have been forced to do things you don’t want to do

Although abuse can change or stop during pregnancy, it can also get worse. It can also become more dangerous and severe after the pregnancy and birth.

SUPPORT

Help, supports and safe accommodation are available to every woman in Ireland. This includes women who are pregnant, with a small baby or who have had a miscarriage.

WHERE TO GET HELP

Women’s Aid. A leading national organisation that works in Ireland to stop domestic violence against women and children. www.womensaid.ie
Tel: 1800 341 900 (24-hour national freephone helpline)

Sonas - the largest provider of frontline services to women and children experiencing domestic abuse in the greater Dublin region. www.domesticabuse.ie
Tel: 01 866 2015

Cosc – The National Office for the Prevention of Domestic, Sexual and Gender-based Violence Email: cosc@justice.ie
www.cosc.ie

Safe Ireland - information on women’s refuges and supports across Ireland. www.safeireland.ie

PROTECT YOURSELF

Go to page 8 to find out the best ways to protect yourself from COVID-19.

PREGNANCY AILMENTS & Body changes

Megan Sheppard, Midwife in the Coombe's Parent Education Department discusses the most common pregnancy ailments and what you can do to feel better

There are many changes – some great – some not so great – that will or might happen during your pregnancy. It's a good idea to know what to expect, what's normal, what's not and what you can do to alleviate some of the most uncomfortable pregnancy ailments. Some of these changes will be directly related to an increase of hormones like relaxin, oestrogen,

progesterone and human chorionic gonadotropin, also known as hCG.

Much of the changes will go away once your baby is born. Most women will experience at least some of the following signs and symptoms of pregnancy:

1 FATIGUE IN PREGNANCY

Feeling tired is very common in pregnancy and is normally caused by low levels of iron. It's very important

to keep your iron levels up during pregnancy. You can do this by eating a healthy iron-enriched diet or by taking a supplement recommended by your midwife or GP.

How to treat

- ✓ Other sources of iron include peas, beans, dried fruit, green vegetables and some fortified breakfast cereals. Having some salad vegetables, citrus fruits or a glass of fruit juice with your meals will boost your iron absorption.
- ✓ Increasing your iron levels through diet is recommended for pregnant women suffering from fatigue. Lean red meat is the best source of iron in the diet. Other good sources are chicken and turkey – particularly the dark meat – and oil-rich fish.

2 BREAST CHANGES

A woman's breasts increase in size and fullness during pregnancy. As the due date gets closer, hormone changes will cause your breasts to get even bigger to prepare for breastfeeding. Your breasts may feel full, heavy, or tender.

Does being pregnant increase my risk of developing thrombosis (DVT) or a pulmonary embolism (PE)?

All pregnant women are assessed during pregnancy for possible DVT/PE risk factors. There are many issues to be considered: such as: your history, lifestyle, and birth, that may indicate you might need further treatment and management. This may mean injections for some days or weeks during or after the birth of your baby. Check with your

midwife or healthcare provider in early pregnancy so that you may be prepared post birth, should the need arise.

What is DVT?

DVT is a condition where a blood clot forms within the deep vein system. The principal veins in your body are those in your lower abdomen, groin, inner thigh and the calf muscles. It can also sometimes form in your arms.

Symptoms of DVT

- Pain in the leg (or the area the

clot is)

- Swelling
- Tenderness
- Warmth
- Discolouration of the skin

Preventing DVT

- Wear compression stockings
- Eat a healthy, balanced diet (low in fat and sugar, and high in fruit and vegetables)
- Regular exercise (get the go-ahead from your doctor first after giving birth)
- Drink plenty of water

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Supports a healthy
immune system



In the third trimester, some pregnant women begin to leak colostrum from their breasts. Colostrum is the first milk that your breasts produce for the baby. It is a thick, yellowish fluid containing antibodies that protect newborns from infection.

How to treat

- ✓ Wear a maternity bra with good support.
- ✓ Put pads in your bra to absorb leakage.

When to visit your GP or midwife

Tell your doctor if you feel a lump or have nipple changes or discharge (that is not colostrum) or skin changes.

3 CONSTIPATION

Many pregnant women suffer from constipation. Symptoms include having hard, dry stools; fewer than three bowel movements per week; and painful bowel movements. Higher levels of hormones due to pregnancy can slow down digestion and relax muscles in the bowels, which can leave many women constipated. Also, the pressure of the expanding uterus on the bowels can contribute to constipation.

How to treat

- ✓ Drink 10-15 glasses of water daily.
- ✓ Don't drink caffeine.
- ✓ Eat fibre-rich foods, such as fresh or dried fruit, raw vegetables, and whole-grain cereals and breads.
- ✓ Try mild physical activity, e.g. a short walk.

When to seek advice from your GP or midwife

Tell your doctor if constipation does not go away.

4 HEARTBURN AND INDIGESTION

Hormones and the pressure of the growing uterus cause indigestion and heartburn. Pregnancy hormones slow down the muscles of the digestive tract, so food tends to move more slowly causing digestion to become sluggish. This can make many pregnant women feel bloated. Hormones also relax the valve that separates the oesophagus from the stomach. This allows food and acids to come back up from the stomach to the oesophagus. The food and acid causes the burning feeling of heartburn. As your baby gets bigger, the uterus pushes on the stomach making heartburn more common in later pregnancy.

How to treat

- ✓ Eat several small meals instead of three large meals – eat slowly.
- ✓ Drink fluids between meals – not with meals.
- ✓ Don't eat greasy and fried foods.
- ✓ Avoid citrus fruits or juices and spicy foods.
- ✓ Do not eat or drink within a few hours of bedtime.
- ✓ Do not lie down right after meals.
- ✓ Propping yourself up with pillows in bed can help to reduce symptoms.

When to seek advice from your GP or midwife

If symptoms don't improve after trying these suggestions, ask your doctor about using an antacid medication.

5 DIZZINESS

Many pregnant women complain of dizziness and light-headedness throughout their pregnancies. Fainting is rare, but it does happen

even in some healthy pregnant women. There are a whole host of reasons for these symptoms. The growth of more blood vessels in early pregnancy, the pressure of the expanding uterus on blood vessels, and the body's increased need for food all can make a pregnant woman feel lightheaded and dizzy.

How to treat

- ✓ Stand up slowly.
- ✓ Avoid standing for too long.
- ✓ Don't skip meals.
- ✓ Lie on your left side.
- ✓ Wear loose clothing.
- ✓ Keep yourself cool in hot weather.
- ✓ If you begin to feel faint, lie with your head flat and feet elevated.
- ✓ Drink plenty of water.

When to seek advice from your GP or midwife

If you feel faint and have vaginal bleeding or abdominal pain.

6 STRETCH MARKS

Stretch marks are small, streak-like lines in the skin that appear most often on the abdomen in the later stages of pregnancy when the stomach is rapidly expanding to accommodate a growing baby. Some women also get them on their buttocks, thighs, hips, and breasts. Stretch marks are caused by changes in the elastic supportive tissue that lies just beneath the skin. They start out pink, reddish, brown, purple or dark brown, depending on your skin colour.

They later fade, although they never completely disappear. Gaining no more than the

“My sister-in-law gave me Bio-Oil as a gift, and lots of my friends had recommended it too, so I used it diligently throughout my pregnancy. To start with I wasn’t really too worried about getting stretch marks, but actually I was very relieved when I didn’t! I love using Bio-Oil, it goes in so easily and I’ve been very impressed with the results.”

Miranda with Max



Bio-Oil® helps reduce the possibility of pregnancy stretch marks forming by increasing the skin’s elasticity. It should be applied twice daily from the start of the first trimester. Suitable for sensitive skin. For more product information please visit bio-oil.com.

Bio-Oil® is available at pharmacies and selected retailers. Individual results will vary.



recommended amount of weight – in most cases 25 – 35 pounds (11-16kg) and gaining it slowly may reduce your chances of getting stretch marks.

How to treat

It is crucial to moisturise. Skin becomes more pliant, more plasticised, and better able to stretch when it's well hydrated. Moisturise three or four times a day with products that contain cocoa butter or shea butter as a prime ingredient.

7 MORNING SICKNESS

In the first trimester, hormone changes can cause nausea and vomiting. This is called 'morning sickness,' although it can occur at any time of day. Morning sickness usually subsides by the second trimester.

- ✓ Eat several small meals instead of three large meals to keep your stomach from being empty.
- ✓ Don't lie down after meals.
- ✓ Eat dry toast, plain crackers, or dry cereals before getting out of bed in the morning.
- ✓ Eat bland foods that are low in fat and easy to digest, such as cereal, rice, and bananas.
- ✓ Sip on water, weak tea, or clear soft drinks. Or eat small blocks of ice.

What is hyperemesis gravidarum? Some pregnant women experience excessive nausea and vomiting. This condition is known as hyperemesis gravidarum and often needs hospital treatment. It is not a common condition, but it can be severe – the symptoms are much worse than morning sickness. If you're being sick all the time and can't keep food down, tell your midwife or GP as soon as possible. The nausea and vomiting are usually so severe that it's impossible to keep any fluids down, and this can cause dehydration and weight loss. Hyperemesis gravidarum needs specialist treatment, and you will usually need to be admitted to hospital so that doctors can assess your condition and give you the right treatment. This can include intravenous fluids given through a drip and treatment to stop the vomiting. Hyperemesis gravidarum is unlikely to harm your baby. However, if it causes you to lose weight during pregnancy there is an increased risk that your baby may be born smaller than expected.

- ✓ Avoid smells that upset your stomach.

When to seek advice from your GP or midwife

- ✓ You have flu-like symptoms, which may signal a more serious condition.
- ✓ You have severe, constant nausea and/or vomiting several times every day.

8 BODY ACHES

As your uterus or womb grows bigger, you may feel aches and pains in the back, abdomen, groin area, and thighs. Many women also have backaches and aching near the pelvic bone due to the pressure of the baby's head, increased weight, and loosening joints. Some pregnant women experience pain that runs from the lower back, down the back of one leg, to the knee or foot. This is called sciatica. It is thought to occur when the uterus puts pressure on the sciatic nerve.

How to treat

- ✓ Lie down.
- ✓ Rest.
- ✓ Apply heat.

When to seek advice from your GP or midwife

If the pain does not get better.

9 SWELLING

Many women develop mild swelling in the face, hands, or ankles at some point in their pregnancies. As the due date approaches, swelling often becomes more noticeable.

What might help

- ✓ Drink eight to 10 glasses of fluids daily.
- ✓ Don't drink caffeine or eat salty foods.
- ✓ Rest and elevate your feet.
- ✓ Ask your doctor about support hose.

When to seek advice from your GP or midwife

Your hands or feet swell suddenly or you rapidly gain weight – it may be pre-eclampsia.

10 ITCHING

About 20% of pregnant women feel itchy during pregnancy. Usually, women feel itchy in the abdomen. If you develop a very strong itch on the hands or soles of your feet, you need to be seen immediately to rule out a condition known as cholestasis, which is very serious. Pregnancy hormones and stretching skin are usually to blame for mild itching and this usually goes away after delivery.

How to treat

- ✓ Use gentle soaps and moisturising creams.
- ✓ Avoid hot showers and baths.
- ✓ Avoid itchy fabrics.

When to seek advice from your GP or midwife

If symptoms don't improve after a week of self-care.

11 PELVIC GIRDLE PAIN

If during or after your pregnancy you have pain in your pelvic joints when walking, climbing stairs or turning in bed, you could have pelvic girdle pain

(PGP) or symphysis pubis dysfunction (SPD). Around 20% of women suffer with pelvic girdle pain (PGP) during pregnancy.

This is a slight misalignment or stiffness of your pelvic joints, at either the back or front. It affects up to one in four pregnant women. Some women have minor discomfort, others may have much greater immobility.

Ask a member of your maternity team for a referral to a manual physiotherapist, osteopath or chiropractor who is experienced in treating pelvic joint problems.

What does PGP feel like?

PGP is pain that is felt at the back of the pelvis (around the sacro-iliac joints and buttocks) or at the front of the pelvis (sometimes called SPD or symphysis pubis dysfunction). It may also radiate to the groin or thighs. A chartered physiotherapist would do a full assessment of your low back (lumbar spine) and pelvis to figure out where the pain is originating from.

What causes PGP?

It is thought that hormonal changes (a hormone called relaxin) that soften your ligaments, postural changes due to pregnancy and the increased pressure on your pelvis due to the weight of your baby all contribute to pelvic girdle pain. As your baby grows, your posture changes. This leads to a change in the activity of the muscles of your tummy, pelvic girdle, hips and pelvic floor. This can increase the strain on your lower back and pelvis.

Because there is increased movement in the joints of your pelvis and the muscle activity has changed this can cause mal-alignment of the pelvic girdle joints. This can be a source of pain and discomfort. If you have a history of back pain your symptoms may worsen in pregnancy. Occasionally, women experience pain due to the position of their baby.

How to treat

Physiotherapy aims to relieve or ease pain, improve muscle function and improve your pelvic joint position and stability.

This may include:

- ✓ Manual therapy to make sure the joints of your pelvis, hip and spine move normally.
- ✓ Exercises to strengthen your pelvic floor, stomach, back and hip muscles.
- ✓ Exercises in water.
- ✓ Advice and suggestions, including positions for labour and birth, looking after your baby and positions for sex.
- ✓ Pain relief, such as TENS.
- ✓ Equipment, if necessary, such as crutches or pelvic support belts.

Self-care tips

- ✓ Be as active as possible within your pain limits, and avoid activities that make the pain worse.
- ✓ Rest when you can.
- ✓ Wear flat, supportive shoes.
- ✓ Sit down to get dressed.
- ✓ Sleep in a comfortable position – for example, on your side with a pillow between your legs.
- ✓ Try different ways of turning over in bed – for example, turning over with your knees together and squeezing your buttocks.
- ✓ Take the stairs one at a time, or go upstairs backwards or on your bottom.
- ✓ If you're using crutches, have a small backpack to carry things in.

When to seek advice from your GP or midwife

- ✓ Getting diagnosed as early as possible can help keep pain to a minimum and avoid long-term discomfort. Treatment by a physiotherapist usually involves moving the affected joint, which helps it work normally again.
- ✓ If you notice pain around your pelvic area, tell your midwife, GP or obstetrician.
- ✓ The symptoms tend not to get completely better until the baby is born, but treatment from an experienced practitioner can significantly improve the symptoms during pregnancy.

MUMS' TIPS

"I had morning sickness in the first trimester of pregnancy. Dry cereal and an apple for breakfast helped, or crackers every now and then. My GP advised me to eat little and often, and said that I'd feel more sick when my stomach was empty. Also drinking plenty of water helped." **Bernice**

"I had heartburn in the last few weeks of pregnancy. Having a milky drink before bed helped me. Also, using an extra pillow or cushion to prop myself up when sleeping, this helped me a lot." **Jane**

"I found yoga stretches were brilliant for easing leg cramps. I did online classes with a qualified prenatal yoga instructor. It was the only thing that gave me relief." **Miranda**

What is whooping cough (pertussis)?

Whooping cough (also known as pertussis) is a highly contagious illness that can be life threatening. The disease is most serious in babies less than 6 months of age – many babies are hospitalised with complications such as pneumonia and brain damage. Babies less than 6 months of age are too young to be fully vaccinated.



Whooping Cough Vaccine for Pregnant Women

What are the symptoms of whooping cough?

Whooping cough causes long bouts of coughing and choking making it hard to breathe. The 'whoop' sound is caused by gasping for air between coughing spells. A child with whooping cough may turn blue from lack of air, or vomit after a coughing spell. Not all children get the 'whoop' and often older children and adults just have a cough. The disease can last up to 3 months. Infection with whooping cough does not give long lasting protection so re-infections can happen.

How does whooping cough spread?

Whooping cough is spread from person to person by coughing, sneezing or close contact. Someone with whooping cough can spread the disease for up to 3 weeks after the start of the cough. Many babies who get whooping cough have been in contact with family members who

have had a cough for longer than 2 weeks.

How can whooping cough be prevented?

The best way to prevent whooping cough is by vaccination. Whooping cough vaccine is offered free to all pregnant women between 16-36 weeks of pregnancy and to children.

Can the vaccine give me the whooping cough?

No. The vaccine cannot give you whooping cough because it does not contain any live bacteria.

How does getting the whooping cough vaccine during pregnancy protect me and my baby?

The vaccine stimulates your immune system to produce high levels of antibodies to the whooping cough bacteria. These antibodies will also pass to your baby in the womb and

protect them during the first few months of life when they are too young to be fully vaccinated. It is now known that babies whose mothers got the whooping cough vaccine during pregnancy are much less likely to get whooping cough during the first months in the first six months of life.

I was vaccinated against whooping cough as a child, do I need to get vaccinated again?

Yes. It is very important that you get vaccinated in every pregnancy. The vaccine you have while you are pregnant is to protect your baby.

When should I get the vaccine?

You can get the whooping cough vaccine between 16-36 weeks of your pregnancy. While the vaccine can be given after 36 weeks, it may be less effective.

When should vaccination be postponed?

There are very few reasons why vaccination should be postponed. Vaccination should be rescheduled if you have an acute illness with a temperature greater than 38°C.

What vaccine should I get when pregnant?

You should get a Tdap vaccine. This is a low dose tetanus (T), diphtheria (d) and acellular pertussis (ap) booster vaccine which protects against tetanus, diphtheria and whooping cough (pertussis).

Do I need to get the whooping cough vaccine in every pregnancy?

Yes. The antibodies you develop after vaccination decline over time. This means you need to get the vaccine in each pregnancy so that you can again produce the antibodies which will pass to your baby in your womb.

What can I expect following vaccination?

You may get soreness or redness around the injection site. You may experience a mild generalised reaction of fever and fatigue for up to 48 hours after receiving the vaccine.

What if I don't feel well after vaccination?

If you have a temperature after the vaccine, take paracetamol, as it is safe in pregnancy, and it's important for you and your baby to avoid fever. Do not take ibuprofen or aspirin (unless advised by your obstetrician). Remember if you are unwell after getting a vaccine, it could be for some other reasons – don't assume it's the vaccine, and seek medical advice if needed.

Is it safe for pregnant women to be vaccinated?

Yes. The vaccine is safe for pregnant women. Whooping cough vaccine is recommended for pregnant women in the UK, US, New Zealand and Australia. This whooping cough vaccine has been studied in pregnant women and no risk has been found. Reactions are generally mild and serious side effects are very rare.

Is there anyone who cannot get the vaccine?

The vaccine should not be given to:

- those with a history of a severe allergic (anaphylaxis) reaction to a previous dose of whooping cough vaccine or any part of the vaccine.
- It is not recommended:
- if there is a history of a severe local reaction to a previous dose. You should not get a tetanus or diphtheria containing vaccine more often than every 10 years. If you have had a severe local reaction, please discuss this with your doctor.

My baby was premature so what can I do?

Babies born before 32 weeks will not be protected as they will not get enough antibodies from you while in the womb, but the vaccine will stop you catching whooping cough and passing it on to your baby.

The best way to protect them is:

- to make sure other children in the house are fully vaccinated.
- to make sure all adults in the house get a whooping cough vaccine if they haven't had one in the last 10 years. Ideally they should get the vaccine 2 weeks before contact with the baby.
- to keep your baby away from anyone with a cough until they have had two of their routine vaccinations (at 4 months of age).

I have been vaccinated during pregnancy, does my baby still need to be given the whooping cough vaccine?

Yes. The antibodies you pass to your baby in the womb decline rapidly in the first six months of life. Therefore it is important your baby gets the routine childhood vaccines (which include whooping cough vaccine) on time. Whooping cough vaccine is offered to all children:

- as part of the 6 in 1 vaccine at 2, 4, and 6 months of age
- at 4-5 years of age (4 in 1 vaccine)
- in 1st year of second level school (Tdap vaccine).

When your child gets these vaccinations on time, they are protected and so are other babies too young to be vaccinated.

Is it safe to go to your GP (doctor) to get the Pertussis vaccine during the Covid-19 pandemic?

Yes. GPs (doctors) follow HSE Covid-19 guidance to prevent infection and to keep you safe when you visit their premises.

How do I get vaccinated?

Contact your GP to arrange for vaccination. Whooping cough vaccination is available free of charge to pregnant women.

For more information please see www.immunisation.ie



FLU VACCINE INFORMATION FOR PREGNANT WOMEN

BE SURE. BE SAFE. VACCINATE.

Now that you are pregnant it is important that you protect yourself and your baby from influenza (flu). Vaccination is the only way to protect you and your baby from flu and its complications.

Why do pregnant women need to get seasonal flu vaccine?

Seasonal flu is a highly infectious viral illness of the respiratory tract that can be life threatening for those in at risk groups including pregnant women. Pregnant women need to get seasonal flu vaccine as they are at higher risk of serious complications from flu. Flu vaccine protects pregnant women during pregnancy and provides ongoing protection to their newborn baby during the first few months of life.

What is the seasonal (annual) flu vaccine?

Each year the seasonal (annual) flu vaccine contains three common flu virus strains. The flu virus changes each year this is why a new flu vaccine has to be given each year. This year, the seasonal (annual) flu vaccine gives protection against four common flu virus strains.

How does seasonal flu vaccine work?

Seasonal flu vaccine helps your immune system to produce antibodies to the flu virus. When someone who has been vaccinated comes into contact with the virus these antibodies attack the virus.

Is it safe for pregnant women to be vaccinated?

Yes. The vaccine is safe for pregnant women. Seasonal flu vaccines have been given for more than 60 years. Reactions are generally mild and serious side effects are very rare. Seasonal flu vaccine has been recommended for several years for all pregnant women in the USA, and the UK as well as Ireland.

Will my baby be protected if I am vaccinated?

Yes. Vaccination during pregnancy will protect your baby and also helps prevent you getting flu and passing it on to your baby.

Who should NOT get seasonal flu vaccine?

The vaccine should not be given to those with a history of severe allergic (anaphylaxis) reaction to a previous dose of the vaccine or anything contained in the vaccine.

What about pregnant women with egg allergy?

Pregnant women with egg allergy can get seasonal flu vaccine. This may be given by your GP or you may need referral to a hospital specialist.

When should vaccination be postponed?

There are very few reasons why vaccination should be postponed. Vaccination should be re-scheduled if you have an acute illness with a temperature greater than 38°C.

Can the flu vaccine give me the flu?

No. The flu vaccine used in Ireland cannot give you the flu because it does not contain any live viruses.



FLU IS ONE THING YOU DON'T WANT TO SHARE WITH YOUR BABY.

How long does it take the vaccine to work?

The vaccine starts to work within two weeks.

What can I expect after vaccination?

The most common side effects will be mild and may include soreness, redness or swelling where the injection was given. Headache, fever, aches and tiredness may occur. Some people may have mild sweating and shivering as their immune system responds to the vaccine, but this is not flu and will pass after a day or so.

What if I don't feel well after vaccination?

If you have a temperature after the vaccine, take paracetamol, as it is safe in pregnancy, and it's important for you and your baby to avoid fever. Do not take ibuprofen or aspirin (unless advised by your obstetrician). Remember if you are unwell after getting a vaccine, it could be for some other reasons - don't assume it's the flu vaccine and seek medical advice if needed.

When should I get the flu vaccine?

You should get the flu vaccine as early as possible in your pregnancy. The flu season usually occurs between October and April so if you become pregnant during this time you should get the vaccine. If you had the last seasons flu vaccine in early pregnancy, you need to get this seasons flu vaccine if you are still pregnant.

How do I get vaccinated?

Flu vaccination is available free from your GP or Pharmacist.

Is it safe to go to your GP (doctor) or pharmacist to get the flu vaccine during the Covid-19 pandemic?

Yes. GPs (doctors) and pharmacists follow HSE Covid-19 guidance to prevent infection and to keep you safe when you visit their premises.

PLEASE MAKE AN APPOINTMENT NOW. FOR MORE INFORMATION VISIT WWW.HSE.IE/FLU





Expecting more than one?

Expecting multiples is exciting, and maybe a bit daunting too! Here is some practical advice for pregnancy, and baby care

Discovering you are expecting more than one baby can come as quite the shock, but a lovely one! You might be fretting about how you will cope and all the extra risks and responsibilities that come with a multiple pregnancy and birth. Not to mention the early newborn days! It's important to remember that you are not alone. There are countless people who have been through a multiple pregnancy and healthcare professionals who have cared for parents of multiples will be there to support you on this exciting journey.

Make the most of the time before your babies arrive to research all you need to know about caring for yourself and for your infants – especially the practical issues such as finding out what happens at a multiple birth to sleep routines and feeding. Before we get to the advice part, here is a quick explanation about multiples.

TYPES OF MULTIPLES

There are two types of twins: **Fraternal twins:** All pregnancies begin when a sperm fertilises an egg to form a zygote. Sometimes two eggs are fertilised by two different sperm forming two zygotes, in other words 'twins'. These twins are called fraternal or dizygotic twins (meaning two zygotes). Each fraternal twin will have their own umbilical cord and own placenta. Fraternal twins are like having two pregnancies at the same time. They may look similar or completely different.

Identical Twins: A single fertilised egg (zygote) that splits in the days after conception forms genetically identical twins known as monozygotic. These twins are of the same sex and will usually look very similar to each other. There are different types of identical twins. Some identical twins split

IS IT POSSIBLE TO BREASTFEED TWINS?

Breast milk is made on demand, the more you feed the more milk you make. By feeding your babies on demand, your babies will get enough milk. In the beginning, you may find it easier to breastfeed one baby at a time. Once you gain confidence with positioning and latching your babies to the breast, you can try feeding them at the same time. Take any help that is offered from family and friends to allow you to get rest and concentrate on feeding your babies. Check out the range of useful leaflets about breastfeeding produced by the Multiple Births Foundation. (www.multiplebirths.org.uk).

soon after fertilisation and will have their own individual placentas. Some will split after they attach to the wall of the womb, therefore they share a placenta. A very small number of twins who split later will share a placenta and an inner sac, called an amnion – however they will have separate umbilical cords and are called monoamniotic twins. Triplets and quadruplets may develop as a result of combinations of fraternal and identical twinning.

HEALTH TIPS FOR MUMS EXPECTING MULTIPLES:

Eat well: Taking care of yourself during your pregnancy starts

with good nutrition. Eating a healthy, varied diet rich in iron, protein, vitamins and minerals is vital. Anaemia, in particular iron-deficiency anaemia is more common in multiple pregnancies. This can cause tiredness, fatigue, pale complexion as well as shortness of breath. Your doctor or midwife may recommend a pregnancy supplement. Keep well hydrated by drinking water, as this helps you feel more energised and it's important for keeping a healthy urinary system.

Slow burning foods such as wholegrain rich foods like vegetables, beans, oats, brown rice and pasta will help to keep you feeling full for longer and keep your blood sugar levels stable. Eating your meals slowly and while sitting upright may aid digestion and reduce heartburn.

Keep active: When you are expecting more than one baby, you will also be carrying extra weight in the form of placentas, amniotic fluid and extra maternal fluid. A multiple pregnancy will put more pressure on your joints, which may cause discomfort and backache towards the third trimester. Gentle exercise can ease tension and aid

What about weight gain in a multiple pregnancy?

According to IMBA, research suggests that recommended weight gain should be:

Twins – a total gain of 18-23kg (40-50lb), preferably 11kg (24lb) by week 24 and then 0.6kg (1.25lb) a week until birth.

Triplets – a total gain of 23-27kg (50-60lb), preferably 16kg (36lb) by week 24 and then 0.6kg (1.25lb) a week until birth.

Quads – a total gain of 31-36kg (68-80lb), with most of the weight increase by week 24.

your muscle tone. You may find that exercise may help to relieve backache and constipation, while also helping you to sleep better. Low-impact sports such as walking and swimming can be enjoyed by most women. Remember to start slowly and if you feel unwell or if you are in pain, stop!

Due to the added weight of pregnancy, your pelvic floor muscles get weaker. Weakened pelvic floor muscles can lead to urinary incontinence and reduced sensitivity during sex. Pelvic floor muscle exercises can keep your pelvic muscles strong. Try to attend a physio class in your hospital to learn how to do pelvic floor muscle exercises correctly. Do these exercises daily throughout your pregnancy and beyond to maintain a healthy pelvic floor.

Look after your emotional health:

A multiple pregnancy can cause a mixture of emotions from fear of the unknown to joy at the prospect of seeing your babies. Added to this are the extra pregnancy hormones and physical changes that can leave you feeling overwhelmed. These are normal emotions. Do not be afraid to discuss your feelings with your partner, they may be feeling a bit overwhelmed too. Support groups such as the Irish Multiple Births Association (IMBA) provide guidance and information for parents during pregnancy and after the arrival of your babies.

COPING WITH FATIGUE

One of the most common complaints during a multiple pregnancy is extreme tiredness. Your body works extremely hard during a pregnancy and during a multiple pregnancy it must work even harder. In a singleton pregnancy, blood

volume increases by nearly 50%, however, in a twin pregnancy your blood volume will increase by nearly 100%. This means that your heart will need to work much harder to pump all of this blood around your body. As a result, your blood pressure will generally drop and your pulse rate will rise during a multiple pregnancy.

It is common for pregnant women, in particular women expecting multiples, to feel faint when lying down due to the pressure of the uterus. Most women will find it more comfortable to lie on their side. This may be necessary for scans and any other procedures requiring a pregnant woman to lie down for a considerable amount of time.

THE BIRTH

✓ Vaginal delivery is encouraged if babies are in an optimum position, usually head down. A Caesarean section may be recommended if your doctor feels that a normal vaginal delivery could threaten your health or the health of your babies. It is important to discuss with your obstetrician and midwife, letting them know your hopes and expectations for the birth. Go to our labour and birth section on page 56 for more information about labour and birth options.

FOR FURTHER INFORMATION

The Irish Multiple Births Association (IMBA) is a charity that was founded in 1996 by parents of multiples. IMBA is managed by volunteers who are all parents of multiples themselves.
www.imba.ie
Tel: 01 874 9056

MUM'S STORY

Anna-Marie Clogg's twin daughters Éloïse and Isabella (pictured right) recently turned one on 24th July. Here are Anna-Marie's top tips below:



Pregnancy: A pregnancy pillow really helped me, I was onto my second one by the time my 36 weeks were up. I literally lived in maternity leggings and oversized linen tops with a long cardigan, or an open shirt/blazer over a tank top, and some supportive shoes. I also swam every day of my pregnancy up to 34 weeks. I felt it really helped with any aches or pains, and just made me feel happy.

Birth: Both my babies were breech so at around 32 weeks I was booked in, and I made it to my scheduled C-section at 36 weeks exactly. They were 4lbs 7oz and 5lbs 2oz. The midwives helped to latch the girls onto me, and they were feeding within half an hour of being born.

Feeding: It took me a while to get the hang of breastfeeding at home, but luckily my PHN got me back on track with the support of an amazing lactation consultant. I used a twin nursing pillow, it's amazing and I still use it. I was just using regular pillows before and my back got really sore from leaning forward. I strongly advise getting on a feeding schedule as soon as you can, and feeding them both at the same time.



My advice:

- ✓ Trust yourself, somehow you'll just know what is right for you and your babies. People will give you loads of advice but ultimately do what's right for you.
- ✓ Make friends with a mum who has babies a month or two older than yours. She'll be a wealth of knowledge and it will all still be fresh in her mind before she forgets it/blocks it out!
- ✓ Colic, growth spurts, developmental leaps, sleep regressions – they're just phases and will pass so don't sweat, take a breath and keep going - you can do this!
- ✓ Leave your twins with a trusted minder, and get out of the house by yourself (if you can) even if it's just to go for a short stroll.
- ✓ Go out with the babies by yourself. It may seem daunting at first but once you've done it, you'll be so proud of yourself and you'll get quicker and quicker at getting out.
- ✓ Routine. You can thank me later. Try and get them on the same one.
- ✓ And finally you are awesome, keep telling yourself that every day – especially when it's a tough one. It takes a truly special person to parent multiples!

TIP

When you're home with your babies

Buy yourself two reasonable sized baskets and put one upstairs and one downstairs. Fill them with nappies, wipes, creams, cotton buds, baby bath, a few vests, baby grows, bibs, socks, cardigans and burp cloths. By placing one basket upstairs and one down stairs you will save your legs every time you need to do a change, and there will be a lot of them.



Here is some advice if your baby is born with special medical conditions and needs to stay in the hospital's neonatal intensive-care unit (NICU)

Some babies might be born with special medical conditions.

Some are born premature, others may have a condition that affects them physically or intellectually. These babies will need special care in hospital.

Infants born with health challenges will usually need to stay in hospital in the neonatal unit after the mother has gone home. If your hospital doesn't have the facilities to care for your baby, they may go to a different hospital by road or by air. Mothers are encouraged to get to know the baby as soon possible after the birth, even if the baby is in an incubator.

As a parent, you can help to care for your baby by: Providing and feeding expressed breast milk to your baby, providing skin-to-skin care/kangaroo care, and comforting touch, helping with day-to-day care of baby. Many NICUs have tablets to allow video call opportunities to parents, so they can remotely connect with their baby.

NICU

The length of a baby's stay in neonatal intensive care unit (NICU) will vary from days to months and will depend on the baby's size, prematurity and medical circumstances.

Many babies will have easily treatable conditions and can be discharged back to you after a few hours/days of observation and care. There are a few reasons why a baby can be admitted to a maternity hospital's neonatal services. The majority of babies in NICU are there because they were born weeks before their due date. There are lots of reasons why babies are born prematurely and usually there is nothing that mothers could have done to prevent it. One in 10 babies are born early, and babies born before 34 weeks may need extra help with breathing, feeding and keeping warm.

In some cases, parents will know in advance of the birth that their baby will be born with special needs, but it's still difficult news to come to terms with. It's normal to feel grief, anger, shock and even guilt. But there is support out there – ask your midwife or doctor to put you in touch with a social worker or counsellor to help you talk through your feelings. Do contact support groups as it's useful to talk to parents of babies with the same condition. Getting the right information and support for your family will help you to cope through a challenging time. Check to see if your maternity hospital's NICU has a support group.

HELP YOUR BABY BY:

✓ Breastfeeding

Breastfeeding is essential for babies, so mothers are encouraged to provide their own breast milk. Breast milk contains proteins that help fight infection and promote growth. Although

your baby might not be able to feed from your breast or a bottle at first, breast milk can be given in other ways – or frozen for later use. Begin pumping as soon after birth as possible. Aim to pump at least six to eight times a day, round-the-clock.

✓ Using your healing touch

Once your baby is stable, you will be able to hold him. The nurses will show you how to do this and your baby will benefit greatly from physical contact with you. Visit your baby to touch and hold him as often as possible. It is very important that both mother and father develop a healthy bond with their infant. Studies have proven that newborns who are held, spoken to, and treated lovingly are more likely to thrive. Hold your baby under your robe or shirt to allow skin-to-skin contact. Skin-to-skin contact helps to stabilise your baby's temperature, heart and breathing rates.

✓ Making sure you understand your baby's special care at home

Before you bring your child home from the hospital, make sure you understand any special care instructions. Write them down if need be. You should rehearse any

medical procedures with a nurse or doctor to be sure you are clear about what you need to do. Having another family member there while instructions are given can help you to remember the steps.

DAD'S STORY

James Doherty's twins Max and Mathilda were born at 30 weeks. Here he shares some advice that he and his wife Olivia learnt throughout this time.

"We spent six tough weeks in hospital (pre-COVID-19). The staff at the NICU went above and beyond to save our twins' lives. When it was time to go home, they were both strong and healthy. To see them now, you would not believe that they were preemies. We learned a lot while our twins were in NICU and here are some tips for surviving NICU.

1 Trust the doctors and nurses

The staff in NICU are real-life superheroes. They have one of the most important and stressful jobs on the planet. Listen to them closely.

2 Skin-to-skin

This is where your baby lies skin-to-skin, on your chest. This simple act has a tremendous impact on your child's health.

PREMATURE BABIES

Prematurity is the term used to describe when a baby is born early. For most women, pregnancy lasts around 40 weeks. Babies that are born between 37 and 42 weeks are considered full-term and babies born before 37 weeks are considered premature. Even if a woman does everything 'right' during pregnancy, she still can have a premature baby. There are some known risk factors for premature birth. For example, one risk factor is having a previous preterm birth. Those women at highest risk of having a premature baby are those who have: previously had a premature birth, a multiple pregnancy or a certain uterine or cervical abnormalities.

When a baby is born prematurely,

they will generally be taken immediately or very soon after birth to a Neonatal Intensive Care Unit (NICU) or Special Care Baby Unit (SCBU). Then, depending on the baby's gestation, birth weight or how sick they are, the baby can face days, weeks or months in hospitals. The chance of survival depends on the baby's degree of prematurity and birth weight.

Two thirds of babies born at 24 weeks gestation who are admitted to a neonatal intensive care unit (NICU) will survive to go home. Ninety eight percent of babies born at 30 weeks gestation will survive.

When the baby is well enough they will be discharged from hospital

and allowed to go home. Some babies need to go home with specialised monitors or equipment. Many premature babies will need extensive follow-up hospital appointments in the months and sometimes years following their discharge and will need to be referred for different therapies.

FOR FURTHER INFORMATION

www.coombe.ie
www.specialneedsparents.ie
www.nmh.ie
www.cuh.hse.ie/Cork-University-Maternity-Hospital/
The Irish Neonatal Health Alliance - www.inha.ie

WORRYING SYMPTOMS

in pregnancy

Pregnancy brings on many body changes and symptoms, it can be hard to know what's normal and what to worry about. Here are the top ailments that you should never ignore



PROTECT YOURSELF

Go to page 8 to find out the best ways to protect yourself from COVID-19.

have any vaginal bleeding after 12 weeks gestation, you must contact the hospital for assessment as you may need an Anti-D injection. When you get your first blood tests done at the booking clinic, check with the midwife and learn your blood grouping and rhesus factor for future reference.

SEVERE HEADACHE OR SWELLING ALL OVER

During pregnancy, as at any other time, headaches can be related to a wide range of internal and external causes. If you're not someone who usually gets headaches, but you begin to experience them during pregnancy, or if your headaches become more frequent or severe, mention it to your GP. Most importantly, don't take prescription or over-the-counter painkillers for your headache until your GP has cleared them for use while expecting.

Unfortunately, some effective pain relievers will be off-limits for now, so keep non-medicinal solutions in mind as well. Cold showers, rest, relaxation and massage can be very effective for treating tension headaches.

EXTREME VOMITING

Most cases of morning sickness are unpleasant – but not harmful. But if you're vomiting so much that you can't keep liquids down or if you're not urinating, you need to let your doctor or midwife know right away. This can lead to severe dehydration, which isn't good for you or your baby. It can also be a sign that you're suffering from hyperemesis gravidarum – a type of extreme morning sickness that can last for weeks or occasionally throughout your entire pregnancy.

Also contact your doctor or midwife if you haven't been able to keep food down for two days straight, if you think you have food poisoning, or if the vomiting is accompanied by a high fever. In these cases, you may need to go to the hospital for IV fluids.

INTENSE ABDOMINAL PAIN

If you're less than 12 weeks pregnant with sharp cramps on one side of your stomach, and you've yet to have an ultrasound, your GP or midwife will want to rule out an ectopic pregnancy (see the box on the next page). Later on in your pregnancy, call if the pain is intense or recurrent, since it could be anything from contractions to appendicitis.

CONTRACTIONS OR LOTS OF WATERY DISCHARGE

Many women will see an increase in vaginal discharge. However, if you have any 'itching' vaginal discomfort, or when your discharge becomes foul smelling, talk to your GP. If you feel it is more than a discharge (that your waters have broken) then go immediately to the hospital.

Contractions are another potential sign of preterm labour. If you feel them before 37 weeks contact your hospital/GP. They could just be harmless Braxton Hicks contractions, but let your healthcare team know just in case.

VAGINAL BLEEDING

Any time you have vaginal bleeding, you should contact your doctor. In your second or third trimester, it could mean that you have a tear in your placenta or another problem that should be diagnosed by ultrasound. Most bleeding during pregnancy doesn't necessarily lead to long-term problems. If you're in your first 12 weeks, keep in mind that many women spot during the first trimester and bleeding doesn't mean you're having a miscarriage. If you have a blood type that is Rhesus Negative (RH-) and if you

BLURRED VISION AND SEEING FLASHING SPOTS

Call your GP or midwife if, in the second half of your pregnancy, you have:

- ✓ Double vision
- ✓ Blurring
- ✓ Dimming
- ✓ Flashing spots
- ✓ Lights that last for more than two hours

Vision disturbances may be a sign of raised blood pressure or pre-eclampsia. For any blurred vision or flashing spots, see your GP immediately.

HIGH FEVER

If you have a fever and your temperature is above 37.5°C, but with no flu or cold symptoms, call your GP within the day. If your temperature is more than 39°C, call your GP or midwife immediately. You probably have an infection. Your GP may prescribe antibiotics. If your temperature rises higher than 39°C for a long time it may be harmful to your baby.

LACK OF FETAL MOVEMENT

Whenever you feel like your baby is not moving as much as usual – especially when you're far enough along that you've been feeling regular movement for some time, it's best to call your GP or midwife. There is a good chance that there's nothing wrong, but if something did happen to be wrong, time would be of the essence – and it is better to take the chance that you may be going to see your GP over nothing. In some cases, decreased movement may be an early warning sign of a condition that could lead to stillbirth, so it is absolutely best to get it checked out.

I JUST DON'T FEEL RIGHT

If you're not sure about a symptom, don't feel like yourself, or simply feel uneasy, trust your judgement and call your GP or midwife. If there's a problem, you'll get help right away. If nothing's wrong, you'll go home reassured.

Your GP or midwife expects to get calls like these, and should be happy to give you advice. Your body is changing so rapidly that it's sometimes difficult to know if what you're experiencing is normal, or if it's something to worry about.

EXPERT ADVICE

WHY DOES AN ECTOPIC PREGNANCY HAPPEN?

Medical professionals don't really know why an ectopic pregnancy happens. The egg normally spends about five days travelling down the tube from the ovary to your uterus, where it implants and begins to develop. If you have an ectopic pregnancy, this doesn't happen, and your pregnancy begins to develop in the tube. This may happen due to damage to your fallopian tube, which causes your tube to be too narrow for the egg to reach its destination. Recognising an ectopic pregnancy is not easy. It may feel like period pains. Symptoms may come and go, or you may not even feel any symptoms during the early stages.

SYMPTOMS

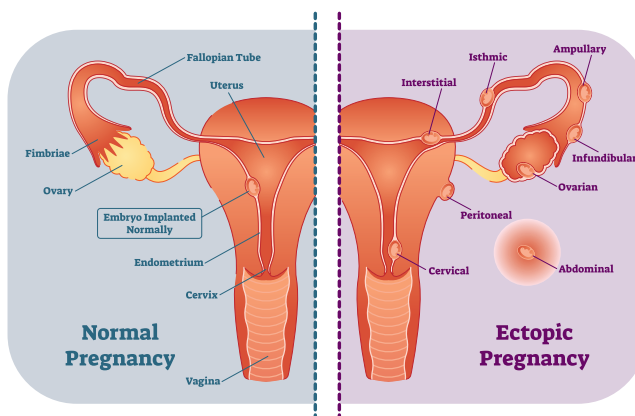
- Unusual vaginal bleeding, different from your normal period. It may be lighter, and brighter, or darker red than usual, or watery. Some women describe it as looking like prune juice.
- Mild to severe one-sided pain in your lower abdomen or pelvis, which may come on gradually or suddenly. If you experience this and you think you may be pregnant, see your doctor. If your ectopic pregnancy is not diagnosed early, your tube may be stretched by your growing embryo, and rupture. This will

usually cause internal bleeding and these signs and symptoms:

- Sweating and feeling light-headed, faint or dizzy.
- Diarrhoea or pain when you poo.
- Shock, or collapsing.
- Shoulder-tip pain, which may be worse when you lie down. It is not known exactly why shoulder tip pain occurs, but it usually occurs when you are lying down and is a sign that the ectopic pregnancy is causing internal bleeding. See your doctor immediately, or go to hospital. If your fallopian tube has ruptured, you'll go straight to surgery. But in most cases, ectopic pregnancies are caught early enough for tests to be done and surgery to be planned.

TREATMENT

If an ectopic pregnancy is discovered during the examination, the surgeon will remove the pregnancy and the fallopian tube (salpingectomy). Removing the affected tube decreases your risk of having another ectopic pregnancy. It is possible to remove the ectopic pregnancy from the fallopian tube and preserve the tube if it hasn't already ruptured, or become severely damaged. This may be preferred if you only have one tube, or if your other fallopian tube doesn't look healthy.



Breast milk is tailor made to meet your infant's individual requirements – and even better, it benefits mum as well as baby

AMAZING BENEFITS of breastfeeding

Breastfeeding has so many amazing benefits for babies, their mothers, for society and for the environment.

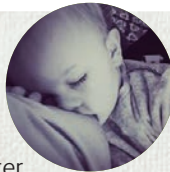
Did you know that breast milk provides all the nutrition that your baby needs for the first six months of his life? It is also very easy for a baby to digest.

Breast milk contains antibodies, which help protect babies against infections such as coughs, colds, chest infections and tummy upsets. Infant formula can never duplicate the ideal composition of breast milk. Most formulas are made from cow's milk and do not contain the

MUM'S TIP

My greatest tip while breastfeeding is to have a snack and water beside you, and the TV remote. Also with all the money you spend on baby spend a little on a good nursing bra for yourself.

Sinead, Offaly



immunity-boosting antibodies that are found in breast milk.

The Department of Health and Children, in line with the World Health Organisation, recommend that babies should be exclusively breastfed for six months (not introducing any other food or drink).

IT'S TAILOR MADE FOR BABY

Breast milk is always ready, is the right temperature and it changes to meet baby's needs. In cold climates, human milk contains more fat, whereas in warm climates, more water. Even when your baby is unwell, you should continue to breastfeed. In some circumstances, you might be advised by a medical professional to give extra fluids or oral rehydration therapy. However, for mild illnesses, breast milk alone is fine.

If your baby is premature, or unwell and in hospital (for example, in the neonatal unit or special care baby unit), breast milk is still best for your baby. You may be asked to express some milk and can be shown how to do this.

MUM'S TIP

My top breastfeeding advice is this:

Don't quit on a challenging day-the tricky/tiresome phases will pass and you'll be so glad you stuck with it. Do your best to tune out anyone's negative comments in regards to breastfeeding – it is truly the most magical and powerful thing a woman's body is capable of (along side pregnancy /giving birth)

Take as many photos as you can of your child breastfeeding – it truly all goes by so fast

Christina, Tullamore



MUM'S TIP

Breastfeeding is magic, actual wizardry, once you get the hang of it, it literally fixes everything, Hungry? Boob. Tired? Boob. Sick? Lots of boob! No idea what's wrong? Yup, boob! I honestly don't know how I would parent without breastfeeding. I'm delighted I stuck with it in the difficult early days and got the help and support I needed to continue whenever things got rough.

Sinead, Friends Of Breastfeeding volunteer



IT HELPS WITH THE BONDING PROCESS

The skin-to-skin contact during breastfeeds gives you a physical connection with your baby and stimulates hormones that help with breastfeeding. It also provides security, warmth and comfort for babies. Skin-to-skin promotes a growing attachment between the two of you that will continue to play an important role in your baby's development for years to come.

IT HAS MAJOR HEALTH BENEFITS FOR BABY

Human milk contains enzymes, hormones, and immunoglobulins. These play an essential role in your immune system that cannot be duplicated.

The health benefits of breastfeeding for babies include less risk of:

- Stomach upsets
- Coughs and colds
- Ear infections.
- Diabetes.
- Asthma and eczema
- Obesity
- High blood pressure later in life

Breastfed babies also have:

- Better mental development.
- Better mouth formation and straighter teeth.

IT ALSO BENEFITS MUM

Post birth:

- Breastfeeding helps the womb to contract and return to normal. Therefore, breastfeeding decreases postnatal blood loss. Continued breastfeeding can help with increased child spacing (i.e. natural family planning).
- Breastfeeding burns extra calories, so it can help you lose pregnancy weight faster.

Long term: Women who breastfeed may have less risk of:

- Developing breast cancer.
- Developing ovarian cancer.
- Developing rheumatoid arthritis.
- Bone thinning in later life.
- Developing type 2 Diabetes Mellitus.

MUM'S TIP

Always have water to hand, preferably a hose! And laid back feeding is the easiest position to master.

Caroline Lane, Castle Island



MUM'S TIP

One of my favourite tips is to never give up on a bad day! Seek support by going to a breastfeeding support group while pregnant. It helps break the ice with meeting new people before baby even arrives. You will also see other breastfeeding mums feeding their babies and offering each other support thus making it easier for you to attend when baby is born. Seek support from a lactation consultation if you feel you are

struggling at all, have nipple pain, clicking noise from baby's mouth or baby struggling to gain weight. Keep hydrated and have plenty of snacks at hand. A remote control is handy too for those cluster feeding early days. Feeding in public for the first few times can be daunting and scary, but try to relax and don't worry about others because it looks like you're just cuddling your baby anyway. **Colleen, Meath**



DAD'S TIP

I moved into the spare room in the early months so mama and baby had lots of space, it meant we all got a better night's sleep and I had plenty of energy



during the day to keep on top of all the cooking and cleaning so mum and baby could just concentrate on feeding and taking naps!
Mark, Cork

WHERE CAN I FIND BREASTFEEDING SUPPORT AND INFORMATION AFTER MY BABY IS BORN?

Start by checking out online breastfeeding workshops. Once your baby is born, seek advice from the midwives in the hospital immediately after the birth. If you are at home, speak to your public health nurse or ring your maternity hospital and ask to speak to the midwife specialist in breastfeeding. If you are having problems, you can make an appointment and you and your baby can return to the hospital and be seen by a midwife who will try to help you.

To contact your public health nurse (who will be based in your local HSE Health Centre) see www.hse.ie for details and phone numbers.

Mother-to-mother breastfeeding support group meetings are

organised and facilitated by HSE public health nurses and voluntary breastfeeding counsellors, mainly La Leche league and Cuidiú - Irish Childbirth Trust. There's a wealth of information and support to help you breastfeed.

Visit the following websites for more information:

www2.hse.ie/babies-and-toddlers/breastfeeding/
HSE info line: Callsave 1850 24 1850
or email: infoline1@hse.ie,

www.lalecheleagueireland.com
www.cuidiu-ict.ie
www.friendsofbreastfeeding.ie

And Breathe...

Find out about the many physical and mental benefits of pregnancy yoga



If you want to keep fit during your pregnancy, reduce stress levels, and also have a bit of 'me time', then pregnancy yoga is the answer. Practising yoga during pregnancy benefits mother and baby in many ways.

PHYSICAL BENEFITS

- ✓ It improves balance, co-ordination, posture and stability. Good posture ensures that the weight is transferred through the lower back to the hips, legs and feet where it is discharged into the ground.
- ✓ Deep, slow breathing ensures an abundant supply of oxygen and a better life force for you and your baby.
- ✓ It helps keep blood pressure normal and prevent rapid weight gain. It can relieve nausea and heartburn and reduce swelling of feet, hands and face.
- ✓ Yoga postures called Asana improve physical body strength and stamina. The extra weight of the growing baby and uterus alters the postural dynamics of the body so that the natural curves of the spine are exaggerated. Yoga opens up the chest, making it easier to elongate the spine and stand tall. Postures can help with restless legs and cramping too.
- ✓ It enhances physical strength, stamina and fitness for labour. Research has shown that flexibility and fitness can result in shorter labour times, fewer medical

interventions and less exhaustion during labour.

- ✓ It strengthens and tones the pelvic floor for birth and beyond.

MENTAL BENEFITS

- ✓ Regular practice of yoga and meditation deeply relaxes and clears the mind.
- ✓ Alleviates fear, tension, stress and anxiety.
- ✓ Enhances concentration, focuses clear creative thoughts giving a positive emotional outlook for birth.
- ✓ Helps to build self-esteem and self-confidence.
- ✓ Sleep patterns improve greatly.
- ✓ Provides a supportive atmosphere where mothers can meet others in the same position, maybe with the same symptoms and challenges.
- ✓ Helps to alleviate postnatal blues as the relaxation techniques can help you to cope if things get on top of you.

HOW DOES YOGA BENEFIT LABOUR AND BIRTH?

All the benefits of yoga extend way beyond birth and into those early challenging weeks where you will be very busy with broken sleep, so yoga can assist greatly in relaxing when baby is feeding and sleeping. If you plan to breastfeed, yoga boosts lactation so there is little problem with supply. Also, relaxed yoga mums tend to have relaxed babies.

WHEN CAN I START YOGA CLASSES?

Yoga is best started after 16 weeks gestation as the placenta is safely embedded in the uterine wall at this time, but the good news is that it can safely be done until full term. Many women find it more reassuring to attend mid to late trimester.

Regularly practising yoga is the best way to achieve results and it also opens up a space in your day for you and your baby. Similarly, creating a yoga corner in your home is also conducive to a regular practice. Finding a class that is adaptable to your needs and lifestyle is important.

A qualified teacher who is passionate, enthused and knowledgeable will guide you to make a shift from a state of fear to one of love so your birth becomes one of joy, without fear. If you decide to do online yoga classes, make sure that the teacher is professionally trained to teach prenatal yoga.

Midwifery-led Antenatal Care

Find out all about community midwife-led care around the country



HOW TO PREPARE YOURSELF FOR LABOUR:

- 1 Education** – e.g. reading/attending antenatal classes, preparing for parenthood.
- 2 Nutrition** – maintaining a healthy balanced diet to nourish you and your baby, i.e. not eating for two.
- 3 Exercising** – labour is a physical task which requires stamina and strength. It is not a job to be done lying down. It is essential to maintain a good level of physical fitness, whilst accommodating the possible limitations that pregnancy may cause.
- 4 Mental preparation** – appreciation of the fact that this is a unique time which can be psychologically challenging and may unearth emotional issues which can sometimes be difficult.

The midwifery led model of antenatal care means that, if you are healthy, you can choose to have your antenatal visits in a clinic led by midwives. This option provides continuity of care to low-risk women throughout pregnancy. Women who are expecting multiple births, who have had a previous Caesarean section, raised BMI or whose antenatal course runs into complications including hypertension, and

placenta praevia cannot be seen by a midwife only. Most women who attend midwifery-led clinics have combined care with their GP. There are two types of services that are midwifery-led: the Community Midwifery Service (Domino/Homebirth) and the Midwives Clinic.

Community midwives enable women who are deemed at 'low risk of complications' to 'see members of a dedicated midwives team' for their antenatal visits and to have a member of this team deliver their baby, either in hospital (Domino Scheme) or at home, where a hospital facilitates home births. Antenatal visits are made either to the community midwives' clinic or to a local health centre. Additional visits can be made to the woman's home.

Each woman interested in the scheme will have a dating/routine scan and a full physical examination to assess suitability for the scheme. If any problems develop during the pregnancy or (in labour), you will be

immediately transferred back to full hospital care.

Mothers can give birth in a uniquely designed birth room where they are cared for by a midwife and where they can avail of facilities such as music, or supportive aids (for example, gym ball or bean bags) if required. At any point where a problem is detected or anticipated, formal contact is established with the obstetric or paediatric team on call or the woman's GP, if appropriate.

With community midwives, you may be entitled to an early discharge, if you wish, and the midwife will visit you at home for up to a week after the birth. In some areas, community midwives provide Domino care where you may be transferred home six to 12 hours after giving birth in hospital, provided there are no complications.

ACTIVE BIRTH

As a team, the community midwives strongly promote active birth. They encourage all women to use natural methods to help with the contractions of labour e.g. movement, massage, heat packs, water, and good mental attitude.

The philosophy of the community midwives is to facilitate a healthy pregnancy, an active and positive birth experience and ultimately a healthy mother and baby following discharge.

Midwife-led care is an option in all the Dublin hospitals and in some around the country, either via MLU (midwife-led unit), via the community midwives team or via a midwife-led clinic within the hospital. Others must meet certain criteria to access this service.

DENTAL HEALTH, IN PREGNANCY

Find out why it's important to look after your pearly whites when you're expecting

Your gums and your teeth are probably the last thing on your mind when you discover you're pregnant. "But pregnant women are more prone to gum disease," Dr Paul O'Dwyer, group clinical advisor at Dental Care Ireland, cautions.

For this reason, dental care is something you can't neglect in pregnancy. Just like the rest of your body, your mouth is changing too.

GUM DISEASE

"Gums can often become swollen or tender, and may bleed during brushing," Dr O'Dwyer says.

"The good news is that they usually return to normal after delivery, and any sensitivity should also diminish."

Hormonal changes during pregnancy increase blood flow to the gum tissue, which can cause gums to become more sensitive, leading to inflammation and bleeding – this is known as pregnancy gingivitis, a mild form of gum disease. Between 50% and 70% of pregnant women are affected by this.

"If it's left untreated, it can develop into full periodontal disease, which infects the bone and other tissue supporting the teeth. Therefore it's important to always keep your teeth and gums as clean and healthy as possible during pregnancy, by maintaining a good oral health routine."

There are no direct changes to the teeth during pregnancy but damage can occur to the teeth due to altered and irregular eating habits or because of excessive vomiting. It is therefore important to avoid high-sugar foods, especially between meals.

Pregnant women often need to eat more frequently, so it is very important to try and stick to tooth (and health) friendly snacks such as cheese and nuts. Try to stick to milk and water, as the acid and sugars in juices or fizzy drinks are very damaging to the tooth enamel."

YOUR TEETH AND MORNING SICKNESS

Don't reach for that toothbrush yet after experiencing morning sickness! When you vomit, you expose your teeth to acid, which can soften your enamel. If you brush straight afterwards, you can risk hurting your enamel further while it's still sensitive. Instead, rinse your mouth with water or an alcohol-free mouthwash, and wait 30 minutes before brushing.

Nausea can also increase the gag reflex in the mouth, making tooth brushing uncomfortable. Try to eat first and wait until you feel better before trying to brush.

Use a small-headed toothbrush which can reduce the gag stimulation and breathing through your mouth while brushing can help.



9 PREGNANCY DENTAL HEALTH TIPS

- ✓ Brush teeth thoroughly twice daily using a fluoride toothpaste.
- ✓ Floss your teeth every day.
- ✓ Rinse with water or alcohol-free mouthwash after morning sickness.
- ✓ Introduce a soft-bristled brush for sensitive teeth.
- ✓ Schedule a dental check-up and professional clean before getting pregnant.
- ✓ Maintain a balanced and varied diet.
- ✓ Avoid snacking on food or drinks with a high sugar content.
- ✓ Take note of food or drinks that trigger sensitivity.
- ✓ Always tell your dentist you're pregnant.





GET INFORMED

Antenatal education can help parents-to-be prepare for baby's birth, explains **Megan Sheppard**, Midwife in the Coombe's Parent Education Department

Antenatal education is a great way for you and your partner to learn about pregnancy, labour, birth and caring for a newborn, and you can never be too prepared.

CLASSES ARE ONLINE

Face-to-face classes were cancelled because of Coronavirus (COVID-19). Some hospitals are offering online antenatal classes for women booked into their hospital.

Online resources may also help if your antenatal classes have been cancelled.

These include videos about pregnancy, labour and caring for a newborn, online courses and learning hubs.

There are also virtual tours of some maternity units and hospitals.

Check with your maternity unit or hospital about online resources that may be available.

ANTENATAL CLASSES USUALLY OFFER THE FOLLOWING ADVICE:

- ✓ Looking after your health during pregnancy.
- ✓ Growth and development of the baby during pregnancy.
- ✓ Options for labour and birth.
- ✓ When to go into hospital.
- ✓ What to expect during labour.
- ✓ Pain relief during labour.
- ✓ Emotional aspects of becoming a parent.
- ✓ Breastfeeding support and advice.
- ✓ Physical care of your baby.
- ✓ Returning to work/childcare arrangements.
- ✓ Nutritional advice.

HOW THE EDUCATION HELPS YOU:

- ✓ Childbirth education will build your confidence in your body's ability to give birth.

- ✓ Online videos can explain pain-relief options.
- ✓ Online education teaches coping skills.
- ✓ Your instructor will discuss pain-relief options, including massage, relaxation, breathing, medications and changing positions.
- ✓ Hospital classes teach coping skills, the physiology of labour and birth, birth and labour choices, emotional aspects affecting wellbeing and relationships, the transition to parenthood and how to look after the baby in the immediate period at home.

BREASTFEEDING

Because of the national policy to promote breastfeeding, antenatal classes in all Irish maternity hospitals actively encourage mothers-to-be to breastfeed their baby. The positive benefits of breastfeeding are explained in detail, as is the technique and any challenges that new mothers may experience as they begin breastfeeding.

PREGNANCY

FAQ

Q What kind of prenatal tests can I expect to have?

A At the beginning of your pregnancy, you are likely to be sent for a prenatal workup, which is a series of blood tests that will be screened for various things like sexually transmitted diseases and your blood type, and rubella antibody levels will also be recorded.

A urine test is used to assess bladder or kidney infections, diabetes, dehydration and pre-eclampsia by screening for high levels of sugars, proteins, ketones and bacteria. You will also have your blood pressure recorded to ensure it stays within normal range as rising blood pressure can also indicate a problem during pregnancy.

Other factors which will be recorded during pregnancy are the baby's heart rate and your fundal height, which shows how big your uterus is growing.

Q What vaccinations do you need in pregnancy?

Pregnant women and their newborn babies are more at risk of serious complications from flu and pertussis (whooping cough). All pregnant women should get the flu vaccine, and pertussis vaccine. These vaccines will protect you and your baby from serious infections.

Q What does it mean if I'm told I'm rhesus negative?

A People who are rhesus positive have a substance known as D antigen on the surface of their red blood cells. Rhesus negative people do not have this substance. A rhesus negative woman can be pregnant with a baby who is rhesus positive if the baby's father is rhesus positive. If a small amount of the baby's blood goes into the mother's bloodstream during pregnancy – this can happen if you have a vaginal bleed, a bad fall or during birth – the mother can produce antibodies against the rhesus positive cells (known as anti-D antibodies). This usually doesn't affect the current pregnancy, but if the woman has another pregnancy with a rhesus positive baby, her immune response will be larger and she may create a lot more antibodies. These antibodies can cross the placenta and destroy the baby's blood cells, leading to a condition called rhesus disease, or haemolytic disease of the newborn. This can lead to anaemia and jaundice in the baby. Anti-D injections given as soon as possible and within 72 hours can prevent rhesus negative women producing antibodies against the baby. Following the delivery of your baby, if your baby is Rhesus positive you will need postnatal Anti D prophylaxis. National Health policy recommends to give at 28 weeks for all RH neg women, and after any

episode of bleeding or abdominal trauma, after 12 weeks gestation. Please check with your midwife or hospital for current local policy

Q What are the guidelines regarding the consumption of alcohol during pregnancy?

A Women who are pregnant should avoid alcohol consumption. According to Alcohol Action Ireland, alcohol consumption can lead to disorders in how the brain develops in the womb as the placenta does not act as a barrier to alcohol.

There are no known health benefits from drinking alcohol during pregnancy. Damage to the fetus from alcohol takes a number of forms and can show up as behavioural, social, learning and attention difficulties in childhood, adolescence and throughout adulthood.

Q Is it safe to fly during pregnancy?

A Most airline companies permit pregnant women to fly up to 32 weeks. However, some airline companies have specific requirements and it is essential to check these prior to your booking air travel. Long distance flights in pregnancy are associated with a risk of thrombosis (clots) developing in the legs and lungs.

Flight stockings, hydration and leg exercise during the flight minimises this risk. Occasionally, it is necessary to take medication also.

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Labour & Birth

Birth Preferences

If you talk through your goals and wishes, it can be of great help to the team during labour and birth

YOUR BIRTH PARTNER

- While COVID -19 exists, currently your birth partner may not be allowed to be with you until you are in established labour. Maternity hospitals have had to put measures in place to protect their staff as well as you, so please be aware that this is one situation where your plans may have to change.

BIRTH ENVIRONMENT

- Have you discussed the delivery suite environment with your midwife/doctor?
- Have you thought about some personal items that you may wish to bring with you to help you cope in labour?

COPING IN LABOUR/BIRTH

- Have you thought about ways of managing labour pain?
- Have you discussed these with your midwife/doctor?
- Do you want to remain upright and mobile for as long as possible?
- Have you thought about the position in which you would feel most comfortable giving birth?
- Have you discussed with your midwife/doctor the various birthing aids available to you in the delivery suite?

MONITORING YOUR BABY'S HEARTBEAT

- Have you discussed the various ways in which your baby's heartbeat may be monitored?
- Do you understand the reasons why your baby may need continuous heart rate monitoring?

BIRTH

- Have you thought about the moment of 'birth'?
- Would you like to touch/see (with

a mirror) your baby's head when he/she is about to be born?

- Would you like the midwife to encourage you by verbally instructing you on how and when to push, or would you like to push instinctively if possible?
- If you had a Caesarean section for a previous birth, have you asked about a vaginal birth for this pregnancy? See page 68.

EPISIOTOMY

- Have you discussed with your midwife/doctor situations where an episiotomy may be necessary?
- How do you feel about episiotomy?

THIRD STAGE (DELIVERY OF THE PLACENTA)

- Do you want a managed third stage? Or would you prefer a natural third stage?
- Have you discussed both with your midwife/doctor to ascertain which may be safest for you?

SKIN TO SKIN/FEEDING

- Do you want your baby to be placed on your abdomen/chest after birth?
- Have you discussed with your midwife/doctor the importance of early breastfeeding?

VITAMIN K

- Have you discussed the reasons why it is recommended that Vitamin K be administered to your baby?
- Have you discussed the methods by which Vitamin K can be administered?

INDUCTION OF LABOUR

- Are you aware of the reasons why your labour may need to be induced?
- What are your thoughts on

Things change
Sometimes situations can change which means plans/preferences may change also.

induction of labour?

- Have you discussed induction of labour with your midwife/doctor?

SPEEDING UP LABOUR

- Are you aware of the reasons why it may be necessary to 'speed up' your labour? Have you asked your midwife/doctor what this may entail?

UNEXPECTED OUTCOMES

- Have you discussed with your midwife/doctor if a concern arises with you or your baby and an intervention such as a vacuum, forceps or C-section is necessary?
- Have you discussed with your midwife/doctor that if a Caesarean section is necessary the possibility of you needing to have a general anaesthetic?
- Have you discussed with your midwife/doctor that if a C-section is necessary the possibility of your partner accompanying you to theatre?

EARLY TRANSFER HOME /COMMUNITY MIDWIFERY SERVICE

- Have you discussed the possibility of you being able to avail of this service with your midwife/doctor?

SPECIAL NEEDS

- Have you had a past experience that may affect your labour/birth?
- Do you have a disability that you want to discuss with your team?
- Do you need a special diet after the birth?
- If you have religious needs, please discuss them with your midwife/doctor.



GET YOURSELF READY

for labour

Taking some time to prepare your mind and body for labour and birth will help you to feel more confident and empowered about the experience. Midwife **Paula Barry** advises how the following steps can help you to get prepared for labour

As your due date gets closer, you will be feeling excited, and maybe a bit apprehensive. But a little preparation will help you to feel more confident and empowered about labour as the big day gets closer. Take advantage of the months ahead to get ready for going into labour by preparing yourself physically and mentally.

1 KEEP MOVING

Exercise during pregnancy will not only make it easier to adapt to your changing shape and weight gain, it will also help you to cope with labour and get back into shape after the birth.

Keep up your normal daily exercise for as long as you feel comfortable. You may need to slow down as your pregnancy progresses or if your midwife /doctor advises you to. Try to keep active on a daily basis. Half an hour of walking every day can be enough, but if you can't manage that, any amount is better than nothing.

If you go to exercise classes, make sure the teacher is properly qualified,

and knows that you're pregnant and how many weeks pregnant you are. Swimming will support your increased weight, so aquanatal classes can be a good idea.

2 GET INTO THE HABIT OF PELVIC FLOOR EXERCISES

Pelvic floor exercises help to strengthen the muscles of the pelvic floor, which come under great pressure during pregnancy and childbirth. The pelvic floor consists of layers of muscles that stretch like a supportive hammock from the pubic bone in front, to the end of the backbone. Your pelvic floor muscles support your uterus, bladder and bowels.

Weak pelvic floor muscles can cause urinary incontinence. This can happen if you laugh or sneeze and it is very common after birth.

By doing pelvic floor exercises, you can help to strengthen these muscles. This can help to reduce or stop urinary incontinence after childbirth.

All pregnant women benefit from pelvic floor exercises, even if they are young and not suffering from incontinence.

HOW TO DO PELVIC FLOOR EXERCISES:

Close up your back passage or anus as if you're trying to prevent a bowel movement or breaking wind. At the same time, draw in your vagina and your urethra as if to stop the flow of urine.

At first, do this exercise quickly, tightening and releasing the muscles immediately. Then do it slowly, holding the contractions for as long as you can before you relax. Try counting to ten while you do this. Try to do three sets of ten squeezes every day.

3 INFORM YOURSELF

Take some time to understand your options and find out different methods of pain relief and labouring. This helps you to feel more in control and less anxious. Knowing what to expect during labour can make you feel more in control. Talk to your midwife /doctor, and ask them questions, it will help you to make an informed choice when the time comes. Having someone to support you during labour, such as your partner, husband, friend or a relative, will help you to stay relaxed in labour. You can ask your partner to massage you. Having a relaxing bath can also help.



MUM'S TIP

"Focus on what can go right in labour, instead of what can go wrong. Birth tends to go really well for most women – something we tend to forget."

Maisie Dunphy

HOW TO MASSAGE YOUR PERINEUM

Massage helps to loosen the muscles between your vagina and your bottom (perineum) during pregnancy, to prepare for giving birth. This will help the opening of your vagina to stretch as your baby is born. Apply lubrication to the area and insert clean thumbs 2cm - 3cm into the vagina, pressing downwards toward the anus. When tingling is felt, stop and hold. Then massage the vaginal walls in a U-motion for a few minutes as well as the opening of the vagina. It is recommended you do this three to four times a week in advance of the birth at around 35 to 36 weeks.

4 LET GO OF TENSION

Learn how to stay calm and breathe deeply and slowly. Research has shown that women who move around in labour and who are encouraged to give birth in the position of their choice have shorter labours than those who are confined to bed and push when they're flat on their backs. Ask your maternity unit about various birthing aids they may have such as beanbags, birthing balls, mats, stools, baths or pools.

5 STRENGTHEN YOUR PERINEUM

The area between the vagina and

MUM'S TIP

"Talk to your midwife if there is anything you're concerned about. They can answer any questions you have and explain what can be done to deliver your baby safely."

June Lynch

anus is called the perineum. Birth increases pressure on this area and it may be torn or bruised during the process. In some circumstances, the perineum may need to be cut (episiotomy). Once stitched correctly, and if you pay attention to hygiene, you should heal well.

WHAT IS AN EPISIOTOMY?

An episiotomy is a surgical cut to your perineum, which is the muscular area between your vagina and back passage. This cut helps if there are concerns about you or your baby.

Why might I need to have an episiotomy?

Your midwife or obstetrician should only offer you an episiotomy if she feels that you will benefit from having the procedure. An episiotomy is not a routine part of labour. However, your midwife or doctor may suggest that you have an episiotomy if:

- Your baby is distressed and needs to be born quickly.
- You need an assisted birth.

When you are in labour, these self-help measures may help you to avoid an episiotomy:

- ✓ Using relaxation techniques.
- ✓ Being in upright positions.
- ✓ Lying on your side if you've had an epidural.

During your pregnancy, go along to all your antenatal classes so

you can learn about preventative measures. Perineal massage and good breathing techniques could help you during the pushing stage.

Will an episiotomy hurt?

If you don't already have an epidural in place, your midwife/doctor will give you a local anaesthetic in your perineum. Having an anaesthetic means you will only feel minimal discomfort. The tissues around the vagina are tightly stretched during the birth, so it's easy for your midwife/doctor to make the cut. Your doctor/midwife will put in stitches after you've delivered the placenta. In some hospitals, you may need to be wheeled into the operating theatre where the lighting and facilities are better. If allowed for better pain relief and positioning, the local anaesthetic should mean you should feel no pain at all during stitching. If you feel pain during stitching, tell your midwife/doctor that you need more pain relief immediately. Recovering from an episiotomy can be painful and takes time, so

you'll need to have regular pain relief. Hygiene is very important to prevent infection. Washing your hands before and after changing your pads is essential.

These tips can help to relieve pain and discomfort following an episiotomy/tears:

- ✓ Using a doughnut-shaped cushion or squeezing your buttocks together while you are sitting may also help to relieve the pressure and pain at the site of your cut.
- ✓ Placing an ice pack or ice cubes wrapped in a towel on the incision can often help to relieve pain. Avoid placing ice directly on to your skin because this could damage it.
- ✓ Keep the cut and the surrounding area clean to prevent infection. After going to the toilet, pour lukewarm water over your vaginal area to rinse it.
- ✓ Ask your midwife for pain relief.
- ✓ Avoid constipation. A high-fibre diet and plenty of fluids are essential.



How to know if you're **IN LABOUR**

It's almost time to meet your baby! Learn how to identify the clear signs of labour

The onset of labour varies greatly from woman to woman. There are some classic signs to look out for that'll tell you whether your little baby is on the way or not. While some women develop very obvious signs to indicate that their labour has commenced, others may have a more subtle experience. Watch out for the following indicators, which are signs that labour has begun.

EARLY INDICATOR

An early indicator of a pending labour may involve a change in the appearance of your abdomen. This occurs as your baby moves down from under your ribcage and settles in the pelvis in preparation for delivery. This sign is called 'lightening' as it is associated with a release of pressure on your diaphragm, and provides you with a sense of breathing a little easier.

BROKEN WATERS

As labour commences, you may experience a trickle, gush or flood of clear or pink-tinged fluid from your vagina. This spontaneous rupture of membranes (or 'breaking of your waters') occurs when the amniotic sac surrounding your baby ruptures. Some women are concerned that they may confuse their waters breaking with a 'wee' accident, as urinary incontinence can occur during late pregnancy. However, bear in mind that amniotic fluid will not smell like urine. If you do notice an odour, as a safe measure it is best to mention this to your caregiver. Once your waters break, you must head to the hospital immediately.

CONTRACTIONS AND SHOW

Labour contractions are a further sign to inform you that your baby is on her way. Although these may start off as vague lower back or period-type pains, as labour contractions develop, they will occur at regular but increasingly shorter intervals, and become more intense and longer as they progress. Additionally, the thick mucus plug that sealed off your cervix throughout your pregnancy will come loose. At this time, you may notice the appearance of a blood-stained blob-like or stringy vaginal discharge. This is called the 'show' – however, despite its name, this sign may be missed if it is passed when you are on the toilet.

Birth fact
A full term pregnancy lasts for 37-42 weeks and remember, only 3%-5% of babies are born on their due date.

BRAXTON HICKS

Before 'true' labour begins, you may have 'false' labour pains, also known as Braxton Hicks contractions. These irregular uterine contractions are perfectly normal and may start

to occur in your second trimester, although more commonly in your third trimester of pregnancy. They are your body's way of getting ready for the 'real thing.' Braxton Hicks contractions can be described as 'a tightening in the abdomen that comes and goes.' These contractions do not get closer together, do not increase with walking, do not increase in duration, and do not feel stronger over time as they do when you are in true labour.

WHEN TO GO TO HOSPITAL?

- ✓ When your contraction pains become strong, regular and have formed a pattern.
- ✓ You may feel that it is now time to receive support from a midwife.
- ✓ If you feel uncomfortable or just generally unwell.

OR IF ANY OF THE FOLLOWING OCCUR GO STRAIGHT TO THE HOSPITAL:

- ✓ If you have reduced baby movements.
- ✓ If the waters break – this can be either a large 'gush' or little 'trickle' of fluid – even if you are not sure, go into the hospital.
- ✓ Sometimes the waters may break without any pains. If this happens you should still go to the hospital. Many women labour within 24 hours of the waters going, but if not, an induction of labour may be discussed with you to reduce the risk of infection to you and/or your baby.
- ✓ If the pressure sensation is building up and you are starting to feel like you need to push/empty your bowels.
- ✓ If at any time you feel unwell.

EXPERT ADVICE

What is induction of labour and why might it be needed?

Paula Barry, Midwife at the Coombe Women & Infants University Hospital explains some of the reasons for induction of labour.

Sometimes labour needs to be started artificially; this is called induction of labour. The following are some of the reasons why you may be offered induction, but you should ask your hospital what their policy is:

- ✓ If your waters have broken, but labour hasn't started. When you don't go into labour within a day or so, there is an increased risk that you or your baby could develop an infection. So you'll probably be offered an induction 24 hours after your waters break.
- ✓ If you have diabetes. Each mother is assessed individually. If your baby is growing normally, in some hospitals you are offered an induction after 38 weeks of pregnancy.
- ✓ If you have a chronic or acute condition, such as pre-eclampsia or kidney disease, that threatens your wellbeing, or the health of your baby.
- ✓ If your pregnancy is overdue.

There are a few methods your doctor can use to try to get your labour started.

Some may need to be repeated, or you may need to

try more than one before your labour begins.

There are three main methods used to induce labour:

- 1 Propress/Prostaglandin
- 2 Amniotomy
- 3 Syntocinon drip

Propress/Prostaglandin

Propress and Prostaglandin are drugs to help soften, or ripen, the neck of the womb. This may stimulate contractions. Your midwife or doctor will insert a tablet, pessary or gel containing one or other of these drugs into your vagina.

While you wait for the drugs to work you can usually go for a walk around. However, in some hospitals, this is not an option. How you are given prostaglandin depends on whether this is your first or second baby. If this is your first baby, you may need further help to assist induction.

Amniotomy

When your cervix is open enough, your waters will be broken using a small plastic instrument, somewhat like a crochet hook. This is known as artificial rupture of the membranes (ARM).

Syntocinon

Oxytocin is a hormone that is released by your body when you start labour naturally yourself. It causes contractions, which open your cervix and push the baby out. If your labour is being induced you may be offered a synthetic

(man-made) form of oxytocin known as syntocinon. It is given intravenously (into a vein) as a drip in your arm.

The contractions brought on by syntocinon encourage dilation of the cervix – you may ask for an epidural for pain relief if required.

Syntocinon may cause your uterus to become overstimulated or hyperstimulated. You will be given medication to slow your contractions if stopping syntocinon isn't enough. There are other methods of pain relief, which can be used before an epidural should this happen to you.

Possible interventions

Your baby's heartbeat is monitored closely using a cardiotocography machine (CTG machine), which is a monitor with two small discs placed on your abdomen, as some babies may not tolerate medications used to induce labour.

If it is still not possible to break your waters or you are on the syntocinon drip but your cervix is not opening you may be offered a Caesarean section, as induction of labour has not worked for you (depending on the reason for the induction).

The risk of you requiring a Caesarean section, or other medical interventions is higher with induction of labour than when labour is spontaneous. If you have concerns, discuss them with your doctor/midwife.

You're in labour.

What's next?

All you need to know about what to expect next after labour begins

START TIMING CONTRACTIONS

When you think you are in true labour, start timing your contractions. To do this, write down the time each contraction starts and stops or have someone do it for you. The time between contractions includes the length or duration of the contraction and the minutes in between the contractions (called the interval).

Mild contractions generally begin 15 to 20 minutes apart and last less than a minute. The contractions become more regular until they are less than five minutes apart. Active labour (the time you should come into the hospital) is usually characterised by strong contractions that last more than a minute and occur five to six minutes apart.

If you arrive at hospital for induction or a planned caesarean section, you should bring your maternity chart or combined care card with you, if you have been given it. You will be given directions on where to go if you have been asked to come in for a planned induction or Caesarean Section.

Some women have pain without cervical change. Although they are described as not being in labour, they may well consider themselves 'in labour' by their own definition. Women who seek advice or attend hospital with painful contractions, but who are not in established labour should be offered individualised support and advice.

HOSPITAL WILL ASSESS YOU

No matter what type of maternity care you have, i.e. private/public, once you arrive at the hospital in suspected labour, your initial assessment will be made by a midwife. It should include:

- ✓ Listening to your story and reviewing your clinical records.
- ✓ Performing physical observations such as respiratory rate, temperature, pulse, blood pressure, and carrying out a urinalysis.
- ✓ An abdominal palpation to measure fundal height – which is the distance from your pubic bone to the top of your uterus, lie, presentation, heartbeat and position of the baby.
- ✓ An evaluation of the length, strength and frequency of your contractions.
- ✓ Enquiries about any vaginal loss you may have had, such as a show or blood.
- ✓ An assessment of your pain, including your wishes for coping with labour plus discussion of pain relief options.

ADDITIONAL CHECKS

- ✓ The midwife will assess your baby's heart rate (FHR) for a minimum of one minute immediately after a contraction. Your pulse should be palpated to differentiate between your heart rate and that of your baby. A tracing of the baby's heart rate may be recorded for 20 minutes.
- ✓ If you don't appear to be in established labour, after a period of assessment it may be helpful for the midwife to offer you a vaginal examination.
- ✓ If you appear to be in established labour, a vaginal examination should be offered.

ONCE IN HOSPITAL

- ✓ Continue to stay upright, letting gravity help your baby's head move down in your pelvis, you may

choose to walk, stand, sit, squat, or kneel.

- ✓ Your midwife will assist you with positioning and comfort and you can use a number of aides such as a birthing ball, bean bag, birthing stool and birthing mat to help.
- ✓ Your midwife will monitor your baby's heartbeat at regular intervals using either a piece of equipment called a Pinard's stethoscope (like a small trumpet) or a little handheld device called a Doppler. However, if there are concerns regarding you or your baby's wellbeing continuous monitoring of your baby's heartbeat may be recommended in the form of a Cardiotocograph (CTG) machine.
- ✓ If a CTG machine is used, you can still remain upright/mobilised by sitting on a chair/birthing ball/bean bag or if available a wireless monitor may be used, which allows you more freedom to mobilise.

WHAT CAN HELP?

- ✓ Vaseline or lip balm for your lips.
- ✓ A face cloth so your birth partner can mop your brow.
- ✓ A bottle (or two) of isotonic sports drink which help provide you with energy.
- ✓ A birthing ball – this can help ease labour pain, reduce the pain of contractions. Some units will have their own so make enquiries.

YOUR PAIN RELIEF OPTIONS

during labour

Who can be your birth partner?

Your birth partner can be your partner if you have one, or, in most situations, a relative or friend. Whoever you choose to be your birth partner, make sure they know what's on your mind. Talk to them as well about ways you'd like them to help during labour and birth – rubbing your back during contractions and encouraging you with your breathing, for example.

Giving birth can be painful, but there are pain relief options that can be helpful. It can really help to get to know your options in advance

There are a lot of things to consider if you're expecting a baby. A big one is what labour is going to be like. Have you thought about how you'll handle labour pain? The more you know about labour and birth, the more calm and confident you will be. It's a good idea to research your pain relief options in advance, as this will improve your ability to cope with any

discomfort during labour. Make sure that you understand your options and their impact on you, your labour and baby. During childbirth, panic and tension will make your contractions seem more forceful. Instead of struggling against them, try to breathe through each contraction, allowing your body to do its work. Here are some of the pain relief options that you may be offered during labour:

reflexology or acupuncture. If you plan to do this, ask your care provider what their policy is on alternative forms of pain relief.

Water is an excellent form of pain relief: A shower, bath or, if it's available in your hospital, a labouring pool. Water creates a nurturing, calm environment, which promotes the natural release of the hormone oxytocin. Oxytocin is essential for labour/birth to occur. By submerging in the water, you are weightless and can assume positions that make the contractions seem less painful.

BREATHING HELPS WITH LABOUR PAIN

Deep, abdominal breathing can increase relaxation and provide a sense of well-being. It also ensures adequate oxygen supply to uterine muscles, and to the baby. If you've booked into antenatal classes you should expect to cover breathing techniques at some point.

GETTING COMFORTABLE

Good positioning, being mobile and upright can often help a woman cope better with labour and labour well. Ask your midwife what birthing aids are available for you to use during labour.

ALTERNATIVE PAIN RELIEF

Some women may decide to use an alternative form of pain relief to help them cope with labour, for example, hypnobirthing, yoga,

THE TENS MACHINE

A Transcutaneous Electrical Nerve Stimulation (TENS) machine sends electrical impulses through four sticky pads placed at certain points on your skin to block pain messages as they travel through the nerves to your brain. It creates a tingling sensation and promises

to release endorphins, the happy hormone which acts as your body's natural pain relief.

You can control the strength of the current as your contractions become stronger. You can buy/rent a TENS machine to use at home in early labour. In order for it to work as effectively as possible you must start using it from the very first twinge of labour and you can't use it near any source of water. Make sure that you are familiar with how your TENS machine works before you go into labour.

GAS AND AIR

Entonox or 'gas and air' is 50% nitrous oxide and 50% oxygen. Stored in the delivery room, you inhale it through a mouthpiece or a face mask and it accumulates in your blood stream to relieve the intensity of your pain. You can manage it yourself by breathing it when you feel a contraction coming on. It may make you feel nauseated, dizzy or light headed but this will not last for long as it leaves your system very quickly.

PETHIDINE

This is a painkiller that is given as an injection usually into the muscle (intramuscularly). It dulls the pain by

acting on the nerve cells in your spine and brain, takes about 20 minutes to work and lasts for up to four hours. It seems to work best for women during the early stages of labour and can help relax them and make them feel a bit sleepy. Pethidine is transferred into breastmilk. It crosses the placenta and can make the baby sleepy. After pethidine, the woman needs to stay on the bed for a couple of hours as she may feel drowsy or unsteady on her feet.

EPIDURAL

The epidural is a local anaesthetic that's injected into your back by an anaesthetist to deaden the nerves between your spine and womb, leaving you numb from the top of your bump down to your toes. You will not be able to mobilise as you will have no feeling from the waist down. You will need to be continuously monitored on the bed and birthing positions are limited. Women with epidural can find it more difficult to push effectively and for this reason may need help by having an instrumental birth.

Before you get your epidural you will need a drip to give you fluids to make sure that your blood pressure does not get low. You will be asked to

MUM'S TIP

"If you can, then try to find the positions that feel right for you, and keep doing them. I would keep moving into a certain position each time I felt a contraction approaching, and then I rested when it subsided. This really helped me to manage pain." **Mary Gregory**

lie down or curl over to make sure that you are in the correct position for the anaesthetist. Your back will be cleaned with a very cold solution and then you will feel a pinch as a local anaesthetic numbs the area so that you won't feel the epidural needle.

A very thin plastic tube is placed into your back, close to the nerves that carry the pain to the uterus. The epidural drugs are given through this plastic tube and it takes about 15 minutes to work. Once your epidural is in place, a catheter will be inserted into your bladder to keep it empty and you will not be able to walk around.

WHAT ELSE CAN YOU DO TO HELP RELIEVE THE PAIN?

✓ Fuel your body

At the onset of labour, while you are at home, have something light to eat or drink.

✓ Water can help

Have a warm bath. This can ease the pain and discomfort, and help you to relax.

✓ Move around

Try to be as mobile as you can,

and walk around your own house or garden. This will aid gravity, and, in turn, help the baby's head to descend.

✓ A relaxing melody

Music can help you to relax and can be a diversion in early labour.

✓ Have a back massage

Ask your partner to massage

your lower back in circular movements if you are experiencing lower back pain with your contractions.

✓ Focus on the end result

Keep your focus on your baby. Remind yourself that labour will end and you will then have the beautiful baby you have been waiting for so long to meet.

THE THREE STAGES OF LABOUR

Your body will go through changes with each stage

Knowing the three stages of labour can help you to understand what's happening to your body and what's going on. The start of labour differs between many women. Some women experience mild, short, regular contractions that have a long interval between contractions, e.g. 20 minutes. As labour establishes, the contractions become longer and more painful and have a shorter interval, e.g. every five to 10 minutes. Some women start labour with contractions that are of long duration, feel painful and occur frequently, e.g. every five minutes. The complete process of labour and delivery is divided into three stages.

- 1** The first stage, when the cervix gradually opens up (dilates).
- 2** The second stage, when the baby is pushed down the vagina and is born (this is sometimes separated into two phases – the passive or descent phase with no pushing, and the active or pushing phase).
- 3** The third stage, when the placenta comes away from the wall of the womb and is also pushed out of the vagina.

FIRST STAGE OF LABOUR

During pregnancy, your cervix is closed and plugged with mucus, to keep out infection. Your cervix is long and firm, giving a strong base to your uterus (womb). It's also in a position that points slightly towards your back (posterior position).

In the first stage of labour, your cervix has to move forward (anterior position), ripen and open, so your baby can be born. By the end of this stage your cervix will be fully dilated, and open to about 10cm in diameter.

SECOND STAGE OF LABOUR

During the second stage of labour, you will push your baby down your vagina (the birth canal) and meet him or her for the first time.

You'll feel the pressure of your baby's head low down in your pelvis, and with each contraction, you may have two or three strong urges to bear down. Listen to your body, and let it push in response to the urges. Take a few breaths between pushes.

With every bout of bearing down, your baby will move through your pelvis a little, but at the end of the contraction, he'll probably slip back a little again. Don't worry. As long as your baby keeps gradually moving down, you're doing okay.

When your baby's head is very far down in your pelvis, you'll probably feel a hot, stinging sensation. This will happen as the opening of your vagina starts to stretch around your baby's head. Your midwife will tell you when she can see your baby's head, and may ask you to stop pushing and to take short, panting breaths. This helps you to resist the urge to bear down for two or three contractions, so that your baby is born gently

The difference between early and established labour:

Early Labour Stage – The time of the onset of labour until the cervix is dilated to 3-4 cm.

Active Labour Stage – Continues from 4 cm until the cervix is dilated to 10 cm.

Transition Phase Stage – Continues from 7 cm until the cervix is fully dilated to 10 cm. During the transition stage, the woman can become withdrawn and sometimes feel nauseated or have low blood pressure.



and slowly. Taking this approach also helps you to avoid a tear or an episiotomy. Your midwife may use warm compresses to support your perineum as your baby is born for the same reason.

THIRD STAGE OF LABOUR

The third stage of labour begins once your baby is born, and ends when you deliver the placenta and the empty bag of waters that are attached to the placenta (membranes). These come away as your uterus (womb) contracts down after the birth.

Your contractions will be noticeable but weaker when they begin again, as your uterus contracts down. The placenta gradually peels away from the wall of your uterus, and you may get the urge to push again. The placenta, with the membranes attached, will drop to the bottom of your uterus, and out through your vagina.

Some hospitals adopt a different procedure in relation to a managed third labour. If you are not bleeding and wish to have a natural third stage, please talk with your midwife. This is when you deliver the placenta without the help of drugs, unless they are needed. A natural third stage can take longer – upright positions, skin-to-skin contact with your baby, and starting to breastfeed your baby, may all help to stimulate contractions. When the third stage is complete, you can get to know your new baby.



Your baby's **BIRTH**

Birth stories
Go to page 73 to
read real mums'
birth stories..

The day your little one is born can hold a lot of unexpected surprises, as sometimes things don't go as planned. But it's good to know what to expect

Giving birth is different for every woman and every experience is different – it's important to keep this in mind when preparing for your baby's birth.

Some first-time mothers might have a preconceived idea of childbirth, where they feel they must lie on a bed propped up by pillows. However, keeping as upright as you can will help your labour to progress and will help you and your baby to cope better during labour. It makes sense: if you are upright rather than lying down, gravity can help push your baby's head down onto the cervix (neck of the womb) to help your cervix dilate, and then assist your baby's progress through your pelvis.

Many women choose to adopt positions such as kneeling on their hands and knees, or use birthing aids such as a birthing ball, bean bag or birthing stool. Some maternity units have birthing mats, as an alternative to birthing beds. Ask your midwife/doctor about a birthing pool or other birthing aids in your hospital.

If you are given an epidural, you may be asked to lie flat on the bed. The anaesthetic will usually start to work after 10-20 minutes.

Your legs will be numb, heavy and difficult to move, and you won't be able to walk around.

The nerves in your bladder are also likely to be affected by the anaesthetic, so you won't know when you need to go to the toilet. A small, plastic tube (catheter) will be passed into your bladder to drain the urine when your bladder becomes full.

While most women and babies are healthy and labour/birth is a natural event, sometimes things don't go according to plan. In some instances an 'instrumental birth' (a forceps or vacuum) or a Caesarean section may be in the best interests of you and your baby. Your midwife and doctor will keep you informed at all times.

MONITORING YOUR BABY'S HEARTBEAT DURING LABOUR/BIRTH

Your midwife will observe your baby's wellbeing by listening to your baby's heartbeat at regular intervals. This

can be done by using a 'pinnard' (fetal stethoscope)/ a Doppler (hand held, battery-operated device) or for women/babies who may have risk factors, continuous fetal monitoring, known as cardiotocography (CTG) may be recommended. If your waters have broken, your midwife will observe the colour of this water (amniotic fluid). Clear amniotic fluid is reassuring; meconium (green colour) or heavily blood-stained fluid is less reassuring. But, again your midwife will observe for this, call for the assistance of a doctor when necessary and keep you and your birth partner informed.

BABY'S FIRST FEED:

- Have your head and shoulders well supported.
- Let your baby's whole front touch your front.
- Since you're leaning back, you don't have a lap, so your baby can rest on you in any position you like.
- Just make sure his whole front is against you.
- Let your baby's cheek rest somewhere near your bare breast.
- Help him as much as you like.
- Help him do what he's trying to do.
- Hold your breast or not, as you like. You're a team. Relax and enjoy each other!

For the majority of normal births, your birth partner, a midwife, and a second midwife or midwifery student are present. The midwife will call for the assistance of a doctor when necessary, this includes a paediatrician (baby doctor) if there are any concerns regarding your baby's wellbeing. If you have opted to attend a consultant privately he/she will normally be contacted or another consultant in their absence.

THE BIRTH

As your baby's head moves down through the birth canal and birth is about to take place, you will feel lots of pressure and the urge to push increases. Your midwife will support you and guide you through this. Generally, women are encouraged to 'go with their instincts' and push when they feel the need. However, if you opt to use an epidural, note that the epidural cancels the reflex to push. In this case your midwife will palpate your abdomen and inform you when a contraction is coming to assist you with the pushing phase. Your midwife will ask you to pant/blow gently just as your baby's head emerges (crowning). This is done so your baby is born gently and will help to prevent tears. Once your baby's head is born, usually with the

next contraction your baby's body is born. Your baby will be placed on your chest/abdomen for you and your birth partner to see and welcome into the world! Generally, babies are a blueish/pale colour when just born. They become pink once they start to breathe for themselves. Their head may appear a little misshaped/pointed. This is caused by the various manoeuvres that the baby had to do to exit the birth canal into the world.

FIRST BREATH

Your baby will take his/her first breath shortly after birth and begin to turn pink once breathing becomes established. He/she may be covered in some blood, or meconium (if their bowels have opened in the womb) and/or a creamy, white substance (vernix). Some babies cry out loud, some just give a little whimper and others might be quiet as they get used to their new world outside the womb.

FINALLY MEETING BABY

Don't worry if oxytocin, the natural hormone of love, doesn't kick in straight away. A whole range of feelings is normal from ecstasy to emptiness and skin-to-skin contact will help to promote feelings of closeness.

EXPERT ADVICE

Q Why is skin-to-skin so important?

A Newborn babies bond through touch and smell. This is one of the reasons why your midwife will encourage skin-to-skin contact with your newborn baby, when she is placed on your chest. It's also why your midwife may encourage you to breastfeed your baby soon after you have given birth.

PLACENTA DELIVERY

The delivery of the placenta or afterbirth is known as the third stage of labour. This usually takes place 15-30 minutes after the birth of your baby. Your baby will remain on your chest (skin-to-skin) for this stage or commence breastfeeding. See the box to the left, which explains how you can establish breastfeeding with your newborn.

There are two ways in which the delivery of your placenta can be managed. The doctor/midwife will place their hand on your abdomen and pull the umbilical cord until the placenta is released and will check that it has been fully delivered. If any placenta is left in your womb, it could cause infection or bleeding. You may need an injection into your thigh to assist in the delivery of the afterbirth. Once separated, the afterbirth is delivered by controlled cord traction. Your doctor/midwife will check to see if you require any stitches. If you do, local anaesthetic is administered to 'numb' the area prior to the procedure.

Once completed, your hygiene needs will be seen to. You will be assisted to feed your baby and you will be ready for a well-deserved cup of tea and some toast.

LAIID BACK BREASTFEEDING

Laid back breastfeeding means getting comfortable with your baby and encouraging your own and baby's natural breastfeeding instincts. Immediately after a natural, unmedicated birth, a healthy newborn can be placed onto his mother's stomach and he will move his body up toward the breast, find the nipple, latch on and begin to nurse all by himself. This is a normal reflex of a newborn where you can lean back and be well supported – not flat, but comfortably leaning back so that when you put your baby on your chest, gravity will keep him in position with his body moulded to yours. Follow the steps in the box (see right) to help encourage your baby's first feed.



All about: C-SECTIONS

What is a C-section? What are planned versus emergency C-sections? Find out everything you need to know about the procedure here

A Caesarean section (C-section) is an operation that enables your baby to be born through an incision made on your pregnant abdomen. The operation might be planned for medical reasons or you may experience an emergency Caesarean when labour does not go as planned. An emergency C-section usually occurs after labour has begun.

WHAT IF I HAVE A GENERAL ANAESTHETIC?

If you have a general anaesthetic, you will be asleep for the procedure. This is rare, but it may be needed if there is a reason why staying awake is not suitable.

The doctor will give you oxygen to breathe before the general anaesthetic is started.

WHAT HAPPENS DURING A CAESAREAN SECTION?

- In theatre there will be a team to care for you and your baby.

- Equipment will be attached to you to measure your blood pressure, heart rate and the amount of oxygen in your blood.
- The anaesthetist will set up a drip to give you fluid through your veins prior to the anaesthetic.
- An epidural or spinal will be sited by the anaesthetist.
- When the anaesthetic has taken effect, a urinary catheter tube will be inserted into your bladder to keep it empty during the operation. This should not be uncomfortable.
- For the operation, you will be placed on your back, slightly tilted to your left side.
- You should mention if you feel sick to the anaesthetist. This may be caused by a drop in blood pressure and the anaesthetist will give you treatment to help you.
- A screen will be put up at the level of your chest to separate you and your partner from the site of the operation.

...The Gentle C-section...

A new, woman-centred approach to Caesarean birth has been introduced to some Irish maternity hospitals. The natural Caesarean – otherwise known as a gentle or slowed-down Caesarean – puts maternal choice and control at the heart of the procedure and, critically, allows for earlier and more prolonged contact between mother and baby in the first moments after birth. The technique attempts to replicate as closely as possible the natural delivery while the mother can at all times rely on the support and expertise of the multidisciplinary team in theatre for what is a significant operation. Although research into the natural Caesarean is ongoing, the technique is believed to have considerable benefits around easier breastfeeding, calmer infants and greater maternal satisfaction in the short and long-term.

- Your abdomen will be washed with antiseptic and covered with sterile drapes. The anaesthetist will stay with you all the time.
- The staff will let you know what is happening as they go along.
- Once the operation is underway, you should tell the anaesthetist if you are uncomfortable at any time. The anaesthetist can give you more pain relief as required.
- Occasionally, it may be necessary to give a general anaesthetic, but this is very rare.
- Immediately after the birth, your baby is checked and skin-to-skin starts.
- It usually takes another 20-30 minutes to complete your operation.

A PLANNED CAESAREAN SECTION

A planned Caesarean section will be scheduled before the onset of labour for a specific clinical indication. Other reasons for a C-section include a breech presentation, where it is not safe to turn a baby or turning a baby has been unsuccessful. Another reason is placenta previa, where the afterbirth is covering the covering the cervical os (the opening to the uterus). A repeat C-section will be planned if the woman has had two or more previous C-sections.

A request from the expectant mum is not, on its own, an indication for Caesarean section. Specific reasons for the request should be explored, discussed and recorded. When a woman requests a Caesarean in the absence of an identifiable reason, the overall benefits and risks of Caesarean section compared with vaginal birth should be discussed and recorded. When a woman requests a C-section because of a fear of childbirth, she should be offered counselling, such as cognitive behavioural therapy, to help address her fears in a supportive manner. This results in reduced fear of pain in labour and shorter labour.

EMERGENCY CAESAREAN SECTION

The decision to carry out an emergency C-section will be made if your baby's wellbeing or your own health are at risk. Some examples of this would be antepartum haemorrhage (a bleed before delivery), abruption (when the afterbirth comes away from the wall of the uterus) or uterine rupture.

MUM'S TIP

"All I can say after a C-section, is take it as easy as possible. Don't do anything like hoovering, or lift anything you don't need to. Avoid bending as much as possible. You'll think stuff needs doing in your house: It doesn't. And don't be tempted to drive. But do try and get gentle walks in, up and down the corridor, then a little outside when you get home." **Siobhan**

RECOVERY FROM A C-SECTION

Women generally stay in hospital for three to four days after a Caesarean section. Private health insurance may cover for up to five nights, but you should check your health insurance policy before giving birth to ensure you are fully covered for a five-night stay in the event of an emergency C-section. If you and your baby are well following a Caesarean and want to go home earlier, speak to your doctor or midwife and ask if this is possible. In the first few weeks after a Caesarean, try to get as much rest as possible. Avoid walking up and down stairs too often as your tummy may be sore. Do take gentle walks daily to reduce your risk of blood clotting.

You may be given a prescription for regular painkillers to take at home for as long as you need them. Your midwife should also give you advice on how to look after your wound to prevent infection, such as wearing loose comfortable clothing and cotton underwear, and gently cleaning and drying the wound daily.

In general, it will take about six weeks for all your tissues to heal completely. Before this time, basic activities, such as caring for your new baby and looking after yourself, should be possible. You may not be able to do some activities straight away, such as driving a car, exercising, carrying heavy things and having sex.

Check with your motor insurance company on its policy regarding your cover after a C-section. Only start to do these things when you feel able to do so. Ask your midwife for advice if you're unsure.

EXPERT ADVICE

Q Is it possible to give birth vaginally (VBAC) if your first baby's birth was a C-section?

A Having a vaginal birth after a C-Section may be possible for some women. Having a vaginal birth after having a C-section can be a safe choice for most women. Whether it is right for you depends on several things, including why you had a C-section before and how many C-sections you've had. You and your doctor can talk about your risk of having problems during a VBAC trial of labour. According to Ann Rath, ADOMN, NMH: "If a woman goes into spontaneous labour by themselves, they have a 70% chance of a vaginal delivery next time. It is important to be assessed and monitored during the labour as each case is individual." As with any labour, if the mother or baby shows signs of distress, an emergency Caesarean section is done. The benefits of a VBAC compared to a C-section include:

- Avoiding another scar on your uterus. This is important if you are planning on a future pregnancy. The more scars you have on your uterus, the greater the chance of problems with a later pregnancy.
- Less pain after delivery.
- Fewer days in the hospital and a shorter recovery at home.
- A lower risk of infection.

What happens after my baby's birth?

Frances Healy, midwife, Birthing Suite, CUMH explains the procedures and health checks that happen immediately after your little one is born

After birth, the umbilical cord, which acted as the baby's lifeline during pregnancy, will be clamped and cut. The optimum time for cord clamping is three minutes. The midwife will tell you how to care for the cord stump before you leave the hospital.

Your baby will be given an identity wrist and ankle band, detailing the date and time of the birth; the hospital number; the baby's sex; and the mother's name. All the details will be crosschecked with you. The baby will also get an alarm-based security tag, which is computerised to match their specific hospital number. This is placed on your baby's leg along with their identity bracelet.

If you and your baby are well after the birth, your baby will be placed skin-to-skin (the baby is placed under your t-shirt/nightdress for comfort, warmth, security and to commence breastfeeding). The World Health Organisation (WHO) recommends 60 minutes of skin-to-skin contact to promote breastfeeding. Skin-to-skin contact also helps to promote bonding, and encourages normal infant breathing and heart rate patterns.

BABY CHECK

After you have had some time to have skin-to-skin contact with your baby, which is the start of the bonding process, they will be weighed, and given a basic examination by the midwife. This will check fingers, toes, the fontanelles (the soft spots on your baby's skull), the spine, and check that the palmer creases, which are two

creases that run across the palms of the hand, are there.

Many babies are a little 'blue' when they are born, so don't get a fright; it can take a minute or two for them to turn 'pink' and many babies have a conical shaped head when born. This occurs as they navigate their way out of the birth canal and this usually settles in a day or two.

Also, baby's hands and feet can be slightly pale for up to 24 hours. Again this is normal, the circulation improves in a few days.

MEDICAL TESTS

The APGAR test will also be carried out on your baby. This is a way of checking the baby's condition and is done one minute after birth and again five minutes after birth. Heart rate, breathing, muscle tone, reflexes, and skin colour are all assessed. A healthy baby will have a score of seven or higher. A baby with a lower score may need time to recover from the birth. Babies with very low scores will need medical attention. A paediatrician/

neonatologist will carry out a complete check of the baby within a day or two.

If it was an instrumental birth or if the baby was in distress during the first or second stage of labour, a paediatrician will be present. They will do a comprehensive check on the baby, looking at head and length measurements. If a baby needs bloods, they will be brought to the neonatal unit for a septic work-up. This entails the baby going to the intensive care unit soon after birth, having swab tests, urine samples, blood taken and sometimes a spinal tap to check for infection. They will also give the baby antibiotics intravenously in the unit for 48 hours, until all the tests come back clear.

FIRST FEED

As skin-to-skin contact is encouraged for the first 60 minutes of a newborn's life, the first feed is also encouraged during this time. This causes a reflex that helps the uterus contract, reducing bleeding. However, while some babies need an early feed and can latch on really well, others may be too sleepy to be interested in feeding. Your midwife will help you assess the situation.

MOTHER'S HEALTH

The midwife will also review your condition. Your vagina will be checked for tears and sutured after delivery of the placenta. The midwife will also check that your blood loss is not too heavy and that any problems such as a rise in your blood pressure, are quickly identified.

LOOK AFTER YOURSELF

- ✓ Ensure you drink plenty of water and your diet is high in fibre (such as bran, oranges and brown bread) to prevent constipation.
- ✓ If you breastfeed, persist with it; you are giving your baby the best start. The midwives will assist you as much as you need.
- ✓ Have two to three showers every day to help any tears/episiotomy heal.

- ✓ Rest when you can and aim to rest/sleep when your baby is asleep.
- ✓ You may require pain killers for a few days following birth. Take them if you need them as you need to feel well to be able to get up and about to care for your baby.
- ✓ Bring in some snacks – although your nutritional needs will be met in hospital a small personal supply of food such as bananas and cream crackers can be a good idea.

LEARNING HOW TO

feed your newborn

Got a question about breastfeeding? Go to page 188 for answers.

Find out how to start feeding your baby after his birth

Whether you're still undecided about breastfeeding or artificially feeding your newborn, it's good to know that it's recommended that you start off with skin-to-skin contact and breastfeeding, as it's easier to change from breast to artificial feeding than the other way around.

A short period of breastfeeding has been shown to be beneficial. Colostrum, the first milk, has been dubbed baby's first vaccination. It's present in small amounts and as the baby's tummy is tiny, you can practise breastfeeding with small volumes before the milk 'comes in.' Breastfeeding is also said to prevent against ovarian and breast cancer and osteoporosis.

Skin-to-skin contact directly after the birth or as soon as possible afterwards initiates bonding between you and your baby; helps baby settle; keeps them warm and helps maintain a healthy temperature; settles their heart rates after birth and assists with breastfeeding. It's also a lovely experience for mum.

DO SOME RESEARCH

If you have decided to breastfeed your little one, then doing your homework before you give birth will be a great help. Familiarise yourself with people and groups that can assist you like Cuidiú, Friends of Breastfeeding, La Leche League of Ireland and breastfeeding support in the hospital.

THE FIRST BREASTFEED

A midwife will assist you in getting the baby to latch on and feed. Bring your

baby to your breast, placing their nose to your nipple. Ensure their tummy is facing you and check that their mouth is wide open. Aim your nipple at the roof of baby's mouth. Hug your baby's body and bum into you. Don't hold their head but snuggle them into you closely, as newborns don't have a lot of strength to stay attached well.

TRY DIFFERENT BREASTFEEDING POSITIONS

Ask a midwife to show you the different positions before you leave the hospital, including the baby across abdomen or under arm hold and lying on your side. The idea of 'laid back' breastfeeding or biological nurturing is popular. All that is involved is that you and your baby simply help each other to get comfortable. Put the baby on your tummy and let them find your breast. Make sure to support baby's whole body with yours and to keep their feet supported. Comfortably lean back on a bed or chair so that when you put baby on your chest, gravity will keep them in position with their body moulded to yours.

Your head and shoulders should also be well supported. The idea is to let your baby's whole front touch your whole front. Your baby can rest in any position you like and their cheek can rest somewhere near your breast.

PRACTISE IS KEY

It takes most first-time mothers a couple of weeks to feel really confident about breastfeeding, but it gets much

easier as the weeks go by. Every feed you give your baby counts.

Formula-fed babies should be fed every three to four hours for the first six weeks. They may start to have a longer sleep during the night and they may now be feeding four hourly during the day and sleeping up to six hours at night. The amount they take ultimately depends on the baby's weight. It is recommended that a baby should take approximately 150ml of formula per kg of body weight.

MAKE ALL FEEDS HYGIENIC

Artificially-fed babies have a higher incidence of gastroenteritis due to poor hygiene or incorrect storage of feeds. It is vital that you practise proper hygiene at all times – washing your hands, cleaning kitchen surfaces, and washing and sterilising storage containers correctly to maintain a pristine environment for the preparation of feeds. Making sure the kettle has freshly boiled water, which is allowed to cool for 30 minutes, and preparing the feeds according to the manufacturer's guidelines are important too. Storing the storage containers on a fridge shelf – not on the door – once they are cooled down is also very important. You can buy a special thermos carrier, which will keep your baby's storage container cool. Once a feed is taken out of the fridge and heated, it must be discarded within two hours.

FOR FURTHER INFORMATION
www2.hse.ie/babies-and-toddlers/breastfeeding/



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THE 6 MOST IMPORTANT THINGS TO KNOW BEFORE YOU BRING YOUR NEWBORN HOME

Important advice all parents need to know before bringing their precious bundle home

1 HOW TO FEED YOUR BABY

It's important to have confidence in your feeding method, whether you've chosen breast or artificial feeding. If you have chosen to breastfeed, ask the midwife to show you different positions before you leave the hospital. It is a good idea to run any areas of concern such as emptying of the breasts; problems in establishing good rhythmical sucking; wet and dirty nappies; and mastitis, by your midwife. Know how to avail of local support, from Cuidiú to your public health nurse.

2 HOW TO DRESS AND UNDRRESS YOUR BABY

Dress your baby in clothes with wide openings for the neck with snap or zip closures. Newborn's heads are floppy, so you might find it easiest laying her on a non-slip surface, such as a changing mat. Now is not the time to be messing around with awkward buttons. Also, onesies with built-in mittens are great to protect your baby from sharp fingernails. Try to keep the wardrobe changes

to an absolute minimum. The laundry will pile up fast enough as it is. The time of year will obviously influence your choice of baby clothes. Winter babies will need more layers when outside the house or in very cold weather. Summer babies require less clothing, but care needs to be taken about exposing their delicate skin to sunlight.

3 HOW TO ENSURE SLEEP SAFETY FOR BABY

Sudden Infant Death Syndrome (SIDS) or cot death as it's known, is the sudden and unexpected death of a seemingly healthy baby. As FirstLight (an association that supports suddenly bereaved parents and families – firstlight.ie) points out, it doesn't just happen in cots. It may take place in a buggy, bed, car seat or anywhere a baby is resting. No cause of death can be found.

While cot deaths are rare, it's important to know the preventative steps. These include: keeping your home and car smoke-free; always placing baby on their back to sleep and on their front when awake to



play; putting them to sleep with their feet to the foot of a cot at night in your room; ensuring that they don't get too hot; keeping their head uncovered while asleep; avoiding quilts, duvets, bumper pads, pillows or toys in the cot; not falling asleep in bed with them if they are under three months old, were born prematurely, or had a low birth weight, less than 2.5kg or 5.5lb when born; never falling asleep with them on a sofa or armchair; and calling the doctor quickly if they seem unwell. Room temperature should be between 16 degrees Celsius and 20 degrees Celsius. Avoid overheating baby and use cotton cellular blankets. To see how warm your baby is, put the palm of your hand on their chest, under their clothing. The First Light leaflet *Safe Sleep for Under 2s* (firstlight.ie) provides lots of advice.

4 THE NEWBORN BLOOD SCREEN

Don't worry if the heel prick test was not done before discharge. The hospital will arrange a date for the carrying out of the heel prick test on your baby with a midwife or public health nurse if it wasn't done before your baby was discharged. The

New Born Blood Screen, previously known as the PKU, detects rare metabolic disorders. It involves the taking of a small amount of blood from baby's heel. If any abnormalities are detected, the hospital and your GP will be contacted so that treatment can begin immediately.

5 MAKE SURE YOUR BABY'S CAR SEAT IS FITTED

This is so important if you are bringing your baby home in the car. Choose the right child car seat for your baby and car, and ensure you know how to fit it correctly according to the manufacturer's instructions. Child car seats are divided into different categories, according to weight. Any child under 36kg and 150cm should be restrained in an appropriate child restraint. Go to page 164 for further information on car seats.

6 LEAVING HOSPITAL

Be sure to have warm clothing for your new baby to come home in. If your new baby has a blanket for extra warmth, remember to strap him or her into the car seat first, then place the blanket on top. Also, make sure that you have some comfortable, roomy clothing to wear on your journey home from the hospital.

BIRTH Stories

Every birth is different and sometimes things might not go to plan, which is why it's good to hear other mums' birth stories



Jenny Riley gave birth to her 6lb 6oz baby boy Danny Edward on March 18th in Limerick Maternity Hospital (LMH).

My birth was planned by the hospital due to some complications. The midwives and doctors asked me repeatedly was I was okay with what they had planned. I had no

choice anyway, but still they kept me involved.

I had a C-section, as my baby was breech from 35 weeks among other things so this was my only option. It was explained to me at 35 weeks how it would go from start to finish. On the day, they ran through everything in normal language I could understand, and I was so at ease throughout. It was exactly the experience, if not a better experience than they had explained to me. I found it all very professional and I was not scared or worried at any

point due to it. It was a pleasant experience bar the bit of pain afterwards. But it could have been worse, and I was on my feet within hours. I would recommend that new mums take all the help, even if you don't think you need it, just say, 'yes please'. I felt so comfortable in the hospital which helped me heal enough to go home after three days. I am extremely grateful to the amazing staff in there and for all the wonderful help. As a first time mammy, I felt so comfortable and confident.



Lena Rochford gave birth to her healthy baby boy Milo on March in Sligo University Hospital.

Giving birth to Milo was a very different experience to when I gave birth to my now two-year-old. I went nine days over with my first child and I had to be induced, the baby arrived in three hours – fast for a first timer. This time, at 36 weeks I started to develop an itch on my hands and feet. I was admitted to hospital, my bloods were taken, I was

started on medication, and given a steroid injection. I was allowed to go home, and within a few days I was re-admitted as it was confirmed I had cholestasis, and I was told that my baby had to be born at 37 weeks. I was given a propress pessary at 10am on Monday the 9th to get the induction started, and by 7pm that day the contractions started. But I still hadn't dilated at all, and the contractions were causing me pain. I was moved to the labour ward and put on gas and air, and a plan was immediately put in place that things would be done slowly, so as not to put

the baby under any stress. If nothing was moving, my waters would be broken at 2am.

At 1am I was offered a bath to help the pain and relax me, it was the best bath ever and the midwife did not rush me at all. At 3am, my waters were finally broken, and baby arrived at 4:33am – so it was fast in the end! The hospital staff were just amazing, everyone was friendly and really approachable.

I could ask as many questions as I wanted, and I was always reassured that everything was okay and on track.

LABOUR & BIRTH

FAQ

Q Why is skin-to-skin so important after the birth?

A Skin-to-skin is when the baby is placed on her mother's chest as soon as she's ready to hold her.

Your newborn bonds through touch and smell, and her senses are tuned in to respond to your unique smell and the feel of your bare skin.

Skin-to-skin stabilises a premature baby's heart rate and breathing and helps prevent babies' blood sugar from dropping too low. It encourages increased milk production in breastfeeding mothers and helps non-latching babies or those with a range of breastfeeding problems to breastfeed more effectively.

It can also reduce the amount babies cry and promotes stronger bonds between mothers and babies. The first 1000 seconds after the baby's birth is known as the 'golden hour,' as this is the time for mother and baby to have skin-to-skin time and for breastfeeding to be established.

Q Will I be able to drink or eat during labour?

A Yes. Most women feel thirsty during labour because they are using up energy and are perspiring. It's important to keep hydrated and eat light fat-free foods – this won't harm you or your baby. If your midwife has any concerns about you, she will

ask you to stick to sips of water.

Eating small snacks or sipping liquids may even help you to cope better with labour. That's because if you haven't had enough to eat or drink, your body starts to break down its own fatty stores to gain the energy it needs. This is called ketosis. Ketosis is your body's natural response to any prolonged physical activity, such as labour, which results in you using more energy than you are taking in.

Ketosis can cause nausea, vomiting and headaches. It can also be a sign of exhaustion. However, as labour progresses into the later stages, it's best to stick to fluids only.

Q What if my baby is in the breech position?

A When your baby is bottom or feet first in the womb, they are in a breech position. This is common in early pregnancy. The ideal position for birth is head-first. Most babies that are breech will naturally turn by about 36 to 37 weeks so that their head is facing downwards in preparation for birth, but sometimes this does not happen. If your midwife or doctor thinks that your baby is still breech at 36 weeks pregnant, then you may have a scan to confirm this. If the scan shows that your baby is breech, the midwife or doctor will talk to you about your options for giving birth safely. They may offer you an external cephalic version (ECV), which is when a doctor uses a procedure to try to turn your

baby into a head-first position. During this, the doctor will put pressure on specific parts of your bump to encourage your baby to move round in the womb. If this does not work, or if you choose not to have one, they will discuss your breech birth options.

Q If I end up having stitches, how should I keep the area clean?

A Have a bath or shower each day to ensure you are keeping your stitches clean. Do not use any products in the area of your stitches until they have healed. If you find it stings when you pass urine you can use a jug of tepid water to pour over your perineum whilst you are passing urine and then gently pat the area dry. Keep the area clean and change pads regularly to prevent infection.

Q Can my partner be with me for the birth?

A In most cases, your partner can be there for the delivery. Every effort will be made to ensure your partner is present at the birth. But in some hospitals, this may not be possible. Any restrictions in place, particularly during COVID-19, are to keep everyone safe. If your partner can be there, they will need to wear protective equipment. This is to minimise the risk of infection.

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Home at Last

Home
last at



Bringing your newborn home can be take a lot of adjusting to. The key things your baby needs are lots of love, nutrition and sleep. Here's how to help your new family settle in at home

MANAGING LIFE

Take it easy

Go easy on yourself by staying at home, and shutting out the world for a few weeks. This will allow you and your baby the peace you need to learn about breastfeeding. Your baby will enjoy having lots of skin-to-skin time either with you or your partner. It's a wonderful way to soothe your baby and relieve any stress. You will also benefit as it helps to release oxytocin the love hormone.

Reach out to others

If you are a single parent or your partner is not able to be at home, try to arrange for family members or friends to help you out with practical chores such as shopping. Online grocery shopping will help avoid tiring trips to busy supermarkets. If you have had a C-Section, you are likely to need a little extra help so that you can look after your baby, so encourage your partner to work from home whenever possible.

PREVENT INFECTION

Keep your baby from anyone who has cold or flu symptoms, particularly in the winter months. Hand hygiene is vital in the early days. Wash your hands often to help protect your baby and insist that others do the same.

HOW TO CARE FOR YOUR NEWBORN'S UMBILICAL CORD

Wash your hands before and after you touch the cord. Clean around the base of the cord if needed with cotton wool and cool boiled water.

CONTACTS

Compile a list of important phone numbers and post them near your phone. Include your GP, the breastfeeding support group contact and your local HSE health centre number.

Keep the belly button area dry after you clean it. Make sure that the nappy is not covering the cord. The umbilical cord stump should fall off in the first week after birth.

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How to Register The Birth

After giving birth it's a legal requirement in Ireland that parents register their baby's birth. Read on to find out how you should do it

After welcoming your lovely newborn into the world, you have three months to register their birth.

Although it's a legal requirement to do so in Ireland, you will need a birth certificate to enrol your child in school, to apply for a passport and many other purposes. The birth certificate will contain the information on the child, and the names of the parents that are given at the time of registration, so it is important that the information given is accurate. It is difficult to change the details after the initial registration.

If the parents of a child are not married to each other, there is no presumption in law as to who is the father of the child, unless the father's name is on the birth certificate.

DONOR ASSISTED HUMAN REPRODUCTION

Parts 2 and 3 of the Children and Family Relationships Act 2015 came into effect on 4 May 2020. It provides a legal framework for the regulation of donor-assisted human reproduction in Ireland for the first time. It also allows for both intending parents of a donor-conceived child to register as the legal parents on the child's birth certificate in certain circumstances. For any procedure which took place after the 4th May 2020 it will be possible to record the details of the parent(s), including the non-biological parent, when registering the birth of a donor conceived child. See gov.ie for more details.

REGISTERING A BIRTH DURING THE COVID-19 PANDEMIC

The hospital will notify the Civil Registration Service that a birth has occurred. The requirement to attend a civil registration service to register a birth or death has been suspended during the COVID-19 pandemic – and a new form called BR1.5 allowed all births to be registered by email or post.

HOW TO REGISTER YOUR BABY'S BIRTH

Download and print the BR1.5 form from gov.ie. If you don't have access to a printer, you can ask your local civil registration service to send you a blank form to fill out.

The mother should fill out the form and provide a copy of her photo ID. If the parents are married to each other, either parent can sign the form. If the parents are not married to each other, both parents must sign the form. See treoir.ie for further advice on registration of births of children whose parents are not married to each other. You must also provide a contact phone number so that registration staff can verify your information if necessary. Once completed, you can email an image of the signed form to births@welfare.ie.

Alternatively, you can post it to your local civil registration service (see civilregistrationservice.ie for the contact details/address) or to the General Register Office (see address in the box above).

After you do this, you can get your baby's birth certificate and they will

You will need to register the birth of your child no later than three months after his birth.

WHAT DOES IT COST TO REGISTER A BIRTH?

There is no fee charged for the registration of a birth, or for re-registration to include a parent's details. There is a fee of €5 for insertion or alteration of a forename. Fees are charged for Birth Certificates. A birth certificate is issued for social welfare purposes at a reduced cost. Evidence for social welfare purposes is required, such as a note from the Department of Employment Affairs & Social Protection. Since December 2005, a birth may be registered in the office of any Civil Registration Service. www2.hse.ie/births-deaths-and-marriages/

FOR FURTHER INFORMATION

General Register Office
Government Offices
Convent Road, Roscommon
F42 VX53
Tel: 090 663 2900
Email: gro@welfare.ie
www.gov.ie/gro

If you are reading this during the COVID-19 pandemic, you can apply to register a birth or purchase a certificate of birth by e-mail or by post. There is no need for you to attend the civil registration service offices in person.

be assigned a PPS number – you will need these to apply for a passport, enrol in school, and for many other purposes.

Maternity care & the public health nurse

Public health nurses are a great source of support and advice to mothers after their child is born

Public health nurses in Ireland are employed by the Health Service Executive (HSE) to provide a range of healthcare services free of charge in the community. They are usually based in your local health centre and are assigned to cover specific geographical areas.

If you have had your baby in hospital in Ireland, you will be contacted by the Public Health Nurse (PHN). They will have been informed of your baby's birth, the type of birth and any problems you may have experienced during your stay in hospital.

Unless there is a reason, the PHN should normally visit your house within 24-72 hours to check how you and your baby are getting along and the number of subsequent visits she makes will depend on how well things are

progressing with you and your baby.

A PHN is qualified in nursing and has also completed specialist training in Public Health Nursing. The PHN plays a major role in the care of a woman and her baby in the postnatal period following discharge from hospital and throughout the pre-school years.

HOW PUBLIC HEALTH NURSES CAN HELP MOTHERS:

- ✓ Offer advice and support based on their extensive experience of babies and children.
- ✓ Help with any difficulties you are having with feeding your baby.
- ✓ Check your baby's general condition, take weight, etc. and observe for any signs of jaundice.
- ✓ Guide you on weaning your baby onto solid food.
- ✓ Run checks on your baby's

development including eyesight and hearing, motor development, speech development and general growth.

- ✓ Perform postnatal checks on you.
- ✓ Offer advice regarding your baby's immunisation schedule.

HOW OFTEN ARE CHECKS CARRIED OUT?

The checks are generally carried out at three months, seven to nine months, 18 to 24 months and three to four years. You will receive a reminder call from your PHN. If you do not, call your local health centre to make an appointment. The checks are not mandatory. The PHN is also a good first point of contact should you have any concerns about your baby's development.

Your PHN is there to support you and will answer any other queries you may have about your own wellbeing or your baby's.

For more information on the role of the Public Health Nurse; contact your local HSE office.

CONTACT

You should be automatically contacted by your Public Health Nurse following the birth of your baby. Contact information for your local health centre is available at www.hse.ie or in your public telephone directory.

PREGNANCY

LABOUR & BIRTH

HOME AT LAST

FIRST 12 MONTHS

EQUIPMENT & GEAR

HELP

RECIPES

TOOLS





IMMUNISATION Made Easy

The importance of childhood vaccines is that they protect your baby from potentially serious illnesses at the start of their life. With the most common concerns in mind, we explore the often-navigated waters of baby vaccinations

When the Public Health Nurse visits your home they will give you a booklet Your Child's Immunisation – A Guide for Parents. Please read this booklet carefully and keep it safe. It contains lots of information about the immunisations your baby will be offered in the next 13 months. In the back pocket of this booklet there is a magnet with the immunisation schedule. You can put this somewhere visible to remind you about the vaccines your baby needs. There is also an immunisation passport in the back pocket. You bring this passport with you to each visit and the practice nurse will write down the vaccines your baby has received. Please keep this immunisation passport in a safe place and bring it to all appointments so it can be filled in and kept up to date.

WHAT HAPPENS NEXT?

- At your baby's 6 week check you will be given a leaflet with more information about your baby's immunisations.
- The HSE will write and ask you to arrange to visit your GP (doctor) for the first of your 5 visits. If you do not hear from the HSE, you should arrange to visit your GP (doctor) when your baby is 2 months old.

To provide the best protection for your baby it is important that they get all their vaccines on time. The vaccines offered to your baby will protect them from serious and potentially life threatening diseases like meningitis, septicemia and pneumonia.

CAN I GIVE MY BABY ANYTHING BEFORE THEY ARE VACCINATED?

You can give your baby milk a few minutes before their vaccination. This can help to reduce pain at the injection site. Do not give infant paracetamol to your baby before you go to your GP (doctor) surgery.

WHAT HAPPENS BEFORE IMMUNISATION?

Before your baby is immunised, the doctor or practice nurse will check with you that your baby is well and able to get the vaccines. If you have any worries or questions about your baby's immunisations, ask the doctor or practice nurse before your baby is immunised. There are very few reasons why your baby's vaccination should be postponed.

HOW ARE THE VACCINES GIVEN?

The rotavirus oral vaccine is given first. This is given as a liquid dropped into your baby's mouth. The other vaccines are given as injections into your baby's legs.

WHERE CAN I FIND OUT MORE INFORMATION?

- booklet "Your Child's Immunisation – A Guide for Parents"
- the leaflet given at your baby's 6 week check
- the leaflet given after your baby's immunisation

REMEMBER

Your baby needs 5 visits to your GP to complete their course of vaccines. Remember to bring your baby's immunisation passport to each visit.

- online from our website www.immunisation.ie

WHERE CAN I FIND OUT MORE INFORMATION ABOUT THE VACCINES USED?

This information can be found in the licensed information (patient information leaflet PIL). It is also available on the following websites

- www.hpra.ie/homepage/medicines
- www.ema.europa.eu/ema/

You need to know the name of the vaccines to search these websites. The product names of each vaccine are available on our website www.immunisation.ie

IS IT SAFE TO TAKE MY CHILD TO MY GP (DOCTOR) DURING THE COVID-19 PANDEMIC?

Yes. GPs (doctors) follow HSE Covid-19 guidance to prevent infection and to keep you safe when you visit their premises.

What common reactions can my child get after being vaccinated and what should I do?

COMMON REACTION	WHAT TO DO?
At 2 and 4 months (Visits 1 and 2)	
A fever is common after MenB vaccine	<ul style="list-style-type: none"> Give liquid infant paracetamol 1. Give 2.5 mls (60mg) at the time of the immunisation or shortly after. 2. Give a second dose of 2.5 mls (60 mg) 4-6 hours after the first dose. 3. Give a third dose of 2.5 mls (60 mg) 4-6 hours after second dose. 4. Give a fourth dose 4-6 hours after the third dose if your baby still has a fever.
Soreness, swelling and redness in the area where the injection was given	<ul style="list-style-type: none"> Make sure clothes are not too tight or rubbing against the area where the injection was given.
Mild diarrhoea after the rotavirus vaccine	<ul style="list-style-type: none"> Give extra milk to drink Wash your hands carefully after changing and disposing of your baby's nappy.
At 6, 12 and 13 months (Visits 3, 4 and 5)	
Soreness, swelling and redness in the area where the injection was given	<ul style="list-style-type: none"> Give liquid infant paracetamol or infant ibuprofen to relieve aches and pains Make sure clothes are not too tight or rubbing against the area where the injection was given
Fever (over 39°C)	<ul style="list-style-type: none"> Do not overdress your baby Make sure their room isn't too hot Give extra fluids to drink Give liquid infant paracetamol or infant ibuprofen to lower the fever
Headache or irritability	<ul style="list-style-type: none"> Give liquid infant paracetamol or infant ibuprofen to relieve aches and pains.

You can feed your baby at any time after their vaccines including after the rotavirus oral vaccine. If you are worried about your baby, please contact your GP (doctor), practice nurse or public health nurse for further advice.

Abbreviations Explained

6 in 1 – Diphtheria, Haemophilus influenzae b (Hib), Hepatitis B, Pertussis (Whooping cough), Polio, Tetanus
PCV – Pneumococcal conjugate
MenB – Meningococcal B
Rota – Rotavirus
MenC – Meningococcal meningitis C
MMR – Measles, Mumps, Rubella
Hib/MenC – Haemophilus influenzae b/ Meningococcal meningitis C

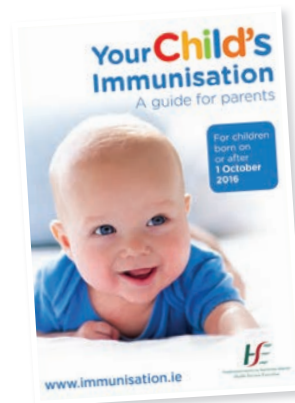
Immunisation Schedule

AGE	VACCINATION
2 months	Visit 1 6 in 1 + PCV + MenB + Rotavirus 3 Injections + 1 Oral Drops
4 months	Visit 2 6 in 1 + MenB + Rotavirus 2 Injections + 1 Oral Drops
6 months	Visit 3 6 in 1 + PCV + MenC 3 Injections
No Rotavirus vaccine on or after 8 months 0 days	
12 months	Visit 4 MMR + MenB 2 Injections
13 months	Visit 5 Hib/MenC + PCV 2 Injections

Don't forget the 13th month BOOSTER shot!

REMEMBER!
Your child needs 5 GP visits.
Bring your child's immunisation passport each visit.

When your child is in Junior Infants in primary school and first year of second level school they will get more vaccines. For more information visit www.immunisation.ie





A guide to feeding your newborn

Feeding your little one does not only help her to grow and thrive, but it's also a lovely way to bond with her. Here is some advice to get feeding your baby off to the best start

Even if you think you know what to do when you start to breastfeed your newborn, let the midwives and lactation specialists in hospital help you – especially if you are new to breastfeeding.

It is good to have someone to help you learn to position your baby and get her to latch on correctly.

REGULAR FEEDS ARE KEY

Newborn babies need to be fed regularly, and perhaps more

regularly than you think. It is recommended that mothers should practise baby-led breastfeeding, which is when a mother learns to recognise their baby's subtle signs of hunger. You can expect a baby to have a minimum of eight to 12 feeds in 24 hours.

Breastfeeding is the healthiest way to feed your baby. Exclusive breastfeeding (giving your baby breast milk only) is recommended for around the first six months (26 weeks) of your baby's life. After that, giving your baby breast

milk alongside other food will help them continue to grow and develop.

HOW WILL I KNOW WHEN MY BABY IS HUNGRY?

If your baby seems hungry, then feed her. Don't worry about the clock too much. At the same time, don't let a newborn go too long without feeds! When the baby is a little older, it's all right to wait longer between feedings.

Babies give a lot of subtle cues that they are ready to feed, long before they begin to cry – from rooting with their mouths to making sucking noises and trying to suck on their fists, as well as little noises that say, 'I'm working up to a cry.'

Newborn babies are usually fed in smaller amounts but more often. An artificially fed newborn

Frequent feeds

Newborn babies are usually fed in smaller amounts but more often.

baby may only be able to take an ounce or two of formula at one time (probably every two to three hours). If you're breastfeeding, you can't measure the milk in ounces.

You can however measure the time the baby is feeding, but this varies a lot. The length of time an individual baby takes to feed will also vary from one feed to the next.

You'll probably feed the baby from both breasts at one feeding. Nurse the baby from one breast until she pulls herself off or goes to sleep, and then switch to the other side. She'll probably take less from the second breast, so for the next feeding start on that side. Many mothers make a note of which side they started on last. Most importantly, trust your instincts.

HOW TO GET STARTED

Before you begin to breastfeed your baby, position yourself comfortably with back support, pillows supporting your arms and in your lap and your feet supported by a footrest or a large book.

Position baby close to you, with her hips flexed, so that she does not have to turn her head to reach your breast. Her mouth and nose should be facing your nipple. If possible, ask your helper to hand you the baby once you are comfortable. Support your breast so it is not pressing on your baby's chin. Your baby's chin should drive into your breast.

BREASTFEEDING POSITIONS TO TRY



1 Cradle hold

This is good for babies when they have more head and neck control, after a few weeks.

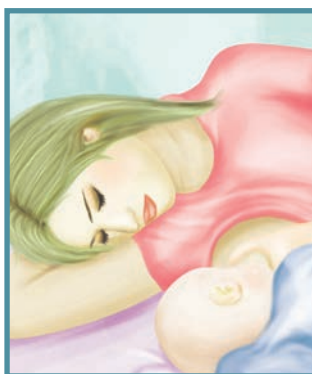
- Put your baby on their side, tummy-to-tummy with you.
- Rest their head on your arm with their nose in front of your nipple.
- Tuck their lower arm under your breast.



2 Laid-back

This helps your newborn naturally latch on to your breast.

- Lean back comfortably in a semi-upright position, use pillows to support you.
- Lay your baby on their tummy on top of your chest with their cheek near or on your breast.
- Support their head with your arm or hand if needed.
- Your baby will find your breast when they're ready to feed or you can help them.



3 Side lying

This is great for feeding at night, but don't fall asleep while your baby is in your bed.

- Make sure bedding and pillows are pushed aside.
- Both you and your baby lie on your side, tummy-to-tummy.
- Start with their nose in front of your breast. You may be more comfortable tucking your hand (on the side you're lying on) under your head.



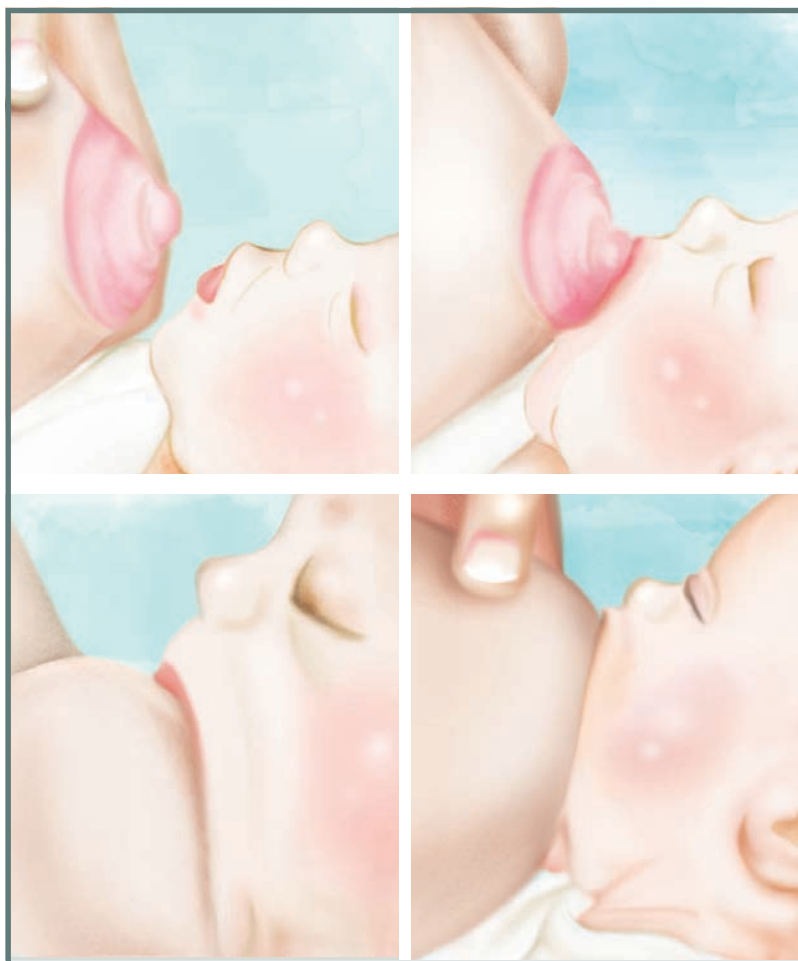
4 Football hold

This is a great position especially if you've had a Caesarean Section or have large breasts.

- Hold your baby along the side of your body.
- Tuck your baby's legs under your arm.
- Slide your arm under their back and rest their head on your arm. You may like to rest your arm on a pillow or cushion.
- Offer your baby the breast on the same side as the arm that is holding them.

Illustrations: Yume Sato

BABY LATCHING ON TO MOTHER'S BREAST



Illustrations: Yume Sato

HOW DO I KNOW IF MY BABY IS LATCHING ON WELL?

When your baby is latched on or attached well, they will find it easier to feed well and you will find it more comfortable. In the early days, some mums may feel discomfort at the beginning of a feed as they get used to the sensation. Feeding should not be painful.

See the pictures above, which demonstrate how a baby latches on to the breast.

It helps your baby get to the breast when your nipple is between their upper lip and nose. Tickle their nose with the tip of your nipple.

They will tilt their head back, when opening their mouth so they can reach for the nipple. They can open their mouth wide and their chin touches the breast first.

Then they can snuggle up close and feed well. (If your baby's nose appears blocked, just move their bottom in closer to you). You will know that your baby is latching on well when:

- ✓ Baby has a big wide mouthful of breast in their mouth, with their chin touching your breast. You may notice their top and bottom lips curled out to resemble the letter K.
- ✓ Baby's cheeks are full and rounded, you should not see the

cheeks dimpling when baby sucks.

- ✓ Baby's jaw is moving, you will also see their little ears twitch as they feed.
- ✓ Baby starts with short quick sucks, then changes to long deep sucks with pauses to breathe.
- ✓ You should hear swallowing, not smacking or clicking sounds.

ARTIFICIAL FEEDING

When feeding, tilt the storage container slightly so the end of the teat is always full of milk, not air. You'll see bubbles inside the storage container as your baby feeds. She may feed in short bursts of sucking then rest in between. These breaks in feeding give her time to feel if she is full or not. If you hear a lot of noisy sucking sounds while your baby drinks, she may be taking in too much air. To help her swallow less air, hold her so she's propped up a little. Take care to tilt the storage container so that the teat and neck are always filled with milk.



Like any food, powdered infant formula is not sterile. Strict hygiene procedures are essential

at all times to prevent bacteria contamination. This booklet will help you to prepare your baby's artificial feeds safely. **See more at:** www.safefood.eu/Publications/Consumer-information/How-to-prepare-your-baby-s-bottle

EXPRESS & STORE YOUR Breast Milk

Expressing means you can keep giving your baby breast milk - even if you're returning to work. We explain how to express and store it safely

Expressing your milk by hand or with a pump helps you establish and maintain your milk production if you're separated from your baby. A very useful skill to learn, it allows you to take milk out of your breast and use it later on to feed your baby. Many mums find it a bit tricky at first, but with time and practice it will become easier and the amount of milk you express will increase.

In the early days, you may want to express milk if:

- Your baby needs to be cared for in a special care baby unit or paediatric hospital.
- You or your baby is too ill to breastfeed after birth.
- Your breasts feel very full or uncomfortable or your baby is having difficulty latching on after your milk comes in.
- You have returned to the paid work force, study or other commitments.
- You are leaving your baby with a babysitter while you are out.

Top tip

Expressing breast milk can be easier if you are in a comfortable, private place. Sit in a comfortable chair and make sure that you have a large glass of water to drink and most importantly, give yourself time.

THERE ARE THREE WAYS TO EXPRESS YOUR MILK:

- By hand
- With a hand held pump
- With an electric pump

Each breast is divided into around 15 sections, each with its own milk ducts. It is from these ducts that you express

the milk. Whatever method you choose, the technique requires some practice in the early days to build up a steady rhythm and get the milk to flow. Don't be alarmed if you find that it's taking a while to flow.

ENCOURAGING MILK FLOW

For hand expressing, gently massage your breast. This can be done with your fingertips or by rolling your closed hand towards the nipple. Work around the whole breast, including underneath. Do not slide your fingers along your breast, as it can damage the skin. After massaging your breast, gently roll your nipple between your first finger and thumb. This encourages the release of hormones, which stimulate your breast to produce and release the milk.

Milk can be continuously expressed from one breast for a few minutes before the supply slows down. To give the ducts time to refill, express milk from your other breast. Then go back to the first breast and start again. Keep changing breasts until the milk stops or drips slowly. With practise, it is possible to express from both breasts at the same time.

HOW TO STORE BREAST MILK

If you are storing breast milk for a full-term healthy newborn infant, you can use the following methods.

■ **The fridge.** Breast milk can be stored in the coolest part of a refrigerator at a temperature of 2-4°C for up to five days. If you do not have a refrigerator thermometer, it is probably safest to freeze any breast milk that you do not intend to use within 24 hours. Breast milk can be stored for one week in the ice compartment of the refrigerator or up to three months in the freezer section of a fridge freezer with separate doors,

or six months in a chest freezer. If you have a self-defrosting freezer, store the milk as far away as possible from the defrosting element.

■ **The freezer.** When freezing breast milk for occasional use at home, any plastic container can be used providing it has an airtight seal and it can be sterilised. Remember to date and label each container and use them in rotation.

■ **For 'special care' babies.** If you are expressing breast milk because your baby is premature or ill, ask the staff who are caring for him for advice about storage containers and how to store your milk.

HOW TO THAW BREAST MILK

Thaw frozen milk in its container under warm, running water or standing in a jug of warm water. Do not use boiling water. Milk may be heated to room temperature or body temperature, do not bring to boiling point. Shake before testing the temperature. Breast milk should not be defrosted in a microwave because this may cause the milk to become an uneven temperature, which may scald the baby's mouth. It may also cause the loss of some of the beneficial properties of the milk.

BREAST MILK STORAGE		
Where	Temp	Time
Room temperature	26°C	6 hours
Fridge	2-4°C	5 days
Freezer compartment inside fridge	-18°C	1 week
Fridge/freezer	-18°C	3 months
Chest freezer	-18°C	6 months

FOR FURTHER INFORMATION
www.2.hse.ie/babies-and-toddlers/breastfeeding/

SLEEP

safety

Find out about the essentials required to help your baby sleep safely

When you have a new baby, you quickly discover that newborns don't follow a typical day/night schedule like you're used to. The first few months will involve a lot of random sleeping patterns. A newborn may sleep for up to 18 hours a day, but this will be usually be short bursts and most babies will wake every couple of hours to feed, but all babies have different sleep patterns.

It's essential for parents to ensure that they are following sleep safety precautions. There are simple and effective sleeping steps to reduce the risk of sudden infant death syndrome (SIDS).

It is recommended that for the first six months of a baby's life, she should sleep in her parents' room. This lets your baby be close enough to hear, smell and sense you. It can also help

with baby's feeding and sleep habits. Always place your baby on their back to sleep, even for naps.

For safety reasons you should never bring your baby into bed with you. Accidents can and do happen, for example you could roll over in your sleep causing suffocation; your baby could also fall out of bed and be injured; or they could get caught between the wall and the bed.

Room temperature

It is important that you keep your baby's room at a safe and comfortable temperature. If baby gets too hot, they are at an increased risk of SIDS.

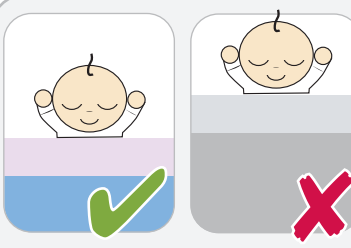
Babies can overheat when they are asleep because of too much bedding or clothes or because the room is too hot.

The ideal room temperature for a baby is 16° - 20°C (62 - 68°F). Ideally, the room should be 18°C (64°F)

Breastfeeding your baby reduces the risk of cot death. Aim to breastfeed your baby for as long as you can.

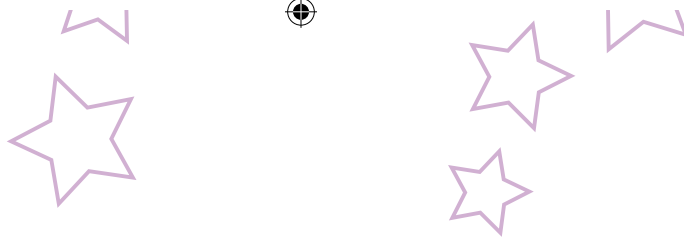
and the best way to monitor the temperature of the room is to use a room thermometer.

When you check your baby, make sure they're not too hot. If your baby is sweating or their tummy feels



Baby's sleeping position

Babies should always be laid to sleep on their back with their feet touching the foot of the cot. Covers should come no higher than your baby's shoulders and should be well tucked in to avoid falling over their face.



hot to the touch, remove some of the bedding. Don't worry if your baby's hands or feet feel cool. This is normal.

A good sleeping routine

There are some things you can do to foster good sleeping habits that will stand to you and your baby's sleep routine into the future.

- While very young babies are easier to take out and about (in buggies and car seats), as they get bigger it becomes more important for their routine to nap in their own crib or cot in their usual sleep environment.
- Try to ensure that your baby is put to your breast for the last feed of the day.
- Don't worry if your baby grizzles when you put him/her down

to sleep.

- Maximise the differences between day time and night time, from early on. Keep the house bright and airy, take in fresh air with your baby where possible during the day and then during the night keep lighting low, particularly during night-time feeds and keep noise to a minimum. This in turn will help your baby to develop his or her internal body clock.
- Practise a regular evening routine.
- Ensure your baby's bedroom is a peaceful place.

Flat spots on baby's head

When babies are young, their heads are still very soft. Sleeping on their backs can sometimes make the

backs of their skulls a little bit flat over time. This is called positional plagiocephaly. It normally gets better without any medical help by the time babies are 12 months old. If it's worrying you, you can gently alternate the tilt of your baby's head each time you put baby into bed to sleep. But always put babies on their backs to sleep. Then keep them off the back of their heads as much as possible when awake.

Total daily hours of sleep required from 0-6 months old

Age	Total sleep over 24-hour period
1 week – 3 months	18 hours
3 – 18 months	15 hours
6 months	14-15 hours

Your baby safe sleep zone checklist

- ✓ Do not place any other items into the cot. And keep the cot free of soft objects and anything loose or fluffy.
- ✓ Always place baby to sleep on his back, on a firm, flat surface.
- ✓ Baby should be placed sleeping with feet to the foot of the cot, to help prevent baby from wriggling down.
- ✓ Don't smoke during pregnancy or after birth, don't allow anyone to smoke in your home or car.
- ✓ Don't sleep with baby if you or your partner are smokers, have consumed alcohol, drugs or medications that may affect how deeply you or your partner sleep.
- ✓ Keep soft toys, loose blankets, bumpers, and fluffy objects away

from baby when sleeping.

- ✓ Breastfeed your baby – breastfeeding is a protective factor to reduce the risk of SIDS.
- ✓ Don't allow your baby to get too hot. Room temperature should be between 16°C and 20 °C. Don't place baby's cot near radiators or heaters.
- ✓ Never fall asleep with your baby on a sofa or armchair.
- ✓ For at least the first six months, the safest place for baby to sleep is in your room.

Blanket safety

Do not wrap your baby in too many blankets. Cellular blankets are best to use as they are lightweight and have small holes in them, allowing air to circulate, while keeping baby warm.

They help to stop your baby from overheating. Overheating is one of the leading risk factors associated with sudden infant death syndrome. Cellular blankets are warm in the winter and cool in the summer, and help to regulate your baby's body temperature.



WHAT DOES A SAFE SLEEP ENVIRONMENT FOR BABY LOOK LIKE?

Cot in parent's room. The safest place for your baby to sleep at night is in a cot in your room for the first six months.

Clear cot. Keep the cot free of soft objects and anything loose or fluffy (any pillows, duvets, positioners, bumpers, toys) that could suffocate or smother your child.



Face up – face free. Keep your baby's face and head uncovered while asleep.

Safe mattress. Make sure the mattress is clean, firm, flat with no tears and fits the cot correctly.

Feet to foot. Place your baby with their feet to the foot of the cot.



9 THINGS I WISH I'D KNOWN

before I breastfed

FOR THE FIRST TIME

Mother-of-two Catherine Duplaa shares the top tips and advice she wishes she had known before she breastfed for the first time

1 It does get easier

It can be hard at the start, babies aren't born knowing how to latch perfectly. Even if there is no tongue tie or other issues, it's still a steep learning curve for you both. The first three weeks are the toughest and then it turns a corner, and then suddenly you forget it was ever really tough. So hang in there.

2 Stick to it

You have to be stubborn about it if you want to keep breastfeeding. People will constantly tell you to give a bottle, top them up, you're tired and you need a break. I asked my super supportive husband to not do that, I asked him to remind me that I wanted this and I would be disappointed if I didn't see it through. At the start, I nearly gave up every night and then I started from scratch with a new day.

3 Connect with other breastfeeding mothers

Surround yourself with supportive breastfeeding people. Contact your local group, reconnect with

friends you know have experience of breastfeeding and ask all the questions. Call them when you're cluster feeding, or you have a blocked duct, or when you're just exhausted.

4 Don't worry about what others think

People will feel uncomfortable if they aren't used to seeing breastfeeding, that's okay. The only way they learn to be comfortable is for you to not care about their comfort. It's hard enough to juggle a newborn or a distracted five month old or a super upset toddler and worry about covering up. Just feed!

5 Breastfeeding helps

Boobs are the answer to everything. On my first we had a witching hour. On my second we did not. Why? Because I just accepted that I would sit the couch and feed on demand and snuggle for a few hours.

6 See a lactation consultant if you have any issues

If it's sore, there is any clicking

Friends of Breastfeeding

It's worth checking out Friends of Breastfeeding (friendsofbreastfeeding.ie). The association works to ensure that women in Ireland achieve their desired breastfeeding experience. They network to connect women in Ireland who want to breastfeed with their local support system. They work to build communities of supportive friends, family and health professionals – 'friends' of breastfeeding.

noise, the baby's tongue has an attachment so that it can't move freely or they are really windy go see a lactation consultant. It will be the best money you ever spent and they will give you a breastfeeding solution to a breastfeeding problem.

7 Wear your baby.

Get a comfy stretchy sling for a tiny baby and a good ergonomic one as they get bigger. Babies want to be held, so hold them, they will just snuggle up and sleep and you will have two hands free.

8 Follow your baby's lead

Babies aren't supposed to sleep. Waking is the body's way of keeping them safe. So don't engage with "do they sleep well?", or "are they a good baby?" questions from people. Like what does that even mean? Are there really bad babies? Your baby doesn't need to be trained. Your baby needs to feel safe and secure in their sleeping, knowing that cuddles and breasts are there if they need them. It's good that breastfeeding provides comfort. Don't listen to people who tell you they're only looking for comfort, they're tiny babies, of course they're looking for comfort.

9 Cut yourself some slack

And finally it's okay to not love it all the time and to feel touched out and frustrated. So vent to other people who understand and start again in the morning or middle of the night or whenever baby decides they want to be fed!

HOW TO BATHE YOUR BABY

Bathing a baby for the first time can be quite scary. Here is a step by step guide to help make bath time fun for you and your baby



Giving your little one a bath for the first time can be a bit nerve wracking, but after some practice it can be a lovely experience. Babies, newborns in particular, only need to be bathed two to three times a week as too much bathing can dry out the skin. In fact, the vernix caseosa, the waxy coating on a newborn's skin acts as a natural moisturiser and can also help to prevent infections.

HOW TO TOP AND TAIL

Topping and tailing is a good option for the first few weeks. It entails washing your baby from head to toe with a warm sponge or with pieces of cotton wool. When bathing your baby this way, always make sure the room you are doing it in is set to a warm temperature. Have a clean nappy, clothes, and any baby cleanser or nappy cream that you may be using beside you.

1 Fill a bowl or sink with warm water and place your baby on a clean towel near the water so you are ready to dry them quickly after you have bathed them.

2 Start by dipping a piece of cotton wool into the warm water and squeezing it out. Use this to gently wipe your baby's eyes. Use a clean piece for each eye.

3 Take another clean piece of damp cotton wool and clean around your baby's ears. However, do not clean inside your baby's ears as this could damage their eardrum.

4 Using a fresh piece of cotton wool each time, wipe your baby's face, neck and hands. Do not scrub off any of the white vernix that may be left on your baby's skin as this is their natural cleanser and is very good for their skin. It will come off naturally in time.

5 Then take special care to clean your baby's bottom. This must also be done after every nappy change. Use a barrier cream to lock moisture in.

6 After washing your baby, gently pat them dry with the clean towel. Make sure that there is no dampness left in any creases on their body. If your baby has dry skin, apply a light layer of mild moisturiser or emollient to their skin.

HOW TO BATHE BABY IN THE BATH TUB

Whether you are transitioning from topping and tailing to putting your baby in a tub, or going for the tub from the get-go, the same routine applies.

To bathe your newborn baby, it is advised that you use a small plastic baby bath. Safety is the most important consideration – not necessarily the type of tub. It is not recommended to use a normal

bathtub as holding your baby with your arms stretched over the sides of the bathtub may make holding them safely more difficult.

Fill the bath with just a few inches of warm water. Never fill the bath more than waist-high (in a sitting position) for older babies and children. Do not put your baby into a bath when the water is still running. The depth could rise too high very quickly. The ideal temperature is around 37°-38°C, 36°C for a newborn. It is useful to use a bath thermometer to get the temperature just right. You can check the temperature of the water with your elbow or forearm, since those are more sensitive than your fingers. You want the water to be a little warmer than lukewarm. Make sure there are no hot spots in the water by swirling it around with your hand.

Always keep one arm supporting your baby's back, head, and neck.

Keep it there when you are putting your baby into the bath and while you are bathing them.

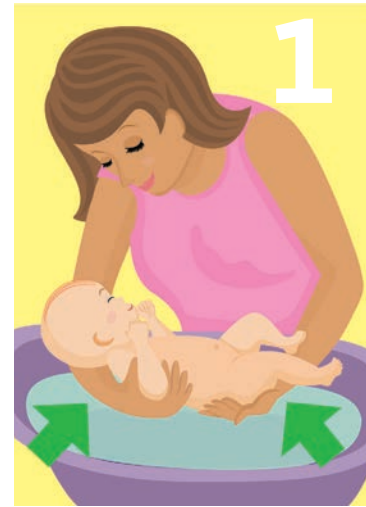
Use your other arm to wash them gently. The process of bathing your baby in the tub is very similar to topping and tailing. Repeat the whole process of topping and tailing, paying particular attention to the ears and creases in the neck.

Take care when you are lifting your baby out of the bath. Wrap both your hands around your baby's chest under their arms. Be careful to ensure your baby's head is also supported. When you have lifted your baby out of the bath, wrap them quickly in a clean, dry towel.

Gently dry them off and smooth on a mild moisturising lotion, oil or emollient if their skin is dry.

SAFE BATH TIME CHECKLIST

- ✓ Never leave your baby alone in the bath. Drowning is one of the most common causes of death in babies and children.
- ✓ For newborns and babies up to six months old, the water should be a depth of about 13cm (5 inches). Do not put your baby into the bath while the water is still running.
- ✓ Always keep a firm hold on your baby with your other hand and support her head above the water.



Keep your HOME HYGIENIC

A clean environment will help your newborn stay healthy. Here's how to keep your home germ free

It's a natural instinct for new parents to 'nest' and make their home as clean as possible for their newborn. The truth is, when bringing your baby home, you can never be too clean. A clean home means that there will be less dirt and germs hanging around that could make your baby sick.

Newborns and infants are more susceptible to catching colds and viruses; after all, babies have less-developed immune systems and tend to put things in their mouths.

However, good hygiene is not just about being stringently clean. It's more to do with preventing the spread of germs. For example, it's important to wash your hands after using the toilet or changing a nappy, or cover your mouth when coughing or sneezing.

The Hygiene Council (hygienecouncil.org) maintains that exposure to some germs is an important step in the process of natural immunisation of your child. The Council does also state that exposure to harmful pathogens that can cause serious infection is unnecessary and preventable by

practising good hygiene habits.

It's helpful to understand what a germ is. A germ is a microorganism, which can be bacterial or viral, and some germs can cause illness, which causes worry for parents. But not all germs are bad. Research has discovered that some bacteria are beneficial – and even necessary for our bodies to build up defenses through our immune system.

This is why nowadays, GPs are less likely to prescribe antibiotics as much as they did in the past; as while drugs kill bacteria, they also kill friendly flora that are useful for maintaining healthy bodies.

HOW TO REDUCE YOUR LITTLE ONE'S EXPOSURE TO HARMFUL GERMS:

✓ HYGIENIC HANDS

Proper hand hygiene is the most important hygiene measure you and your family can take. Wash your hands under running warm water with soap. Rub your hands together for 15-30 seconds and pay attention to fingertips, thumbs and in between the fingers. If you find yourself in a situation where water and soap are not available, use an alcohol-based



COLD SORES AND NEWBORN BABIES

If you develop a cold sore, or think you're coming down with a herpes infection, take these precautions:

- do not kiss your baby
- wash your hands before contact with your baby
- cover up any cold sores before breastfeeding to avoid touching your mouth and then your breast. This is enough to transfer the virus. Make sure visitors take the same precautions.

Keep your home ventilated

Keeping the windows open whenever possible can ensure that there is a healthy circulation of air at all times. This will help to reduce humidity, which means less house dust mites and mould spores.

MUM'S TIP

"Clean and tidy after use: This rule can be implemented from the kitchen right through to the bathroom. Quickly wash the bath after you've used it. It'll be much easier to clean and with a simple rinse after each use. Wipe down the kitchen surfaces every time you prepare food."

Miranda Mullins

Milton®

MAXIMUM PROTECTION

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by parents for
70
years

THE MILTON ROUTINE TO STOP GERMS

1

CLEAN
carefully all feeding &
breastfeeding equipment



+

2

STERILISE
for 15 minutes



+

3

**WASH AND
DISINFECT HANDS**
to limit germ transmission



100%
plant-based
active
ingredient



MILTON, PROTECTING WHAT'S PRECIOUS FOR OVER 70 YEARS

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@MiltonBaby

Use biocides safely. Always read the label and product information before use.

Always wash your hands:

- after visiting the toilet
- after handling or caring for pet animals
- after handling raw foods such as meat and poultry
- when you come home from work, shopping etc.
- before handling and preparing food for your baby
- before caring for/handling your baby
- after changing a baby's nappy
- after handling tissues or wipes used to wipe the baby's nose, eyes, bottom etc.
- after removing a facemask or visor

✓ LAUNDRY

- Soiled items including reusable nappies must be washed at 60°C or more in order to kill bacteria.
- Heavily soiled items should be laundered separately.
- Launder your baby's towels, clothes and bedding regularly.
- Run your washing machine empty at a high temperature occasionally to prevent it becoming a reservoir for germs.
- Wash your hands after handling laundry.

✓ NAPPIES

Nappy changing can result in the dangerous transmission of infection. This happens mainly through hand contact with faecal contamination, on cloths and sponges where organisms grow fast, as well as through germs spread accidentally onto kitchen surfaces and food.

In order to prevent infection, it is recommended that disposable nappies be sealed in plastic and placed in a waste container. Reusable nappies should be

disinfected within a nappy bucket, with the contents of this bucket poured down the toilet rather than the sink after use. As the risk of the spread of infection through nappies is so high, all surfaces touched during this procedure need to be cleaned and disinfected afterwards. Make sure to wash your hands thoroughly after changing your baby's nappy.

✓ AROUND THE HOUSE

Disinfection and regular cleaning of all surfaces that are frequently touched, such as door handles, taps, flush handles, toilet seats, switches and bin lids can help to reduce the spread of germs around the home. Always clean and disinfect kitchen work surfaces before preparing food.

Keep your baby's high chair clean using an antibacterial cleanser to kill any bacteria that may be present. Do not share the baby's towels, toothbrushes and other personal hygiene items with other family members.

✓ TOYS

Children love to share their toys and they can easily become contaminated through handling or by children putting their mouths to them. Some germs can remain viable on toys for a long period of time. Buy toys that can easily be washed either by hand or in the washing machine on a hot water cycle.

✓ FEEDING EQUIPMENT

Sterilise all of the equipment that you use to feed your baby. Before you sterilise feeding equipment, you need to wash it thoroughly in hot soapy water. Rinse off all traces of milk and food residue. Make

sure to follow the manufacturer's instructions carefully when sterilising baby equipment. Store all sterilised equipment in areas that have been cleaned effectively.

FAMILY HYGIENE TIPS

- Hand hygiene is essential for infection prevention. Teach siblings and others coming into contact with your child how and when to clean their hands.
- If brothers and sisters come home from nursery school with runny noses or coughs, make sure they practise proper personal hygiene and use tissues correctly.
- Parents should enquire about and be alert to local outbreaks of flu, vomiting bugs, diarrhoea, chickenpox and measles.
- Communal toys in nursery schools can be a potential source of infection spread.
- Don't share personal items, e.g. towels.
- Keep bathrooms clean and dry. Wet items such as face cloths can harbour bugs. Wash and dry face cloths regularly.
- Create a space to store baby bath items. Clean your baby bath after use and make sure it is dried properly.
- Clean all work surfaces and frequently touched surfaces often. Disinfect the hard surfaces that children touch frequently, including doorknobs, tables, light switches and countertops.
- Change towels frequently, but make sure they are properly dry before use.

NAPPY changing time

Here are some tips to help make nappy time as smooth and stress-free as possible, plus some advice to keep your baby's bottom healthy and rash free

Nappy changing is one of the first new super skills you will learn as a new parent. You might feel nervous about doing it for the first time, but just give it a few weeks and you'll be an expert at this task.

Stock up on a good supply of nappies before your baby arrives. If you are using disposables, you can expect your baby to get through about eight to 10 nappies a day when she is a newborn. Buying in bulk can really save money, as some supermarkets have special offers on nappies at different times. You may want to try a few types in the early days before buying your full amount. You'll need between 20 and 30 nappies if you plan to use reusable

nappies full-time, or between eight and 10 if you plan to use them some of the time. To treat stains, you can soak nappies in a sanitising solution for an hour or two before washing them.

HOW TO AVOID NAPPY RASH

The best way to prevent nappy rash is to change nappies frequently, particularly if they are soiled with poo. Nappy rash can develop quickly, and appears as a red puffy rash around your baby's genitals, bottom and the folds of her thighs. Washing your baby with cotton wool, unperfumed soap and warm water is the best way to keep her clean and prevent nappy rash. Disposable wipes are convenient, but are best used when you are out and about.

CHANGING ON THE MOVE

When you're out and about, pack a wet bag into your changing bag and put dirty cloth nappies in it until you get home. Wet bags are waterproof bags that help to reduce unpleasant smells.

If you're using disposables, when you go out, carry some extra plastic or biodegradable bags with you. You'll then have somewhere to put dirty nappies if there's nowhere to

dispose of them. You may also choose to use these to store cloth nappies until you get home.

Take one small bag, containing a clean nappy and an extra to cover, if using cloth nappies, and a packet of wipes, for each nappy change.

Each time you change your baby, simply exchange the clean items in the bag for the dirty ones.

For wipes, if you choose not to

MUM'S TIP

"I use wet cotton wool balls to clean baby's bum and a dry oval pad to dry them and then I use nappy cream. This has helped to prevent nappy rash. I only use baby wipes when baby has a dirty nappy." **Mary King**

If poo keeps leaking out of the top back of your baby's nappy, it may be time to go up a size. The weights on the packaging are just guidelines, and your baby may need a bigger size sooner than the manufacturer suggests.

If your baby wakes in the night for a feed, change the nappy as part of your usual routine. Your newborn baby will poo several times a day and wee every two to three hours. Wetness doesn't bother most babies though, so don't expect her to cry or show discomfort every time she needs changing.

Disposable nappies absorb moisture particularly well, so you may not always be able to gauge their wetness until they're soaked. Check nappies at every feed. Some disposable nappies for young babies have a wetness indicator on them. This is a line that changes colour if the nappy is wet. This isn't necessary, but it's a handy way to tell if it's time for a change.

use disposable wipes, you could take pre-moistened cloth flannels in a small wet bag. Or you can moisten dry cloth wipes with a small spray bottle filled with a mild water and soap solution and spray the solution onto a wipe when you need one.

Make sure to have anti-bacterial handgel to clean your hands if soap and water is not immediately available, and wash your hands as soon as you possibly can.

YOUR STEP BY STEP GUIDE TO CHANGING A NAPPY

Step 1: Prepare your station

- Wash your hands before you begin. Try to gather all the things you will need before you start.
- Place the baby on a flat safe surface, this may be a changing unit, or on the floor. Even though a newborn won't be wriggling that much, it is good practice to get into the habit of always having a hand on baby because within a few months, the baby will be able to roll and move.
- If you are not using a changing unit, place a changing mat or towel under the baby to prevent staining or leaks.



need to use baby powder. In the days after birth, it is not unusual for a girl to have a small amount of blood or white discharge, this is normal and is due to hormonal changes.

- For a boy, wipe front to back but also you can put a cotton wool ball over the penis just in case baby decides to pee because it can go everywhere and you will end up having to change all of

Step 2: Doing it

- Open or remove the baby's lower clothing. Sometimes you may need to remove the baby's vest or other clothing if they have become wet or soiled.
- Open the nappy, if the nappy is just wet, remove the nappy then use a baby wipe or wet cotton wool to wipe.
- For a girl, it is best to wipe front to back and discard the wipe and then wipe front to back again to avoid bringing bowel bacteria into the vaginal and urethral area. There is no his clothes!
- If the nappy is dirty, use the front part to clean away some of the poo from the baby's bottom, then tuck the front under the baby's bottom, to cover the dirty part of the nappy while you clean.
- Cleaning baby's bottom may be easier if you hold his feet up and away from his/her bottom.
- Pat the bottom dry with some tissue or soft cloth, taking care to dry any little creases of the baby's skin.
- Remove the dirty nappy from under the baby.

Illustrations: Yume Sato

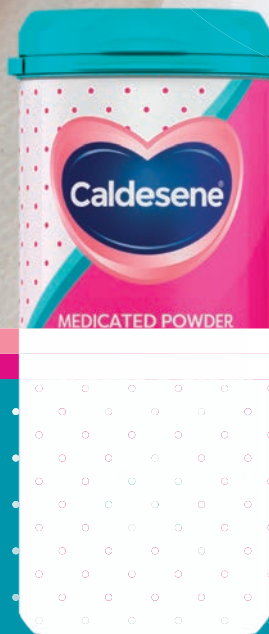


Step 3: Nearly finished

- You may wish to put the nappy and wipes etc. into a nappy sack or plastic bag before putting it in the bin.
- Place a clean nappy under the baby's bottom, making sure that it reaches up to the back of his/her waist.
- Smear on some nappy cream. In the early weeks, a small covering of clear petroleum jelly is sufficient, but nappy creams can be used as the baby gets older.
- Secure the tabs of the nappy.
- If using cloth nappies, put on a nappy and the nappy cover. Make sure the nappy is not too loose or too tight.
- Wash your hands.
- Dress the baby again.

So Happy in her Nappy...

To protect her delicate skin
make **Caldesene** part of your
everyday routine.



TENDER CARE AT *Every Change*



For topical use only. Cleanse and dry the affected area before applying. ALWAYS READ THE LABEL. The active ingredient in Caldesene Medicated Powder is Calcium Undecylenate 10% w/w, 20g, 55g, 100g pack size. Clonmel Healthcare Ltd. Date Prepared: October 2019. 2019/ADV/CAL/111C

NEWBORN NAPPIES – WHAT TO EXPECT FROM DAY ONE:



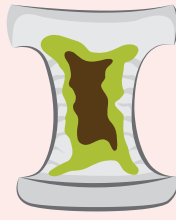
DAY 1

At least one wet nappy and sticky black poo (meconium).



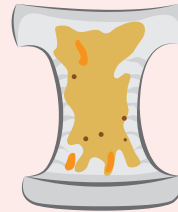
DAY 2

There should be at least two wet nappies and less meconium.



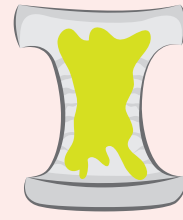
DAY 3

Baby is feeding more now, so at least three wet nappies and poos are becoming softer and a greenish-brown colour.



DAY 4

Expect at least four wet nappies and poos become a lighter brown/green or mustard and seedy appearance.



DAY 5

At least five wet nappies with soft, mustard yellow liquid poos at least three to four times every 24 hours.

BABY POO A COLOUR GUIDE

WHAT IS MECONIUM?

In the 24 to 48 hours after your baby is born, they will pass meconium. It will be tar-like, sticky, and greenish-black in colour. Meconium is the waste products that your baby has accumulated in the womb. If they don't pass meconium in 24 hours, contact your midwife. If your baby is vomiting and hasn't passed meconium or has a tight tummy, contact the doctor or midwife immediately.



DARK GREEN BLACK

This is your baby's first poo – meconium. It is normally passed on day one to two.



DARK GREEN/BROWN

This is sticky but getting softer, this poo appears after meconium until feeding is well established.



DARK BROWN

These poos are normally seen after six months when your baby starts solids.



YELLOW/GREEN

This poo normally appears within three to five days. It indicates that baby is now getting mature breast milk.



YELLOW/BROWN

This has a thicker consistency and is usually seen in the first month.

WHAT FACTORS AFFECT A BABY'S POO?

- Whether they are breastfed or artificially fed
- Whether they have started eating solids

Your baby's poos can tell you a lot about their health, so it's a good idea to observe the contents of your baby's nappy.

COLOURS FOR CONCERN



RED

Consult your doctor, as if your baby is constipated, they might produce harder poos with reddish streaks caused by straining.



WHITE

Chalky, white poo requires urgent attention from a medical professional.



BLACK

After your baby passes the meconium as a newborn, their poo should not be black in colour again. Contact your doctor immediately if your baby's poo is black.



are you baby ready



twist & click

ADVANCED nappy disposal system



Cot constructed. Nappies stacked. You're ready for anything...right? How about when those nappies get filled? Are you prepared for the smellier side of parenting?

The new stylish Twist and Click is the only nappy bin to twist and wrap each nappy for unbeatable odour block.

One last thing to tick off your list.

- ✓ The only bin that individually seals each nappy for unbeatable odour-block
- ✓ Anti-bacterial film kills 99% of germs
- ✓ On trend colours to suit every home
- ✓ Refill made from 98% recycled plastic

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THE IMPORTANCE OF POSTNATAL

self-care



Your public health nurse

The PHN (public health nurse) should normally visit your house or contact you within 24-72 hours to check how you and your baby are getting along and the number of subsequent visits she makes will depend on how well things are progressing with you and your baby. Go to page 79 for more details on public health nurses.

In those first weeks post birth, it's normal to put all of the focus on your newborn baby. It's vital that you look after your own health too in the postnatal period as it will help to speed up your recovery

The postnatal period, which usually lasts about six to eight weeks after the birth of the baby and ends when the mother's body returns back to its pre-pregnant state, is a really important time. You will go through many changes, both emotionally and physically, while learning how to deal with all the adjustments required with becoming a new mother. New mothers need to get plenty of rest, good nutrition and help during this time. If you don't prioritise your health during this period, it could impact your ability to care for your little one and also your ability to enjoy motherhood.

POSTNATAL BODY CHANGES

Bleeding

You will need to use extremely absorbent maternity pads, as you will bleed quite a lot from your vagina after the birth. Do not use tampons until after your postnatal check because they can cause infection.

- Lochia describes the discharge from the womb as its lining is shed following birth. For the first two to four days after the birth, the loss will be red and heavy, similar to a period. During the first week, the loss will diminish, becoming more brown or pink in colour. After about two to three weeks, the loss becomes

creamy brown/clear and eventually stops.

- If you notice that the loss has an offensive smell, becomes heavier or becomes bright red after the first four to five days, tell your midwife or public health nurse so that they can make sure you don't have an infection.
- Your next period may start again within the first six weeks, although if you are fully breastfeeding this may be delayed.

After pains

- You may feel mild contractions in the first few days after birth as the uterus shrinks back to its pre-pregnancy size. Painkillers such as paracetamol, (but take care not to exceed the stated dose), may relieve the discomfort. If you need something stronger, talk to your doctor.

Perineal pain

- If you have torn the perineum (the area around the vaginal opening) or have had an

YOUR POST BIRTH DOCTOR CHECK-UP

Your last check-up with your GP/hospital doctor will be about six weeks after giving birth. If you have a C-section, you may have an appointment sooner to make sure you're healing well after surgery. Your GP/hospital doctor will discuss any health problems.

The doctor may check your breasts for lumps and any abnormal discharge.

If you are breastfeeding, the doctor may make sure that the milk ducts aren't clogged and that you don't have an infection.

They will check your abdomen for muscle tone. A pelvic exam may be done to see if the uterus is back to its pre-pregnancy size and that the cervix is closed. They will also check how well an episiotomy or any lacerations have healed. Your doctor may also check your weight, blood pressure and enquire about how your life is with baby during this visit. Any necessary blood tests will also be taken, such as a blood count, especially if you lost a lot of blood during birth.

episiotomy and stitches, you are bound to feel sore and uncomfortable for the first few days. Make sure that you take medication to relieve the soreness.

- If you have had stitches, these take about two weeks to dissolve. Clean the area after going to the toilet. Avoid constipation and drink plenty of fluids in order to keep your urine diluted and reduce the stinging.
- Do not use soap, oils or perfumed products in the bath, keep the area clean and dry, and rest as much as possible until the stitches feel more comfortable.

BREAST CARE

The first milk produced is colostrum, which is quite yellow and comes in small quantities. When your breast milk 'comes in,' your breasts can become large and often very hard and tender – this is normal.

It is your baby's sucking reflex that encourages further production of the milk, and this 'letdown' reflex can cause abdominal cramping for a while. This is also completely normal. It is important to wear a well-fitting and supportive maternity bra during this time.

You may also feel more comfortable wearing it at night. If you are breastfeeding, you may wish to wear breast pads. These disposable pads fit neatly into your bra and absorb excess milk.

MAKE SURE YOU:

- ✓ **Look after your back**
For an achy back, try focusing on bending from your knees when you lift the baby, and use a footrest to elevate your feet when

breastfeeding or sitting.

✓ Watch your diet

Your diet following the birth of your baby should be nourishing and well balanced. Try to eat adequate protein as this is needed for body repair and has an important role in the production of breast milk. Make sure to watch your iron levels. Include red meat or pulses like chickpeas, kidney beans and lentils in your diet.

Fibre-rich foods are important if you had stitches as eating fibre helps to avoid straining when using the toilet. Try to eat every three to four hours and have lots of healthy snacks such as nuts and dried fruit handy.

✓ Bladder health is important

- Two out of three pregnant women will experience some form of bladder weakness during and after pregnancy. This is because pregnancy, labour and birth place additional strain on the pelvic floor muscles, thus weakening them. You may leak a few drops when you sneeze, cough or laugh.

There is a lot you can do to help your bladder to stay healthy:

- Drink plenty of fluids (2-3 litres a day), but if you find you have to go to the toilet frequently during the night then cut out drinking before bedtime. But make sure you make up for it during the day.
- When you are on the toilet, try rocking backwards and forwards. This lessens the pressure of the womb on the bladder so that you can empty it properly. If you do this, you won't need to pass water quite as often as before.
- Don't go to the toilet 'just in case' or every time you get the urge – try to hold on.
- Cut down on bladder irritants such as coffee, tea, cola drinks and of course no alcohol should be consumed.
- Maintain a healthy weight.
- If possible, attend a postnatal physio class. Learn how to do pelvic floor exercises.

Cervical check - smear tests

You do not need a smear test after having a baby unless you are due to have your smear test. If you are due to have your smear test, you should wait for at least three months after having your baby.

If your last smear test result was normal and your next smear test is due while you are pregnant, you can delay the smear test until three months after giving birth.

If your last smear test result was not normal and you are pregnant when your next smear test is due, you can have a smear test during pregnancy. A smear test can be done safely during pregnancy and is usually taken in the second trimester (weeks 13-26). If you have any concerns, talk to your family doctor (GP) or nurse.

Self-care tips for new mums:

- ✓ Get outside for a few minutes each day. You can begin with small walks to the shop.
- ✓ Do not feel obligated to entertain visitors. Feel free to excuse yourself for a nap or to feed your baby.
- ✓ Sleep when the baby sleeps. This may be only a few minutes of rest several times a day, but these minutes can add up.

Soothe the CRYING

Babies communicate by crying. Learn how to understand your baby's cries and follow these tips to help soothe her

There are lots of reasons why babies cry – it's the only way they know how to communicate with you. They soon find out that it's the most effective way of capturing your attention. Don't be discouraged during those early weeks if you struggle to decipher why your baby is crying.

Most parents of newborns will spend much time soothing and rocking to try to soothe the tears. The basic causes of crying include hunger, wind, over-tiredness and dirty/wet nappy – so once you've covered these factors, you can try to understand the reasons behind your baby's cries.

TRY THESE SOOTHING STRATEGIES:

Go for a stroll. Try putting your baby in a pram and go for a walk. Even if she doesn't stop crying, it's sometimes easier to cope when you're on the move.

Keep your baby close to you. Try using a baby carrier or sling so that you can maintain bodily contact.

CHECKLIST: WHY IS BABY CRYING?

It can be helpful to be able to recognise the reasons why your baby may cry. Here are some tips on what you can do to try and meet her needs.

✓ **Hunger or thirst:** Your baby may be hungry or thirsty. Crying may not stop immediately when you offer a feed. If you are able to stay relaxed, your baby will be able to calm herself more easily and start to feed. Remember that newborns have very small stomachs and need to eat every few hours.

✓ **Sleep:** Babies often cry when they are tired, so finding a way to get your baby to sleep may help. Newborns often sleep for up to 16 hours a day, some sleep even more. Try soothing your baby, then putting her down in her cot and leaving her for a few minutes to see if she will go off to sleep while you have a break, or you could put her in the buggy and go for a brisk walk.

✓ **Over-stimulation:** Too much noise, movement or visual stimulation can be overwhelming; try taking your baby to a calmer environment. White noise such as the monotonous sound of an electric fan or vacuum cleaner might help your crying baby relax.

EXPERT ADVICE

How to calm a crying baby in the middle of the night

Swaddle your baby with a blanket. Swaddling is soothing because it inhibits the reflexes which are disconcerting for your baby. When swaddling, it is important your baby's hands are swaddled close to her face, so she can help soothe herself. When holding your baby, hold gently yet firmly. Do not be tempted to bounce your baby up and down or sway from side to side, as the movements will be too stimulating for her already overtired brain, rather gently rock your baby to help resettle her.

Ensure her sleep space is quiet and calm, play some gentle music. Preferably 'white noise' or lulling music, to mask any background noise which may be bothering your baby.

Fiona O'Farrell,
Occupational therapist and
Paediatric Sleep Expert

✓ **The need for a cuddle:** It's a big transition for babies – going from the womb to the outside world.

They usually love to be held and touched and can also need reassurance that someone is close by. Gentle massage or light pats on the back can help to soothe a crying baby too.

✓ **Physical comfort:** Check if your baby has a dirty nappy or perhaps she is uncomfortable, or too hot or too cold.

✓ **Illness:** If you've done everything you can, you might wonder if your baby is ill or in pain. A baby who is ill, often cries in a different tone. It may

be more urgent or high-pitched. If your baby has difficulty breathing through the crying, or if the crying is accompanied by vomiting, diarrhoea or constipation, call your GP immediately.

BABY FEEDING CUES

Hunger is often one of the main reasons for babies crying. Have a look at the image below of baby feeding cues that might help you to figure out what your crying baby needs.

DECODING CRYING CUES

Priscilla Dunstan, founder of Dunstan Baby Language (dunstanbaby.com), believes she has unlocked the secret to understanding newborn babies' cries. Thanks to her photographic memory for sound, Priscilla was able to hear the differences between the

sounds of infant cries and unlock the meaning behind them. Priscilla tested her baby language theory on more than 1,000 infants around the world and she maintains that there are just a handful of words that babies (age 0 - 3 months) are saying.

Here are the five 'words' (with explanations) that Priscilla Dunstan says can be found in the cries of all newborn babies:

- **Neh** "I'm hungry" The "N" sound comes from the suckling reflex. The baby is putting their tongue to the top of their mouth, like they do when they suckle.
- **Owh** "I'm sleepy". This reflex sound is tied to the yawn reflex.
- **Heh** "I'm uncomfortable". This is the cry a baby makes when they are too warm, too cold, need their nappy changed, or are otherwise 'in distress'.
- **Eairh** "I have lower gas." This sound is a deeper cry than others – often sounding like a grunt – and is sometimes accompanied by a drawing up of the legs. This cry means the baby probably needs to have a bowel movement, or has intestinal gas.
- **Eh** "I need to burp." This is a reflex sound that a baby makes when they are trying to push air out of their stomach.

MUM'S TIP

"Cradling your baby face down on the forearm and gently swinging them, or carrying them around in a sling can help to soothe a crying baby."

Donna Smith

It's okay to ask for help. In the early months, most babies cry more at a specific time of day, often in the early evening. If you have a friend or relative who can help you at these times, don't be afraid to ask.

Take a break. If you're feeling overwhelmed, put your baby somewhere safe and take a five-minute break. A little bit of crying won't hurt your baby. This stage of intense crying will pass, probably sooner than you think. It's always okay to ask for help. Your public health nurse or GP is a good place to start.

Keep calm. If nothing works, it is okay to leave the baby in a safe place like a cot and take time to calm down. Take a few deep breaths. Call a friend or family member. Try to be patient. Keeping your baby safe is the most important thing you can do. It is normal to feel upset, frustrated, or even angry.





BUILDING A bond with baby

Don't feel pressured to bond, it will happen naturally and it's normal for it to take a bit of time.

often used in premature babies, but studies show that it's also calming to babies born full-term. It not only helps with bonding, but it can also improve your baby's ability to breastfeed. Skin-to-skin

contact is a great way for dads to bond with baby. Other bonding activities could include singing to baby, bathing baby and changing nappies.

Bonding with your newborn is an important part of their development. But as each pregnancy and birth is different, some parents need more time to bond with their little ones. Find out how to build the connection

Did you know that having a secure emotional attachment with your baby can positively affect how she communicates and forms relationships for the rest of her life? It's important to start bonding with your baby early – it's this unique emotional relationship that makes you want to care for and nurture her. Some parents feel a bond with their baby moments after birth, while for others it can take weeks or even months to develop. Don't feel guilty if your bond isn't immediate. Every pregnancy and birth is different.

Sometimes the bonding process can begin during pregnancy, when you feel the baby moving. It can even start earlier when you see your baby at the

DAD'S TIP

"Spending time with your newborn is the ultimate answer to bonding, and there are lots of opportunities for that all-important one-on-one time with dad. Nappy changes, bath time, setting up a bedtime routine, going for walks or just cuddling on the couch are just some ideas." **Dave Hedigan**

ultrasound scan for the first time. A secure bond provides your baby with an enthusiasm to learn, self-awareness, trust and to consider others.

HOW TO STRENGTHEN YOUR BOND WITH BABY

✓ Breastfeed your baby

Nursing your baby is a lovely way to have skin-to-skin contact with your little one. You can also use the opportunity to gauge your baby's mood by looking at her facial expressions and body language. Giving your baby lots of TLC and nourishment will help your baby to learn to trust and be comforted by you.

✓ Have skin-to-skin time

Touch is one of the earliest forms of communication for a baby. Mothers and babies are naturally primed to get to know each other as soon as possible after birth – this is why skin-to-skin contact straight after birth is so important. Research has shown that it helps mothers to release endorphins – the hormones that help you to feel calm and responsive to your baby's needs. The practise, sometimes called 'kangaroo care', is

✓ Massage your little one

Massaging your baby can be great for bonding with baby as it encourages the release of your body's happy hormone oxytocin. Massage helps you to work out how your baby is feeling too. Babies love to be touched and held – massage helps to reduce stress and encourages sleep.

✓ Make faces

You will notice your baby from an early stage imitating your facial expressions and gestures. So make lots of silly faces and smile to your baby as much as you can. You can do this when you're changing her nappy or during bath time.

✓ Hum a tune

Humming or singing your favourite song can be really relaxing for baby. Don't worry about how your voice sounds – your little one will love it!

✓ Keep talking and smiling

Babies love to listen to people talking and to your conversations. Talk to your baby when you're out for a walk, describe the surroundings, talk about weather – babies really enjoy a chat. Try to do all this with a smile on your face – research shows that newborn babies can recognise your voice and a smile.



Mind your mental wellbeing

Susanne Daly, Perinatal Mental Health Support Midwife at The Coombe explains how women can cope with the emotional challenges of early motherhood and how to recognise the early signs of postnatal depression

It's normal to experience some degree of mood swings after giving birth. However, in the beginning postnatal depression (PND) can look very similar to the 'baby blues', as they both share very similar symptoms. The symptoms of PND are more severe, they last longer than two weeks, and can affect your ability to function and care for your baby.

Early detection of mental

health issues is key. Two-thirds of women who have suffered with depression or severe anxiety antenatally, will experience depression postnatally. Postnatal depression and anxiety can impact negatively on mother/infant bonding, which is vital for the long-term emotional and cognitive development of the child. Also, mental health issues can impact the whole family, and are associated with a

higher incidence of relationship breakdowns.

Factors that affect women's mental health during pregnancy and postnatally:

✓ **Relationships**

Poor social support or lack of a confiding relationship, or a difficult marital/partner relationship will impact negatively on a woman's

PREGNANCY

LABOUR & BIRTH

HOME AT LAST

FIRST 12 MONTHS

EQUIPMENT & GEAR

HELP

RECIPES

TOOLS

Fact
 Postnatal Depression (PND) affects around 15%-20% of women in the weeks after giving birth.
 (Source: www.pnd.ie)

mental health. Other issues such as additional stressful life events, e.g. bereavement and relationship break-up can also impact negatively on a woman's mental health.

✓ A previous history of mental health issues

The biggest risk factor is having a previous history of a mental health issue. If you have a history of depression, postnatal depression, anxiety, psychosis, bi-polar disorder or any history of mental illness, it is very important to mention this at time of booking, so that you can be offered the support of the Perinatal Mental Health Team.

The sooner a woman seeks treatment, the better. If a woman feels sad/depressed/anxious/worried for more than two weeks, and/or begins to feel that life is not worth living, and these feelings won't go away, it is vital to reach out for help as soon as possible. It is important to discuss with your GP or midwife how you are feeling.

BUILD A SUPPORT NETWORK

Start developing a network

of support during pregnancy, whether this is from family, friends or other women who are pregnant or have children of a similar age. Think about who may be able to support you if you need it. Support can be both emotional and practical. It could be someone you may call if you are feeling down or anxious, or someone to share your concerns with.

Practical support could be a family member or friend who could do some shopping for you, or mind your baby while you catch up on sleep.

Try to ensure that your partner is at home for the first week or two after your baby's birth to provide you with extra support. If your partner has to

go back to work early, perhaps a grandparent or sibling could help out, or agree to drop in daily.

VALUE YOURSELF

It is also important to take time for yourself. Many mothers put their own needs last. Tending to your own needs or self-care is about valuing yourself. Self-care can make you a better caretaker – neglecting your own needs can lead to deeper unhappiness, low self-esteem, resentment and burnout. Do activities that you enjoy, such as pregnancy yoga, mindfulness, tai chi, swimming, walking or other gentle exercise. The relaxation and feel-good effect of these activities is cumulative, i.e. it builds up with regular practice.

MUM'S STORY

There wasn't a baby book that I hadn't read when I was expecting my first child. I read them all and I read each page of them. Even the little bit at the back that is just the graphs for height and weight, wondering where my little bean was going to go. I even read and went back to the little square of cordoned off text that came after baby blues, the one on postnatal depression.

I thought I didn't have it for a good while, as I didn't seem to have any of the signs or symptoms listed. Thus, leading me on a different journey of understanding it.

Once I made up my mind to actually start changing things and

talking about my mental health, a magical thing happened, other people started talking about their experience too. It was heartening to hear stories of people who had survived it, rolled it up and kicked it out of the park.

My eldest was 15 months when I went to the doctor, and I fully expected to get laughed out of the room. I was not, and in fact, she was so unsurprised that I was shocked myself. There are so many fantastic resources available, both online and off, to help you through your postnatal depression journey. If you are worried, speak to your GP.

Jane Clare, writer, blogger and mother.



PROFESSIONAL HELP

Sometimes seeking professional help can be beneficial. There are some organisations that provide support and counselling for women during pregnancy and postnatally. Cognitive behavioural therapy (CBT) also works well for mild to moderate depression and anxiety. It works on the basis that your thoughts affect your moods, and that changing your thoughts can change how you feel. CBT can help you identify anxious or negative thoughts and the situations that trigger these thoughts. CBT is available both through private and some low-cost services.

Finally, medications can help to reduce depression and

anxiety, but non-pharmacological treatments are the first line of treatment in mild depression/ anxiety. Overall, the risk of birth defects and other problems for babies of mothers who take antidepressants is low. The decision to use antidepressants is based on the balance between risks and benefits and will be made by your GP or psychiatrist in consultation with you. Do not neglect your mental health. Know that the care is available to you.

SOME OF THE SIGNS YOU NEED PROFESSIONAL HELP:

- ✓ Lethargy and lack of interest in normal activities, or other people.
- ✓ Exhaustion – even when you have a normal iron level and are getting regular sleep.
- ✓ A flat apathetic mood or feeling of numbness and sadness.
- ✓ Recurring disturbing thoughts.
- ✓ Ongoing feelings of resentment or irrational fears towards your unborn baby; hopelessness or anxiety.
- ✓ Fear of rejection by your partner.
- ✓ Inability to think clearly, make decisions or cope with daily routine.

TREATING PND
 Together, you and your doctor should be able to decide which is the right treatment for you. Get support by attending the Liaison Perinatal Mental Health clinic at your maternity hospital. Short term use of an antidepressant compatible with breastfeeding prescribed by a Perinatal Consultant Psychiatrist may also be helpful.

WARNING SIGNS OF PND INCLUDE:

- ✓ Persistent low mood or constant elation.
- ✓ Irritability.
- ✓ Deep despondency.
- ✓ Tearfulness.
- ✓ Feelings of total inadequacy.
- ✓ Exhausted but unable to sleep, even when baby is asleep.
- ✓ Poor appetite or excessive comfort eating.
- ✓ Feelings of hopelessness.
- ✓ Excessive anxiety about your baby.
- ✓ Suicidal thoughts.
- ✓ Sometimes, you may only experience physical symptoms of anxiety, such as breathlessness, sweating, a thumping heartbeat or fears that you may collapse. Or you may simply be unable to enjoy, or be interested in anything, including your baby.

GET SUPPORT
Postnatal Depression Ireland
www.pnd.ie
 Support line: 021 4922 083
 Support line is attended from Monday to Friday between 9am and 1pm. An answering service is available outside these hours.

Nurture Health
www.nurturehealth.ie
 Tel: 085 8619585
 Lines are open Monday – Friday from 9:00am – 6pm

Aware
www.aware.ie
 Aware Support Line:
 Freephone: 1800 80 48 48
 Available Monday – Sunday, 10am to 10pm.

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LABOUR & BIRTH

HOME AT LAST

FIRST 12 MONTHS

EQUIPMENT & GEAR

HELP

RECIPES

TOOLS

POSTNATAL & NEWBORN



Q What is sepsis and should I be worried?

A Sepsis is a complication of a severe infection. When the immune system fights the infection, sepsis sees the body go too far and start to attack organs and other tissues. When it occurs in pregnant women or within six weeks after giving birth, it's called maternal or postpartum sepsis. Without treatment, sepsis can lead to serious complications, and can affect your unborn baby before or during birth. It should be treated as quickly as possible.

Symptoms of sepsis include:

- High temperature (over 38.3 degrees Celsius)
- Very low temperatures (less than 36 degrees Celsius)
- Chills and shivering
- Fast heartbeat
- Fast breathing or breathlessness
- Headache
- Severe abdominal pain
- Extreme sleepiness

Treatment of sepsis will vary depending on the site and cause of the initial infection, the organs affected and the extent of any damage.

Q Is it normal for a baby to lose weight in the first days of life?

A It is normal for babies to lose as much as 10% of their birth weight within the first few days of life.

By the time they are two weeks old, they should have regained the lost weight and be very close to

their birth weight.

The majority of babies will double their birth weight by the six month mark and should triple their birth weight by their first birthday.

Your public health nurse and GP will see them fairly often during the first year and will keep a close eye on their growth. You will know when your baby has had enough because they are happy and active, sleep well between feeds and have wet and dirty nappies.

Q How many layers of clothing should my baby wear?

A Dress your baby as you dress yourself, varying the types and amount of clothing according to the weather or room temperature. Babies are small and tend to lose body heat more easily than adults, but they also can get overheated if dressed too warmly. Check your baby's skin temperature by feeling the back of his neck or his arms or chest. Don't judge his temperature by his hands and feet, because they are usually cooler than the rest of the body. If your baby is too warm, he will feel hot all over and may look flushed, feel sweaty, or develop a bumpy heat rash. If your baby is too cold, he will feel cold and may be fussy or curled up tightly to keep warm.

As a general rule of thumb, dress your baby in one more layer of clothing than you are wearing. On very hot days, your baby will probably be comfortable wearing just a nappy and a cotton vest.

On cooler days, add layers of clothing until your baby feels warm enough. A few light layers of clothing retain heat better than one thick layer, and outer layers can be easily added or removed as the surrounding air temperature changes. Hats help to retain body heat in cool weather and protect against the summer sun.

Q What is the safest way to lift and hold a newborn?

A Always support your newborn's head. When picking up your baby, slide one hand under his head, with your other hand under his bottom. Once you've got a good hold, scoop up your baby and bring him close to your chest. Make sure your baby's head is resting on your chest. Slide your hand up from his bottom to support his neck. Gently move your baby's head to the crook of your arm, still supporting his neck. Place your other hand under his bottom.

Q I am finding it difficult to poo after my baby's birth.

A It is quite normal for women to find they do not have the urge to poo for a few days following the birth of their baby. Ensure you are drinking plenty of water and eating fruit, vegetables and fibre. If you are feeling uncomfortable or constipated, or you have piles which are painful it is advisable to speak to your midwife or GP about the best course of action to take.

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The first twelve months



Relieve baby's tummy troubles

We outline some of the main causes of digestive discomforts, as well as how to soothe your baby's tummy aches and pains

A newborn's digestive system has a lot of work to do in those early weeks. While it is still developing, it has to process nutrients and waste while your baby is busy feeding. It's little wonder that stomach issues pop up now and again. Here are some tips on how to soothe your baby's tummy discomforts.

COLIC

Colic is a very common condition that is not very well understood. The most common symptom of colic is uncontrollable crying in a baby for no reason. This can be hugely stressful for parents when their otherwise well-fed and healthy baby cries incessantly and cannot be comforted.

What are the symptoms?

The crying that is associated with colic is usually very intense. Your baby's face will be red and flushed, their crying will be severe and furious, and there will be little or nothing that you can do to comfort them. You may also notice a distinctive change in your baby's posture. Your baby may clench their fists, draw up their knees, or arch their back.

Crying most often occurs in the late afternoon, or evening, and is usually persistent, lasting for at least three hours a day, for at least three days a week, and for at least three weeks duration.

The cause (or causes) of colic are unknown, but some researchers think that indigestion or wind may play a significant role.

Treatment

Unfortunately, there is no cure for colic. However, doctors, midwives and public health nurses have plenty of suggestions to try to soothe the tears and the pain. The good news is that most babies improve significantly after three months and are over colic by the time they're five months old.

REFLUX

When a baby has gastro-oesophageal reflux, the food and drink travels down the foodpipe as normal. However, some of the mixture of food, drink and acid travels back up the foodpipe, instead of passing through to the large and small intestines. As the food and drink is mixed with acid from the stomach, it can irritate the lining of the foodpipe, making it sore. Gastro-oesophageal reflux is very common

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in the first few weeks and months of life, as the sphincter (ring of muscle) at the base of the oesophagus has not matured yet. Many babies with reflux gradually improve as they grow, particularly when they start to eat more solid food and feed in an upright position in a high chair for instance.

What are the symptoms?

The main sign of gastro-oesophageal reflux is frequent spitting up or regurgitation after feeds. She may occasionally cough a little after regurgitating the milk if some has 'gone down the wrong way.' Or she may cry during a feed, especially if you lie her down.

Treatment

Simple measures, such as holding your baby in an upright position for 20 minutes after each feed, can be helpful. It's also worth trying smaller, more frequent feeds. It's important to contact your GP if you are concerned that your baby has reflux.

LACTOSE INTOLERANCE

Lactose intolerance is an inability to digest the lactose, or sugar in milk. It's not the same as a milk allergy, which is a rare condition, and is when a baby's immune system reacts to proteins in milk, causing eczema, a rash or other symptoms.

What are the symptoms?

Symptoms can include diarrhoea, vomiting, bloated stomach and stomach pain and wind.

Treatment

Sometimes, babies develop lactose intolerance for a short period after a

EXPERT ADVICE

Osteopath Julie Ellwood shares some advice on how osteopathy can help to treat a baby's ailments.

"An osteopath is trained in osteopathy - a form of manual therapy that focuses on overall body health and wellbeing by treating imbalances and weaknesses of the musculoskeletal framework. Osteopathic treatment is directed to muscles, joints and connective tissue and aims to reduce pain, improve balance, and enhance the healing capacity of the body by promoting optimal blood flow, healthy nervous system tone, and lymphatic drainage. Infantile colic is a common problem, and colicky crying babies can cause stress, frustration and anxiety for families. There is insufficient clinical evidence to advocate one particular treatment option over another and many parents now choose a more natural approach to helping their children overcome such problems. Osteopathy is based on the premise that infants may

have musculoskeletal strains or limitations affecting comfort, feeding and gut motility causing distress.

Treatment involves gentle, non-invasive, manual techniques that are not painful or uncomfortable for children. Osteopaths also offer a mix of health screening, education, advice and psychological support for these infants and their parents.

Other paediatric conditions often treated by osteopaths include feeding difficulties, sleeping problems, digestive problems, ear nose and throat problems and flat head syndrome. Osteopathic care does not claim to cure any of the conditions listed and there is a recognition within the profession to provide better research into why and how it works." *The Julie Ellwood Clinic in Strandhill, Co Sligo offers osteopathy treatments for the whole family with particular expertise in treating small babies, children and pregnancy-related conditions.*

Wind relief

Gentle stomach or back rubs or a warm bath may help. Once your baby is old enough to move around and change his position, wind will become less of a problem.

tummy bug. If your baby is artificially fed, your GP may recommend a lactose-free formula for a short time. It's rare for this to happen in breastfed babies; if it does, you can keep on feeding as it's usually a short-term condition.

CONSTIPATION

What are the symptoms?

If your baby's poo is hard and pebble like, this is a sign of constipation. Constipation is rare in younger

babies, especially breastfed infants. The frequency that your baby poos varies a lot depending on their age and how you are feeding them. It can be typical for a breastfed baby to fill their nappy at each feed in the early weeks then after six weeks not have a poo for seven to 10 days. Artificially-fed babies again can poo up to five times a day when newborn, but after a few months, this can decrease to once a day. Constipation occurs when a stool in the lower intestine is pinched by the tightening of muscles, which can stall it, and the

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*Hitwise January 2020 analysis of independent probiotics supplement brands

longer it remains there, the firmer and drier it becomes. Constipation is more common in older babies who have started on solids. Symptoms of constipation include irritability, gastric discomfort, a hard abdomen, abdominal pain and hard to pass pellet-like stools.

Treatment

If your baby seems constipated, give her plenty to drink. Some babies become constipated simply because they aren't getting enough fluids. Talk to your GP or public health nurse before trying home treatments. If your baby is on solids, increasing fibre in the diet will bring relief to this condition.

DIARRHOEA

Most babies have occasional loose stools (poo). Breastfed babies have looser stools than artificially fed babies. Diarrhoea is when your baby frequently passes unformed watery stools.



What are the symptoms?

A looser stool every once in a while is not uncommon. However, if bowel movements suddenly become much looser or more watery, frequent, and profuse, it may be diarrhoea. Diarrhoea and vomiting are more serious in babies than older children because babies can easily lose too much fluid from their bodies and become dehydrated. They may become lethargic or irritable, have a dry mouth, and have loose, pale or mottled skin. If they become dehydrated they may have fewer wet nappies. They may lose their appetite and have cold hands and

feet. It may be difficult to tell how much urine they're passing when they have diarrhoea.

Treatment

If your baby becomes dehydrated they will need extra fluids. Your GP may recommend you giving her oral rehydration solution a few times an hour, in addition to her usual milk feeds. Contact your GP if your baby has a fever, diarrhoea or vomiting for more than 12 hours. If your baby is less responsive, feverish, has a swollen tummy or is not passing much urine, contact your GP immediately.

IMPORTANCE OF BURPING BABY AFTER A FEED

Your baby can swallow a lot of excess air along with her milk when she feeds. Some babies have a lot of wind and need burping after every feed. Other babies hardly ever have wind. Breastfed babies tend to get fewer problems with wind than artificially fed babies. Babies learn to eat without swallowing excess air as they grow older, so don't worry if your baby doesn't burp after every feeding.

Repeated gentle patting on your baby's back should help to bring up your baby's wind. Keep a muslin cloth handy on your shoulder or underneath your baby's chin to catch any spit up.

Burping positions:

- 1 Sit upright and hold your baby against your chest with her chin on your shoulder while you support her bottom with one hand. Gently pat your baby's back with your other hand.
- 2 Hold your baby sitting up, in your lap or across your knee. Support your baby's chest and head with one hand holding your baby's chin in the palm of your hand. Rest the heel of your hand on your baby's chest making sure that you are holding your baby's chin and not the throat. Pat your baby's back gently with your other hand.
- 3 Lay your baby on your lap on her stomach. Make sure that her head is supported and that it's higher than her chest. Gently pat her back.



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Precious BABY SKIN

Your baby's skin is very delicate. Here are some tips on how to take good care of it

After birth there are a lot of things your baby's body has to adapt to – including their skin.

Throughout the first month (or longer in premature babies), your baby's skin matures and develops its own natural protective barrier. Vernix (the white sticky substance that covers your baby's skin in the womb) should always be left to absorb naturally. This is a natural moisturiser and protects against infection in the first few days. Rest assured that most rashes are harmless and will clear up on their own. Here are some of the most common newborn skin conditions in the first few months.

NAPPY RASH

Nappy rash is a very common condition and is caused by ammonia in the urine, which irritates a new baby's very sensitive skin. It can sometimes be the result of a fungal infection.

Most nappy rashes are mild and can be treated with a simple skin care routine. Your baby may cry more often than usual and be irritable.

Contact your GP immediately if your child develops severely inflamed

(swollen and irritated) skin or a fever. This may be a sign of infection.

How to treat

- It helps to change the baby's nappy often. Clean the whole nappy area thoroughly, wiping from front to back. Use plain water and cotton wool rather than baby wipes, patting the area dry with a soft towel. Airing your baby's bottom after topping and tailing is also beneficial, as it allows the skin to breathe and heal without being covered up. Some babies are more prone to nappy rash than others, so try to ensure baby is not left in a wet nappy.
- If your baby has nappy rash or sensitive skin, it's a good idea to protect it with a thick barrier cream after every wash. To protect the red skin, you can use a zinc paste or barrier cream, which is available at the chemist: zinc forms a protective surface over the skin. There are also ointments that can help to seal in the skin's natural moisture, without drying out your baby's delicate skin. Antifungal cream may be necessary if the rash is caused by a fungal infection.



ECZEMA

Eczema is a long-term condition that causes the skin to become itchy, red, dry and cracked. The most common form is atopic eczema, which mainly affects babies and children but can continue into adulthood.

There is no cure, but there are ways to help improve the condition and reduce irritation. Baby eczema shows up as patches of red skin on the face, scalp and body. As the child gets older it usually starts to develop in areas with folds of skin, such as behind the knees or on the front of the elbows. Creams and ointments can often help relieve the symptoms. Infant eczema can be easily confused with cradle cap, another red, scaly rash of infancy.

How to treat

During flare ups or acute inflammatory periods it is best to seek medical advice. Your GP will prescribe emollients for dry skin and the weakest effective topical corticosteroid. Different strengths are needed for different parts of the body. As long as the eczema is not infected, certain dressings or bandages – known as dry wraps, wet wraps and occlusive dressings – may also be applied by a healthcare professional.

They work by reducing itchiness, preventing scratching and helping to stop the skin from drying out. If your baby has atopic eczema, anti-scratch mittens may stop them scratching their skin.

DRY SKIN

Babies often have dry skin, because their oil-secreting glands aren't fully developed, so the natural water in



their skin dries out more quickly. You can help to ease the dryness by adding a baby bath emollient to the water when you bathe your baby. Emollients are skin softeners or smoothers that help your baby's skin to hold in water. They moisturise dry skin, reduce scaling, soften cracks in the skin and reduce itching. Bath emollients can make your baby very slippery. So keep a gentle, but secure grip on your baby while she's in the water.

How to treat

- Bathe your baby less frequently. Frequent and lengthy bathing

strips your baby's skin of the natural moisture and oils it needs to remain supple. Instead, you can wash your baby by topping and tailing, which means washing your baby from head to toe with a warm, damp sponge or flannel and pieces of moistened cotton wool.

- Moisturise your baby's skin immediately following her bath/top and tail wash. Use an unscented moisturiser that is suitable for babies.
- Hydrate your baby. Feed your baby breast milk whenever she

What is jaundice?

Some babies develop mild jaundice when they're about three days old. Their skin and the whites of their eyes will appear a bit yellow. Jaundice, which is caused by pigments released during the breakdown of old red blood cells usually fades within 10 days. More severe jaundice may need treatment. However if your baby develops jaundice in their first 24 hours, they will be checked by a doctor immediately.

EXPERT ADVICE

"Babies aged under one year have extremely delicate skin. Their immune systems are also immature until the age of 10. If babies have a family history of eczema, asthma or hay fever, they are likely to develop eczema. This likelihood is increased if perfumed products are used routinely on their skin.

Treating baby's sensitive skin

I recommend using bath oils, moisturisers and nappy creams that can contain as little ingredients as possible. When bathing, use a gentle bath oil and keep the temperature of the water as tepid as possible. Always follow up with a natural moisturiser.

We tend to overheat our homes in Ireland. Always keep children's rooms between 18°C and 20°C degrees. Also, don't overwrap babies – they can't control their body temperature very well, which leads to over heating. Sweat left on the skin can lead to rashes, which can usually be cleared up with a mild steroid. Any new rashes should always be checked out with a GP.

Eczema

We don't have specific figures for Ireland, but it is estimated that

possibly one in five children under the age of six years have eczema. Children who develop eczema under the age of two normally grow out of it by the age of 10. However, we are seeing children who experience a reoccurrence of eczema during the teenage years.

The location and appearance of eczema changes as children grow. In young babies, eczema is most prominent on the cheeks, forehead, and scalp. It may affect most of the body but usually spares the nappy area. At six to 12 months of age, it is often worst on the crawling surfaces, the elbows and knees. Around the age of two, the distribution changes and tends to involve the creases of the elbows and knees, the wrists, ankles, and hands. It may affect the skin around the mouth and the eyelids.

Eczema tends to be worse in the winter when the air is dry and tends to improve in the summer when it is more humid. In babies, saliva from drooling may cause additional irritation, particularly to the cheeks, chin and neck. Specific triggers can vary based on the child and can include pets, carpet, dust mites, fabrics (such as wool), cigarette

smoke, and scented products (such as perfume, laundry detergent and air freshener). When the skin is infected your G.P. may have to prescribe an oral antibiotic to improve the eczema.

The three main treatments for eczema are soap substitutes, topical steroids (prescription only) and moisturisers. Your pharmacist can advise you on appropriate soap substitutes and moisturisers but as a rule of thumb they shouldn't contain any preservatives. Topical steroids are safe to use as long as they are prescribed by your medical professional. For more severe eczema, I also advise parents to use clinifast suits over moisturisers. These suits come in various sizes and are machine washable. They are ideally used at night time and while trapping moisturiser beside babies skin they also stop skin scratching, which can break the itch scratch cycle."



Selene Daly,
Dermatology
Clinical Nurse
Specialist.
irishskinfoundation.ie

is hungry, as this will also quench her thirst, keeping her hydrated.

MILK SPOTS

These spots often develop when bacteria, which quickly establish a 'base' on the skin, invade the pure, healthy skin of a newborn baby.



How to treat

You don't need to do anything at all. The bumps will go away on their own, without treatment, in a few weeks, although it's possible for them to last a month or two.

Don't try to squeeze these pimple-like bumps to make them go away faster – that could cause scarring. Vigorous washing and scrubbing isn't a good idea either: It won't help and it could irritate your baby's sensitive skin.

CRADLE CAP

Cradle cap is the yellowish, greasy scaly patches that sometimes appear on the scalp of young babies – it looks like a very bad case of dandruff. Over time, the scales can start to become flaky so they rub off easily, often with bits of your baby's hair attached. Cradle cap is very common in babies younger than eight months. It's a common, harmless condition that does not usually itch or cause discomfort to the baby. Cradle cap usually appears in babies in the first two months and tends to clear up by itself after a few weeks or months, although in rare cases it can last much longer.

How to treat

- Most cases of cradle cap will clear up on their own in time. Gently washing your baby's hair and scalp can help prevent a build-up of scales. There is usually no need to



MUM'S TIP

"My baby has quite dry skin, so I make sure I use the mildest baby bath products. I also find that using baby detergents that are free of perfumes and dye, and are non-biological helps to keep my little one's skin healthy and rash free."

Rebecca Scales

see your GP if your baby has cradle cap. However, you may want to ask them for advice if your baby's scalp becomes inflamed or if the cradle cap spreads to other parts of their body. It's important not to pick at the scales as this may cause an infection.

BABY YEAST INFECTIONS

Oral thrush is a fungal infection in the mouth that is particularly common in babies and young children. It is usually harmless and easily treatable. The main symptom of oral thrush is a white coating on your baby's tongue, although there may also be white patches elsewhere in the mouth. This coating may look like curd or cottage cheese and usually cannot be rubbed off easily. Babies may not seem bothered by the patches, but they may be reluctant to feed – or keep detaching from the breast during feeds – if they are sore.

Baby yeast infections may also be associated nappy rash caused by the same infection that needs to be treated as well. Oral thrush can also affect babies if they have recently been treated with antibiotics because antibiotics reduce the

levels of healthy bacteria in your baby's mouth, which can allow fungus levels to increase.

If you are breastfeeding and have been taking antibiotics for an infection, your own levels of healthy bacteria in your body can be affected, which can also make you prone to a thrush infection that may then be passed to your baby during breastfeeding.

How to treat

Talk to your GP: thrush is treated with an anti-yeast liquid medicine, while an anti-fungal cream is used for a yeast nappy rash.

YOUR GP

If your baby has developed a rash and seems unwell, or if you're worried, call your GP. It's especially important to be aware of the warning signs of meningitis (go to page 185). Most baby skin rashes and problems aren't serious, but a few may be signs of infection – and need close attention. If baby's skin has small, red-purplish dots, if there are yellow fluid-filled bumps (pustules), or if baby has a fever or is lethargic, call your GP right away.

PLANNING YOUR FAMILY

You can become fertile as soon as three weeks after your baby's birth. This is why it's important that you factor family planning in during those first months after birth

Family planning is probably the furthest thing from your mind when you have just had a baby. But it's important that you do consider your options. Contraception is something you need to consider much sooner than you might realise. You can become fertile as little as three weeks after your baby's birth. Contraceptives can be divided into short-acting, long-acting and permanent; if you are planning to have another baby in the next year or two, then you should consider using a short-acting contraceptive allowing your body to return back to normal. If you are satisfied that your family is complete, or you want a longer break then ask your GP about long-acting methods of contraception. *When choosing contraception, you need to consider:*

- How effective it is.
- Possible risks and side-effects.
- Plans for future pregnancies.
- Personal preference.
- If you have a medical condition, or take medicines that interact with the method.

Natural family planning is a form of birth control where natural signs, such as body temperature, are used to identify when a woman is at her least and most fertile during each menstrual cycle. There are two main methods of natural family planning: methods based on fertility awareness, which involve avoiding sex during fertile periods and the lactational amenorrhoea method (LAM), which can be used during the first six months after giving birth. Talk to your GP or public health nurse about contraceptive options for you and your partner.



EXPERT ADVICE

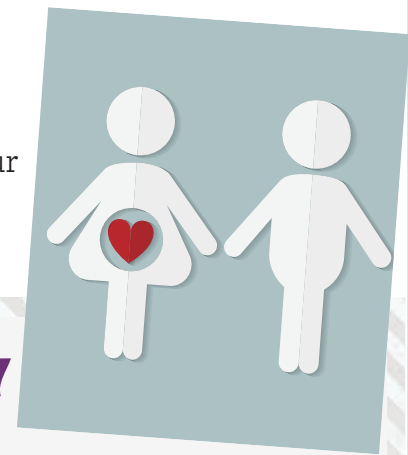
Q When can a woman expect to start ovulating again post-birth?

A A woman can expect to start ovulating any time after three weeks post birth. If she is breastfeeding, there are some guidelines to follow if she is relying on the lactational amenorrhoea method (LAM) as a form of contraception:

- 1 If a woman is fully breastfeeding (no bottles or supplements);
- 2 The baby feeds every four hours minimum by day;
- 3 There is no more than a six hour break at night;
- 4 She does not get any periods, she is protected against pregnancy by about 98% up to six months postnatal. If any of the above conditions are not met, a woman could ovulate at any time. For example, if a woman expresses a feed to have a break of longer than four hours (to go work for instance), she breaks guideline two.

Q What type of contraceptive is safe to take/use when breastfeeding?

A All barrier methods (male/female condom, cap/diaphragm) or progesterone only contraception can be used while breastfeeding.



The progesterone only pill can be used from three weeks, the contraceptive injection (Depo-Provera) from six weeks, the contraceptive implant (Implanon) from three weeks and intrauterine systems (IUS), for example Mirena, Jaydess and the copper coil, can be used from four-five weeks. Breastfeeding significantly increases the risk of uterine perforation during IUS; insertions are usually deferred to 12-16 weeks.

Q How soon after childbirth can a woman start to have sex again?

A As soon as a woman feels ready. It depends on a woman's birth experience and recovery period, for example a woman who had a difficult birth, a Caesarean section or who experiences postnatal depression or similar, may want to delay having sex.

Q What is the safest amount of time to leave between pregnancies?

A The World Health Organisation (WHO) recommends to leave the same amount of time that the pregnancy lasted for before getting pregnant again, in order for the body to replenish resources that were used.

Dr Caitriona Henchion, medical director of the Irish Family Planning Association (IFPA)

PREGNANCY

LABOUR & BIRTH

HOME AT LAST

FIRST 12 MONTHS

EQUIPMENT & GEAR

HELP

RECIPES

TOOLS



YOUR GUIDE TO *massaging your baby*

Find out why baby massage can be very beneficial for both you and your little one

Touch is a natural part of every day baby care, but did you know that it's one of the best ways you can communicate with your baby? It's a good idea to learn how to massage your baby, as it helps them to feel calm and secure, improve circulation, aids with their digestion and eases teething pain. The best times to massage your baby are after a nap, and after a bath.

GET TO KNOW YOUR BABY

Baby massage can help you become more confident with handling your child and better at recognising her needs. Spending quiet time massaging your baby will give you the time and space you need to start recognising and learning her cues. When a baby is being massaged, a combination of the positive touch, bonding and overall feeling

of happiness causes oxytocin, the hormone of love, to flood the system of the baby and of the person giving the massage. For mums suffering from postnatal depression, this has a natural healing effect and for babies it has a calming, relaxing effect, which in turn aids sleeping patterns.

Group baby massage classes are the ideal place to learn as you can meet other mums, and pick up ideas from them etc. The instructor demonstrates on a doll. Most instructors will give out handouts that illustrate the massage strokes, and some even have spare dolls for you to massage if your baby is asleep.

USE NATURAL ODOURLESS OIL

The use of oils can be complex and is always being researched. It is recommended that you use cold pressed vegetable oils – organic where

How does massage help my baby?

1 Baby massage helps stimulate the many systems of the body such as the skin, digestive, nervous and respiratory systems.

2 It can speed up a baby's development, help them gain weight and enable their digestive system to function more efficiently, thus easing pains and aiding colic and constipation, and in turn regulating sleep.

3 Because it impacts on all the systems of the body it is particularly beneficial for premature babies. It also helps them release stress and is a fantastic way to communicate and bond.

Baby massage don'ts

If your baby isn't enjoying the massage, then stop and do not continue.

- ✗ Do not use aromatherapy or scented oils.
- ✗ Do not massage your baby if she's hungry or overtired.
- ✗ Do not massage your baby if she has a temperature, skin condition or seems otherwise unwell.
- ✗ Do not massage for 48 hours following an immunisation, and avoid the injection area for one week after the immunisation.
- ✗ Do not wake your baby up for a massage.
- ✗ Do not massage the stomach area immediately after a feed.

possible. Cold pressed means the oil is produced without the use of heat; which may damage its properties, some of which include vitamin E. It nourishes the skin thus allowing it to breathe and is easily digestible should the baby ingest it. Most importantly, it is odourless, which allows the natural bonding process between parent and baby to occur, without interference from other scents.

WHEN YOUR baby is sick

It can be so worrying when your baby is unwell. But with the right treatment and some TLC, they do tend to bounce back quickly

There aren't many things as bad as when your baby is sick. The reality is that all children will fall ill once in a while, no matter how much you're trying to protect them. What's important is that you react quickly if you think that your baby is unwell. If you suspect that your baby is off-colour, use a thermometer to check his temperature. Go to the following page for advice on how to treat a high fever. And be aware of the warning signs of a serious problem (go to page 184) – always get your baby checked as soon as possible if you have any concerns.

Medication should not be given to babies unless it is absolutely necessary, and only following medical advice. Pain relief suspensions can help with teething troubles and fevers, but don't be tempted to turn to the medicine cabinet every time your baby is cranky, as his immune system must be given a chance to fight the illness first.

KEEP AN EYE ON RASHES

Skin rashes to watch out for

Most baby skin rashes and problems aren't serious, but a few may be signs of infection – and need close attention. If baby's skin has small, red-purplish dots, if there are yellow fluid-filled bumps (pustules), or if baby has a fever or is lethargic, call your GP or hospital doctor for medical treatment right away.

If you can't or don't want to give your infant medicine there are plenty of drug-free pain relief methods you can try. You can comfort your baby by simply holding, rocking, singing to or nursing him. For teething pain, try rubbing his gums or giving him a cold teething toy or clean face cloth to suck on.

A humidifier or vapouriser in his room can relieve some of the nasal congestion associated with a cold.

BREASTFEEDING SOOTHES

Breastfeeding and skin-to-skin contact can also be effective forms of natural pain relief or for settling an upset baby. If you're breastfeeding, your baby receives antibodies via your breast milk, particularly from the colostrum that makes up his first feeds. Breastfeeding can make it less likely that your baby will get some common infections that cause common baby conditions like earaches, tummy upsets etc, but it won't protect him completely from illness.

PAIN RELIEF GUIDELINES

Learning when to give pain relief and how to identify the medication you should use to address specific symptoms will not only help to soothe your child, but it will also give you confidence in your ability to properly care for your infant.

Follow these tips to be safe:

- Use the right product, strength and dose for the child's age and weight. Recommended doses, according



to the child's age and weight, are given on the product packaging.

- Different products, and different forms of a product, may vary in strength, so always read the package carefully for the dosing instructions specific to the product you're giving.
- Don't keep giving the pain relief for more than 48 hours unless specifically advised to by a doctor.
- Use the measure provided – or if there isn't one, a metric medicine measure – to pour the dose.

MEDICATION DON'TS

- ✗ **Do not** give aspirin to children under age 18. Giving aspirin to a child can cause a rare, life-threatening condition called Reye's syndrome. Never give an aspirin-containing product to your child unless your doctor recommends it.
- ✗ **Do not** use cough and cold products for children under two. These products often have more than one ingredient, such as a decongestant, antihistamine, expectorant, cough suppressant, or pain reliever. According to the FDA, the benefits of these products are not worth the risks of serious side effects that can happen from using too much of them in children age two and under. Many manufacturers have voluntarily raised the age limit and recommend that these medicines not be given to children under the age of four.

LABOUR & B

HOME AT LAST

FIRST 12 MONTHS

EQUIPMENT & GEAR

HELP

RECIPES

TOOLS

- Make sure the bottle cap is on securely after use, and keep it in a safe place out of the reach of children in a locked cupboard. Do not leave medicines out. If you need to remind yourself, write yourself a note.
- Check labels of all medicines, as paracetamol or ibuprofen can appear as an ingredient in a variety of medications (like cough syrup) and you don't want to double up.
- If you don't know how to measure or use a product, or if you don't understand the label, ask your pharmacist for help.

WHEN SHOULD I TAKE MY CHILD TO THE DOCTOR?

While almost all fevers and pain in childhood are due to non-threatening illnesses that pass in a day or two, you should take your sick child to the doctor if:

- You are worried.
- He is under 12 months old and has a fever.
- He has a fever that continues for more than 48 hours.
- He has a very high temperature – over 40°C/104°F.
- He convulses.
- He is getting sicker.
- He is very sleepy or particularly irritable.
- He has a rash.
- He shows unusual symptoms including a stiff neck, vomiting, stomach pains, or skin discolouration.
- He is experiencing ongoing pain, for example, stomach ache, headache or earache.
- He has an injury and is experiencing pain.
- He is having trouble breathing due to a cough or wheezing.
- He is vomiting or isn't able to drink.
- He is not feeding properly.

TREATING A HIGH TEMPERATURE

A high temperature can be a sign that your baby is fighting off infection. You can take his temperature with a thermometer, but often you can just tell by touching his forehead. His cheeks may be flushed too. He may also have a rash, or be sick or have diarrhoea.

If your baby is unresponsive when he would usually be alert, or if you have any concern, it's best to be safe and take him to your doctor immediately.

How to treat a fever

According to the Irish Red Cross, a fever is described as a sustained body temperature above the normal level of 37 degrees Celsius (98.6 degrees Fahrenheit). It is usually caused by a bacterial or viral infection, but may be associated with a slew of other maladies such as earaches, a sore throat, measles or chickenpox. Moderate fever is not harmful to adults, but in young children increased temperatures can be dangerous and may trigger seizures.

Typical symptoms of a fever include:

- Raised body temperature above 37 degrees Celsius (98.6 degrees Fahrenheit).
- Child may be pale in appearance, feel cold to the touch with visibly raised goose pimples, shivering and chattering teeth.

Following the initial stages of fever, the child may present signs of:

- Sweating, accompanied by hot, flushed skin.
- Headache.
- Generalised aches and pains.

CLEARING STUFFY NOSES

A baby who just has snuffles will be otherwise well, but may snort when breathing. However, feeding can sometimes become difficult if the baby cannot breathe very well through her nose. Using an infant nasal bulb, or aspirator, to suck mucus from your baby's nose can help to clear your baby's airways. Saline nose drops can also help to moisten the inside of the nose.

You should neither over nor under dress a child with a fever, nor should you attempt to sponge the child to cool him/her. It is not advisable to give aspirin to children under the age of 18 years.

Help your child feel better by:

- 1 Ensuring they are cool and comfortable, preferably in bed with a light covering.
- 2 Giving the child plenty of cool drinks to replace bodily fluids lost through sweating.
- 3 Dispensing the recommended dose of paracetamol syrup (see instructions on packaging for details on exact measurements) if the child appears particularly distressed or unwell.
- 4 Carefully monitoring and regularly recording the child's vital signs, i.e. level of response, breathing, pulse and temperature.

Should you feel the child is at risk of a seizure being induced as a result of the raised temperature, cool the child by removing his/her clothes and bed covering. If you are in doubt about the child's condition, seek medical advice immediately.

Irish Red Cross: www.redcross.ie

0 614 04 561 00312 567 03 07 01 03 34 7

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STÉRIMAR™

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From Birth

100% Natural micro-diffused sea water

FREE FROM
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Why does your baby need

Vitamin D?

Did you know that Vitamin D is essential for building healthy bones and a strong immune system? Find out why it's crucial that your baby gets enough of the 'sunshine' vitamin

Did you know that Vitamin D is made in our bodies when our skin is exposed to sunlight? This important vitamin doesn't just help you to feel happier, it is also essential for healthy bones, and ensures that your muscles, heart, lungs, brain, and immune system work well.

VITAMIN D BENEFITS

It is vital for the development and maintenance of bones, teeth, muscle and general health as well as preventing a number of diseases such as rickets in children and osteoporosis in adults. Studies have shown that the vitamin may also play a role in preventing auto-immune diseases like multiple sclerosis, heart disease, rheumatoid arthritis, thyroiditis and Crohn's disease as well as many cancers, hypertension, diabetes type one, and it is necessary for building a strong immune system.

IT'S MADE FROM SUNLIGHT

Vitamin D is known as the sunshine vitamin because your body makes its own vitamin D from sunlight. Even when we do get a rare, sunny day, precautions must be taken to protect your family from sunstroke, sun burn and skin cancer by limiting exposure. Using sun protection creams actually blocks the required rays getting through the skin.

Ireland does not receive enough sun between November and March to adequately produce the necessary amounts of vitamin D and even on sunny days in the winter, the sun's rays are the wrong type for this process. Add to that, the darker your skin, the more likely you are to be deficient in vitamin D.

For fair skin, it is estimated that around 20-30 minutes of sunlight on the face and forearms around the middle of the day two to three times a week is sufficient to make enough vitamin D in the summer months, while black skin needs 120 minutes for this

kind of vitamin D production.

Varying levels of tanned and pigmented skin would need something between those amounts, but all of this can be difficult to maintain in this country with sedentary lifestyles and indoor jobs.

FOOD SOURCES

You can also get vitamin D from certain foods such as oil-rich fish, eggs and fortified foods. The amount gained from these sources is usually not enough, as these foods are rarely consumed in sufficient quantities to counter the lack of sunlight exposure and particularly do not form part of an infant's diet. Offal and kidney are a good source, but are not recommended for pregnant, or breastfeeding women or infants because they provide too much vitamin A.

VITAMIN D DEFICIENCY

A deficiency in vitamin D can often have no symptoms, or vague ones such as general aches, tiredness or not feeling well. Because the symptoms are quite non-specific or easily accounted for by a busy or stressful lifestyle, deficiency in vitamin D is often undiagnosed. Studies in Ireland have revealed that low vitamin D status and vitamin D deficiency are widespread in the population of Ireland. All the family can take a



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supplement if lacking in sunlight exposure, which, in Ireland is highly likely. Growing children, pregnant women, and breastfeeding women especially need extra vitamin D because it is required for growth.

The exact vitamin D needs of different population groups needs to be assessed before advice on supplements can be given. However, see below for advice on infants and vitamin D.

WHAT ABOUT BABIES AND VITAMIN D?

The HSE (Health Service Executive) and the FSAI recommends all babies be given a supplement that provides 5µg (micrograms) of vitamin D3 (cholecalciferol) per day from birth to 12 months whether breastfed, formula fed or taking solid foods because it is the form produced in human skin after it has been exposed to sunlight. This is necessary because babies aged 0-12 months are at high risk of vitamin D deficiency, due to their rapid growth rates

during this period. Breastfed babies are dependent on their mother's vitamin D levels and are born with only 50%–60% of their mother's vitamin D store, thus both mother and baby would be advised to take the D supplement to maintain full health.

For infants, a liquid form is suitable, but if your baby is also taking another multivitamin containing vitamin D, check with your doctor or healthcare practitioner before also taking vitamin D3. Furthermore, it is important not to give more than one dose of 5µg to your baby per day, as too much can make your baby ill. Check the instructions for dosage on each product, as each may be different.

VITAMIN D SUPPLEMENTS

All good pharmacies, supermarkets and health food stores sell vitamin D in many forms, including the liquid format of D3 for infants. By taking a vitamin D supplement, you and your family can make up for the lack of sunshine in Ireland.

BabyVitD₃



Vitamin D and your baby...

Whether you breast feed or formula feed, you should give your baby 5 micrograms (5µg) of vitamin D₃ every day.

Policy on Vitamin D supplement for infants in Ireland, HSE, 2010.



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Your baby's development & milestones

Occupational therapist **Emma Butler** explains how babies develop over the first 12 months

All excited new parents will find themselves anxiously waiting for their baby to smile, or start crawling. It's normal for parents to closely monitor their baby's developmental progress, particularly during the first year. But try not to get too caught up on if your baby develops a new skill in a particular month, as there is a wide variance in when a baby develops a new skill. It's more important to watch how your baby is progressing in the many different positions (lying on back/tummy, sitting and standing). It's not about when your baby masters a skill, it's *how* – it's important to remember that every position counts. Here is an approximate timeline of what milestone you can expect your baby to reach and when.

NEWBORN

At this stage, sensory input (movement, vision, touch etc.)

influences your baby's motor development. A newborn has many random arm and leg movements, but little self-control over any of them. When awake, a newborn is usually moving. You'll notice that their kicks are rhythmical and reciprocal.

Head movement (eg. turning to feed) at this stage will trigger movement elsewhere in the body. Newborns do not have head control, if pulled to sit their head would flop back, if placed in sitting, their head would fall forward.

If held in a standing position, a newborn can take weight on their legs and automatically step. This will disappear around the fourth week of life. When lying on their tummy, their head will be on floor turned to the side. Tummy time is really important, and all babies should be placed on tummy for a few moments from birth.

A newborn loves to be cuddled, swayed, fed and talked to. They like black and white contrast patterns and

can see something about nine inches away being moved from their side to their middle. If their palm is touched, their fingers will close tightly.

MONTH 1

Baby is more alert and has better vision. They have more head movements on their back and tummy and can turn their head further, i.e. they can get their ear to floor rather than just their cheek. Their arms and legs will move further away from their centre. They will attempt to lift their head when held in sitting.

They continue to enjoy being sung to, held/cuddled, rocked/swayed, being fed and looking at high contrast black and white patterns.

All parts of their limbs move as a unit in the same pattern until two months. They have no hand control, one must open their hand to place something inside eg. rattle. Their kicks are now 'bilateral' i.e. two legs move together, usually in the air. On their tummy, they have less weight on their face which allows the arms to move out a bit, away from their centre.

Their head and trunk will fold completely forward if held in sitting position. Baby is more aware that something is happening when pulled to sit but still shows poor head control.

MONTH 2

Baby is now more aware of people. Their limbs continue to move further out from the centre. Better head control means it's easier for them to momentarily lift their head from the floor when on their tummy rather than just turning it. On their tummy, they are beginning to use their arms to push up. They can bring their mouth to their hand to self-soothe.

When pulled to sit, baby attempts to lift their head and when held in sitting it looks like they are 'head-bobbing'. On their back, they attempt to interact with the world by swiping at toys and they may turn their head so far that they log roll to the side. If held in standing position, they no longer take weight on their feet. They can now grasp a rattle but won't pay attention to it and don't notice when they drop it. The human face, especially a smiling one is of great interest to a baby at this stage. They can now briefly look at something in their midline and now track from middle to side.

MONTH 3

At this point, a baby's head is closer to being in line with body and arm movements. Legs can be in the 'frog-legged' position. On their tummy, improved head and shoulder control means they can prop on their forearms and keep their head up.

When pulled to sit, they have some head control. They can now control their head in position when held in sitting. They can actively take weight on feet when held in standing. Baby now likes toys that they can touch,

make noise with and especially their caregiver's face and voice. They can visually track from side to side. They can look at their hands, at their middle (an important step in body awareness).

As they are beginning to use their hands, they explore their bodies, clothes, caretakers and can briefly hold a rattle. When on their back, their hands are usually open with arms out wide.

If presented with an exciting toy, they usually become quiet for a moment when looking at it and then make scratching movements with fingers.

MONTH 4

This is the beginning of when your baby starts to make controlled, purposeful movement and alternating coordinated movements. Being able to maintain their body and head in a straight line means they can begin to use the two sides of the body together. Their eyes are 'pathfinders,' they need to be looking around their environments not at screens.

When hands are touching/resting on their knees, vision is directed to these areas and reinforces their body awareness. Their arms have better gross motor (big movements) e.g. swiping but still very limited in fine motor (small movements) e.g. grasp. They can bang/shake a toy.

Baby can bring their hand to mouth now and use their mouth to explore hands/toys/objects. This is important for developing awareness of shape, size, texture and decreasing sensitivity in the mouth. When they are lying on their back with their hands on their knees, they may roll to the side. This side-lying position is very important for new sensory input.

If a toy is held over their chest, their entire body becomes active and excited.

On their tummy, they can hold their head well up and sometimes press their upper body up using straight arms. They can occasionally lift their hands from the floor but can't use them. When pulled to sit, they can now control their head in the middle. They can now track with their eyes without moving their head.

MONTH 5

Baby now uses all the skills they have developed to produce a range of voluntary movements. On their tummy, baby can shift weight to one side on extended arms to free the arm on the other side to reach. They can roll from tummy to back (at first this is a loss of control). They can begin to bend sideways not just forwards and backwards. They can control their head when lying on their tummy, back and momentarily in side lying position.



On their back, baby actively brings their feet to their mouth and actively rolls from back to side. In a supported sitting position, they can reach and grasp a toy. Baby may be able to ring sit independently momentarily.

MONTH 6

Baby is more active on their tummy and back and can lift head without any help. Baby may pivot in a circle on their tummy. When holding a toy, they can now manipulate it, finger it and bring to their mouth.

They can maintain side lying position and use their arms here. Baby can now go on their hands and knees from being on their tummy. They can pull themselves to sitting when holding someone's hands. They can sit independently without propping on arms but will fall sideways if weight shifts. Baby can now take full weight on legs when supported in standing and is beginning to bounce in this position.

MONTH 7

Most babies now roll, pivot, get onto their hands and knees, try to crawl, come to sit, and pull to stand. Baby has a desire to move into their environment to get toys/people and explore heights, distance and space rather than things being brought to them.

They rarely stay on their back preferring to play in sitting, tummy or side lying. They can rock on hands and knees. Baby now inspects toys and loves dropping objects. While standing, they take full weight on arms and legs and bounce up and down.

MONTH 8

Baby moves between different positions not staying in any one

position for very long. Baby can crawl, pull self to stand, cruise furniture and may play in kneeling. They will attempt to climb onto low furniture. They now have better finger and thumb control, which enables them to pick up small objects and, manipulate them.

MONTH 9

The difference in baby's skills is ever increasing with some preferring fine motor (using arms/hands) and others, gross motor (moving within environment). They are fascinated by household objects. They can move in/out of sitting while holding a toy. They mainly crawl and are beginning to lower themselves from standing to floor.

MONTH 10

Baby loves putting things 'in' and 'out' of containers. They are beginning to mimic gestures. In standing, an arm can now be freed to manipulate items. They may walk forward with both hands held.

MONTH 11

Baby can now bring self to stand, walk around furniture and climb on/over things. They stand alone accidentally. As pincer grasp is developing, they love poking things, pointing and using their index finger to label things e.g. ball. They can long sit, side sit and ring sit. They enjoy banging, assisting in dressing, shape sorters and toys with strings.

MONTH 12

All basic motor skills are present. They enjoy turning pages of a book, putting things together and mimicking dressing/cooking. Some babies squat to play, others kneel/half kneel. They can stand independently. Some will begin to walk this month.

CAR SEATS AND EQUIPMENT

Babies should not spend more than 30 minutes in their infant carrier car seat. The car seat brings your baby into a flexed position, which is not a natural position for baby anymore, as baby is no longer tucked up in mummy's womb. Babies need to reach, extend and stretch to explore and learn about their environment. Some proven risks of prolonged car seat include, increased reflux, risk of blocking off airways, reduced oxygen levels, and overheating. Time spent in the car seat should be limited to car travel only. The availability of equipment, such as seats, swings, jumping gyms etc. often leaves babies at risk of limited opportunity to learn to move independently and may encourage and contribute to musculoskeletal problems such as torticollis, or plagiocephaly (flat head).

Credit:

Adapted from Bly, Lois (1994). *Motor skills acquisition in the first year: an illustrated guide to normal development* Pearson, San Antonio, Texas.

Pathways have very useful videos on YouTube demonstrating sensory milestones.

www.pathways.org

WHY BABY NEEDS A

routine

Establishing a baby sleep routine will really help for smooth bedtimes in the future

Routine is vital for babies because once they know that they can expect a certain thing to happen every day at the same time, they will begin to realise that it will be a regular occurrence.

While some parents opt for no routine at all, others prefer to follow a very simple, flexible routine that benefits their baby, and helps them feel like they have a handle on things.

Take things slowly during those first few months and use the time to get to know your baby – this will help you figure out which style works best for you and your family.

SET THE STAGE FOR ROUTINE

Don't worry too much about routine when your baby is very young. From about four to six weeks on, you can look at setting up a routine around sleep. But remember that it pays to be flexible about when your baby sleeps and feeds.

An example of a routine could include the following:

When your baby wakes up:

- Offer a feed.
- Change your baby's nappy.
- Take time for talk and play.
- Put your baby back down for sleep.

FEEDING SCHEDULE

Your newborn doesn't know the difference between night and day, so there will not be a regular pattern of feeding in the early weeks.

Feeding on demand rather than to any set routine or schedule works best to ensure baby is getting what they need and you are maintaining a good milk supply. In the early days, 10 - 12 feeds in 24 hours is common.

As your baby's stomach gets bigger and they take more milk at each feed, this can reduce to eight or more feeds in 24 hours.

KNOW BABY'S HUNGER SIGNS

You can try to figure out your

baby's cues that signify that your baby is hungry or when he is full. Some feeding cues may include the smacking of her lips, turning her head towards you or sucking her hands or fingers. Watching your baby closely will help you spot other patterns in your baby's behaviour. Take note of when she is alert, how long she sleeps for and chart her wet/dirty nappies. Try to make sure she has eaten before falling asleep. If you think she's about to doze off, play some nursery tunes, talk or sing to her.

You may start to notice a feeding pattern emerging naturally, which will make life a bit more predictable for you. You will know that feeding is going well when:

- your baby appears satisfied and contented after most feeds;
- your baby is bright, alert and active when awake;
- your baby is settling and sleeping after some feeds during the day or night;
- your baby is having plenty of wet and dirty nappies and gaining weight.



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From **closeness** comes **connection**.
From **connection** comes **confidence**.

Stokke's values are deeply rooted in our Scandinavian heritage and our commitment to craftsmanship and quality. All of our products are made to encourage child development and nurture family bonding. Designed by Peter Opsvik, in 1972, the Tripp Trapp® chair fits right up to your dining table so that your child is included in family life and can learn and develop alongside you.

    @stokkebaby | Tripp Trapp® The chair that grows with the child™



Design: Peter Opsvik

STICK TO A REGULAR BEDTIME ROUTINE

A structure around bedtime provides babies with cues, ensuring an easier transition from being up to going to bed. While the full routine is not always required, you should try to develop the same habits when putting your baby down for their nap or night time sleep. It could be something as simple as lying them down in the cot, tucking them in and saying, “sleep well, I love you”. Feed your baby after a bath or after you change her into pyjamas.

Use a dim light to feed your baby at night. A light that is too bright may over-stimulate your baby. Do not talk out loud when you feed your baby at night. It's better to whisper as talking might encourage your baby to stay awake.

Reading your little one a story, no matter what stage they are at, can be a special bonding time for all to enjoy. Your child's bedtime routine should be consistent and it's important to keep it as calm and as peaceful as possible.

BE FLEXIBLE FOR CLUSTER FEEDS

Some babies feed very frequently at one particular time of the day, often in the evening. This is called ‘cluster feeding’ and is quite normal. Some babies ‘cluster feed’ for two to three hours before they settle. They may then settle for a long sleep. If your baby has a particular time they like to ‘cluster feed,’ it can be helpful to alter your routines to make time to be able to feed your baby on demand at this time and rest when they have settled.

HOW TO KNOW IF YOUR BABY IS TIRED

A newborn baby will usually become overtired if they have been awake for more than one and a half hours. At three to six months, your baby will be overtired after they have been awake for one and a half to three hours.

Watch your baby for signs of tiredness. Avoid keeping her up longer than she wants, as an overtired baby will struggle to fall asleep and may then only sleep fitfully.

HOW TO CALM YOUR BABY

If you think your baby has become overtired, it's a good idea to reduce stimulation and calm them by:

- Speaking in a soothing, quiet voice.
- Using soft lighting.
- Closing the curtains and blinds.
- Taking your baby to their cot.
- Calming your baby with a cuddle or by reading a story or singing.
- No television or screen time of any kind at least two hours before bed.
- Encouraging an end of day activity like tidying toys away before going upstairs (and they do not return downstairs again). This will be more suitable as your baby gets older.
- Always putting your baby down awake. They may grizzle a little, but listen to your baby without letting them cry or becoming upset. This teaches them to self-soothe and to become comfortable in their sleep environment.
- Having a flexible bedtime routine so that it can be used on holidays or in relatives' houses;

the familiarity of their routine will help your little one to settle well in a strange place.

A newborn baby's (0-3 months) tired signs:

- ✓ Fluttering her eyelids
- ✓ Jerking of arms and legs
- ✓ Arching her back
- ✓ Having a worried expression on her face
- ✓ Yawning
- ✓ Sucking on her fingers
- ✓ Difficulty focusing her eyes

Some of your older baby's (three months +) tired signs may include:

- ✓ Crying easily
- ✓ Looking for constant attention and becoming clingy
- ✓ Losing interest in toys
- ✓ Becoming fussy with feeds
- ✓ Displaying grizzly behaviour

NAPS ARE IMPORTANT

Ensure your baby takes regular naps throughout the day. Too little sleep in the day can make your baby over tired and it will be harder to settle him at night. Where possible, those naps should take place in their own cot. While younger babies will easily drift off in their pram or in the car seat, sleeping in their own bed for their daytime naps ensures that they get a better quality sleep.

A solid start

Fiona Dunlevy, Dietitian Manager at the Coombe Hospital explains the important factors you need to consider before your little one transitions onto solids

Once you're over those first few months of sleepless nights, non-stop nappy changes and generally getting to know your baby, along comes weaning and you're suddenly bounced back into uncharted territory again!

Starting your baby on solid foods is an exciting milestone. She can finally start to experience different tastes and textures. When your baby reaches approximately six months of age, you may notice that his appetite is hard to satisfy with breast or formula milk alone. It's an important time as he will require additional nutrients that are not available in breast milk or formula.

WHAT IS WEANING?

Weaning means to gradually introduce a range of solid foods to your baby, until they are ready to eat the same food as the rest of your family. Weaning is not just important for a baby's nutrition and growth – did you know that an important part of introducing solid foods is to develop muscles that are associated with motor skills and speech?

THE BEST TIME TO START

The Food Safety Authority of Ireland (FSAI) recommends that weaning should begin at approximately six months – no sooner than 17 weeks and no later than 26 weeks.

While it is important that infants are not introduced to complementary foods later

than six months, due to the natural variation in the physiological requirements of individual infants, research has shown that some babies may require complementary

foods before the age of six months to support optimal growth and development. It is essential to continue to give them breast or formula milk throughout this time. Starting solids later than 26 weeks can lead to fussy eating and possible food intolerances. It can also increase the risk of iron deficiency.

HOW DO I KNOW IF MY BABY IS READY FOR SOLIDS?

There are a number of signs your baby will give you when they are ready to be weaned. Your baby may be ready for solids if they:

- ✓ Have good head control.
- ✓ Show an interest in foods.

They may open their mouths

and 'chew' when they see other people eating.

- ✓ Are hungry and restless after a milk feed.
- ✓ Chew and dribble more frequently.
- ✓ Do not seem satisfied after a milk feed.
- ✓ Start to demand feeds more frequently over a time period of more than one week.

GET TIMING RIGHT

Decide on a day that suits you and your baby and a time of day when both of you are relaxed and not under any time pressure. Choose a time when your baby is not too hungry. Babies should be fed in an upright position. A high chair, travel chair or bumper is best, where your baby can look straight ahead when feeding.

Begin by offering tiny amounts of food, so your baby can get used to this new experience and tastes. Never force solids on a baby. If your baby refuses food, stop and try again in a few days. Do not rush your baby; this is a daunting time for them as they learn these new tastes and hardest of all, how to swallow. Remember, that up until now all they have had to do is suck, so take your time.

EQUIP YOURSELF

Most of the equipment you need you will already have, but you will



Always wash fruit and vegetables under cold running water and peel or trim them as required.

need to use plastic spoons to protect little gums (especially when he starts biting down on every spoonfull!).

You can use your own bowls, ramekin dishes or even a teacup is fine as you will only be feeding small amounts at the beginning. If you are pureeing, a hand blender will allow you to easily puree at mealtimes with minimal clean up, and will be a lifesaver if you plan on making food in batches.

START SMALL

Start with one or two spoons of food. It's a good idea to let your baby hold and play with a spoon while they are being fed. Introduce one new food at a time, leaving one day between each new food to see if your baby has a reaction or intolerance to a food.

Once your baby is managing to take food from the spoon, spoon feeds can be spaced out between milk feeds. Remember not to add salt or sugar to your baby's food. However, low-salt stock cubes are fine to use when making baby's food.

Gradually make her meals thicker in consistency and start to include a few 'lumpier' ingredients to help her to get used to chewing and swallowing different textures of food.

WHEN SHOULD GLUTEN BE INTRODUCED TO A BABY'S DIET?

Gluten is a type of protein found in wheat, rye, barley and oats. Gluten should be given to your baby at about six months of age. Introducing gluten before four months of age or after seven months of age can increase the risk of developing coeliac disease or type 1 diabetes. At first, small amounts of gluten should be given and this should slowly be increased over a four to six week period.

KEEP ON BREASTFEEDING

Continue to give your baby her usual milk, which provides vitamins, iron and protein in an easily digestible form. Solids will eventually replace some milk feeds, but your baby's usual milk remains an important source of nutrition until she's one year old.

HYGIENE ESSENTIALS

Ensure that all foods are fresh, clean, hygienically prepared and stored correctly. Never leave leftover food lying around. If you wish to offer it again later the same day, cover it and store it in the fridge. Meals, which are prepared in advance for freezing, or for use later in the day, should be stored with care. Freeze small portions in containers or plastic bags and defrost in the fridge. Reheat all pre-cooked food thoroughly and allow to cool before serving.

When reheating baby food, make sure that it is piping hot. Let it cool down before you give it to your baby, testing a bit of food on the inside of your wrist to see if it is a comfortable temperature beforehand. Leftovers should only be reheated once.

IMPORTANT NUTRIENTS AND FOODS FOR BABY:

ENERGY FOODS

Babies can only eat small, frequent meals. Small amounts of fat are important to provide energy and help absorb nutrients.

Try:

- ✓ Pasteurised milk and dairy products
- ✓ Mashed avocado
- ✓ Well-cooked eggs
- ✓ Low-salt spreads and butter are a good way to add energy to your baby's diet

PROTEIN

Essential for healthy growth, protein should be included in two meals for babies aged six months onwards.

Try:

- ✓ Well-cooked eggs
- ✓ Well-cooked chicken or turkey
- ✓ Well-cooked oil-rich fish, e.g. salmon or mackerel
- ✓ Well-cooked beef, lamb or pork
- ✓ White fish
- ✓ Pulses, e.g. peas, beans, lentils, chickpeas





Perfect size for little hands

Freddy Fyffes Bananas are an amazing food to start your infant on their road to independent feeding. They are easy for little hands to manage, soft and packed full of yummy goodness.

Bananas make an ideal snack, they are an excellent source of vitamin C and B6 as well as folic acid, potassium and magnesium. They are also a tasty and nutritious ingredient for your little one's homemade treats. Freddy Fyffes loves healthy food and is delighted to bring you these delicious healthy banana-inspired recipes.



Fruity Pineapple Muffins

100g plain flour
100g plain wholemeal flour
1tsp baking powder
¼tsp bicarbonate of soda
1tsp ground cinnamon
1tsp ground ginger
150ml light olive oil
1 banana, mashed
2 eggs
2 eating apples, peeled and grated
225g peeled and crushed fresh ripe pineapple
100g raisins

1 Preheat the oven to 180°C/gas mark 4.

2 Line a 12-hole muffin tin or two mini muffin trays with paper cases.
3 Sift together the flours, baking powder, bicarbonate of soda, cinnamon, ginger and mix well.
4 Beat the oil, mashed banana and eggs together until well blended.
5 Add the grated apple, crushed pineapple and raisins.
6 Gradually add the flour mixture, beating just enough to combine all the ingredients.
7 Spoon the batter into the muffin trays lined with paper cases and bake for 25 minutes or until golden brown. (Reduce the cooking time for mini muffins.) Cool on a wire rack.



Banana Pancakes

1 large banana, mashed
1 egg
25g porridge oats
light olive oil
mixed berries, to garnish

1 Mix the egg into the mashed banana. Next add in the oats and

mix them in too.
2 Heat a little olive oil in a large frying pan and use a dessertspoon to add dollops of the pancake batter to the pan.
3 Fry the pancakes for two minutes on either side until golden brown. Serve sprinkled with berries.



Always check the ingredient list and texture of foods to ensure they are suitable for your child.

Visit us at www.fyffes.com

IRON

Iron is vital for healthy blood, normal growth and development. Iron is also important for baby's brain development between six months and two years of age. Your baby is born with iron stores, but by the age of four to six months, these stores begin to run out and they need a source of iron from their diet.

Try:

- ✓ Well-cooked beef or lamb
- ✓ Well-cooked dark chicken meat, e.g. chicken thigh or bone
- ✓ Well-cooked oil-rich fish, e.g. salmon

VITAMIN D

Important for healthy bones and may prevent some illnesses and infections. All babies should be given a vitamin D supplement providing 5 micrograms (mg) or 200 international units (IU) of vitamin D daily until they are at least one year old. Vitamin D is also found in oil-rich fish (salmon, mackerel, herring and tuna) and eggs.

ESSENTIAL FATTY ACIDS

These include omega 3 and omega 6. Babies need a source of these fatty acids in their diet. They are naturally found in breast milk and are added to infant formula milk. The main food source of these fatty acids is oil-rich fish in particular salmon,

REMEMBER:

- ✗ Don't reheat your baby's food more than once.
- ✗ Never reheat food from frozen. Allow to defrost first.



trout, mackerel, sardines, kippers and herring. Vegetarian sources include rapeseed (canola) oil, flaxseeds, linseeds, walnuts, or their oils.

WHAT IS BABY-LED WEANING?

Baby-led weaning is where you skip the purée stage, and simply jump to the finger food stage.

This allows the baby to pick up, touch and play, smell, and taste the usual family foods – such as a piece of cooked chicken, a piece of soft vegetable, a piece of mango, banana or avocado.

The ideal time to start finger food is when your baby is picking up

anything and everything and putting it into their mouth.

FINGER FOOD IDEAS:

- ✓ Small pieces of lightly toasted bread or bagels (spread with vegetable purée for extra vitamins).
- ✓ Small chunks of banana or other very ripe, peeled and pitted fruit, like mango, plum, pear, peach.
- ✓ Well-cooked pasta spirals, cut into pieces.
- ✓ Small, well-cooked broccoli or cauliflower 'trees.'
- ✓ Pea-sized pieces of cooked chicken, ground beef or turkey, or other soft meat.

What liquid can I use to soften my baby's food?**USE**

- ✓ Breast milk
- ✓ Formula mil
- ✓ Cooled, boiled water

DO NOT USE

- ✗ Gravy
- ✗ Stock cubes (low-salt stock cubes are okay to use)
- ✗ Jars or packets of sauce

TASTY BABY PURÉES**BANANA PORRIDGE PURÉE**

3 tbsp oats

150ml water

1 small ripe banana, peeled and mashed

- 1 Put all the ingredients in a small pan, cover and bring to the boil.
- 2 Reduce the heat and simmer gently for about 5 - 8 minutes, stirring occasionally to stop it from sticking to the bottom of the pan.
- 3 Purée by pushing through a sieve or by using a liquidiser. Add more water or your baby's usual milk if a thinner consistency is preferred.

**PARSNIP AND APPLE PURÉE**

1 parsnip, peeled and sliced

1 apple, peeled and chopped

3 tbsp baby's usual milk

- 1 Boil the apple in a little water for 10 minutes until cooked and tender.
- 2 Purée the vegetable mixture with the apple and 6tbsp boiled water in a food processor, or using a hand blender until smooth. Add your baby's usual milk.

MUM'S TIP

"A safe, comfortable high chair is essential. Knowing your baby is on a reliable and sturdy chair if you need to fetch something from the other side of the room gives you peace of mind."

Mary Parker

FOODS TO AVOID GIVING TO YOUR BABY

- ✗ **Unpasteurised or mould ripened cheese:** Although these can be eaten if well cooked, cheeses should be pasteurised.
- ✗ **Salt** Do not add salt to any foods. Choose low-salt versions of stock cubes, soups and sauces.
- ✗ **Added sugar:** Avoid adding sugar and using foods or drinks with added sugar.
- ✗ **Honey:** Avoid honey until your baby is one year old.
- ✗ **Whole nuts:** Do not give whole nuts to your baby until they are at least five years old due to the risk of choking. Smooth nut spreads are safe.
- ✗ **Uncooked or lightly cooked eggs:** Make sure that eggs are cooked through until both the white and the yolk are solid.

STAGE ONE (from 17 to 26 weeks of age)

CONSISTENCY	SUITABLE FOODS	SKILLS LEARNED
First foods should be a smooth thin purée without any lumps. Make the purée thicker as your baby learns to take food from the spoon. Use expressed breast milk, infant formula or cooled boiled water to make up feeds. Cow's milk can be used in cooking after six months. Some purées may need to be sieved to remove lumps and fibrous parts.	<ul style="list-style-type: none"> • Baby rice, porridge • Puréed vegetables, e.g. carrot, parsnip, courgette, potato, turnip, sweet potato • White fish • Well-cooked chicken and minced meat • Puréed fruit, e.g. banana, mango, avocado, peach, apple, apricots, plums • Well-cooked egg • Oil-rich fish and white fish • Bread and pasta (from 24 weeks) • Breakfast cereals (from 24 weeks) 	<ul style="list-style-type: none"> • Taking foods from a spoon • Moving food from the front to the back of the mouth for swallowing • Managing increasingly thicker purées

STAGE TWO (between about 6 to 9 months of age)

CONSISTENCY	SUITABLE FOODS	SKILLS LEARNED
Thick with soft lumps. Babies who start spoon feeds at six months of age should progress without delay from stage one purée to stage two (mashed lumps and finger foods). Make the change easier by adding a little mashed or grated food to the usual purée. Then slowly add more mashed or grated food until you reach a thickened purée.	As with stage one, but you can now include: <ul style="list-style-type: none"> • Cheese (pasteurised) • Yoghurt and fromage frais (pasteurised) • Pasteurised cow's milk in small amounts 	<ul style="list-style-type: none"> • Moving lumps around the mouth • Chewing lumps • Self-feeding bite-sized pieces of food using hands and fingers

STAGE THREE (between 9 to 12 months of age)

CONSISTENCY	SUITABLE FOODS	SKILLS LEARNED
Chunky, mashed texture, moving on to chopped, bite-sized pieces. You can now serve finger foods to your baby that he can pick up and eat by himself.	Increase the variety of foods in your baby's diet. Most family foods are now suitable. Just make sure that they do not have added salt or sugar.	<ul style="list-style-type: none"> • Chewing minced and chopped foods • Self-feeding bite-sized pieces of food using hands and fingers • Learning to eat with a spoon • Drinking fluids from a cup

HELP YOUR

Teething baby

Every little one teethes differently. Find out how to soothe aching gums and how to get to know your baby's dental development

Teething can cause you a lot of sleepless nights and sore, swollen gums for your baby. "The pain is caused by movement within the developing jaw bone as the new teeth make their way through the gums," says Dr Paul O'Dwyer, group clinical advisor at Dental Care Ireland. "Once the teeth have emerged, any discomfort normally stops.

The milk teeth actually begin to develop when the baby is growing in the womb at around the second trimester of pregnancy, but the teeth only start to grow throughout the gums when the baby is six to nine months old (although it can be before or after these ages). When the teeth

grow, special chemicals are released by the body, which causes part of the gums to separate and so allows the teeth to grow through.

The teeth grow throughout the gums in stages. Usually the lower front teeth come through first, followed by the top middle teeth. Other teeth appear over the following months. A child is usually aged around two and half or three when they have their full set of first teeth.

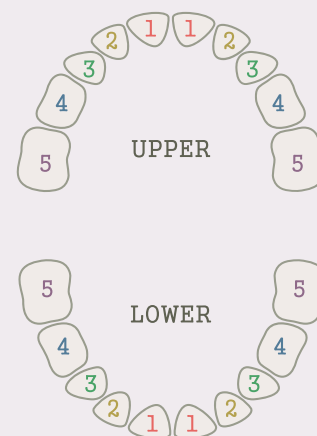
SIGNS OF TEETHING

- Red and slightly swollen gums
- Red or flushed cheek(s)
- Excessive drooling/ dribbling
- Chewing on objects
- Ear pulling or cheek rubbing
- Restlessness
- Reduced appetite
- Irritability

Your baby's teething timeline at a glance

Most babies start teething at around six months. However, all babies are different and the timing of teething varies. Some babies are born with their first teeth. Others start teething before they are four months old, and some after 12 months. Early teething should not cause a child any problems, unless it affects their feeding. Most children will have all of their milk teeth by the time they are two and a half years of age. Here is a rough guide to the different stages of teething:

- bottom front teeth (incisors) – these are the first to come through, at around 5 to 7 months
- top front teeth (incisors) – these come through at around 6 to 8 months
- top lateral incisors (either side of the top front teeth) – these come through at around 9 to 11 months
- bottom lateral incisors (either side of the bottom front teeth) – these come through at around 10 to 12 months
- canines (towards the back of the mouth) – these come through at around 16 to 20 months
- molars (back teeth) – these come through at around 12 to 16 months
- second molars – these come through at around 20 to 30 months



UPPER

- 1 8-12 MONTHS
- 2 9-13 MONTHS
- 3 16-22 MONTHS
- 4 13-19 MONTHS
- 5 25-33 MONTHS

LOWER

- 1 6-10 MONTHS
- 2 10-16 MONTHS
- 3 17-23 MONTHS
- 4 14-18 MONTHS
- 5 23-31 MONTHS

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IS YOUR LITTLE HERO TEETHING?



- ✓ Convenient, single-dose sachets
- ✓ Easy to use
- ✓ Suitable from 3 months + only

Teetha® Teething Granules

Contains homeopathic Chamomilla 6c. A homeopathic medicinal product used within the homeopathic tradition for the symptomatic relief of teething pain and the symptoms associated with teething which are sore and tender gums, flushed cheeks and dribbling. Also available in gel format. Always read the label.

EASING TEETHING PAIN

The good news is there are a whole host of ways that you can provide comfort and relief for teething troubles.

1 Cold facecloth
Rinse a clean facecloth in cool water and place it in the freezer for about 30 minutes. The very cold, and slightly crunchy texture of the facecloth provides relief – and some distraction – for little teethers. Make sure to wash it after use. Facecloths provide a safe alternative to rubber and plastic teething rings, which can carry a risk of breaking and releasing the liquid inside.

2 Your clean fingers
Biting down on the clean fingers of mum or dad can provide enough pressure to swollen gums to bring some relief to teething babies.

3 Teething gels
Over-the-counter teething gels offer some relief to irritated gums for babies over two months. With active ingredients that numb the area where the gel is applied, teething gels can be an effective solution for very upset teething babies.

4 Chilled foods
Tender, puffy gums get a lot of relief from cold items during teething – so offering chilled foods during

this time can bring a lot of comfort. If your baby isn't old enough to be eating frozen homemade fruit ice blocks, try using a baby fruit feeder, which allows your baby to enjoy the flavour and coolness of fresh fruit while avoiding any potential choking risks.

5 Dry the drool
Excessive drooling is part of teething. Having fingers and other objects in the mouth produces saliva. To prevent skin irritation, keep a clean cloth handy to gently dry your baby's chin.

6 Clean with gauze
Teething gums can be very tender, and attempting to clean your baby's teeth when there are new teeth erupting in his mouth can make him very distressed. Instead of using a toothbrush which may prod into painful spots, try wiping the teeth with a piece of soft gauze instead.

7 Some TLC
Some hugs and kisses – along with some playing – may be all to help your baby deal with teething aches and pain.

Good dental health starts at a young age, ideally before the age of two and preferably when the first tooth arrives. Regular dental checks will help with your child's development.



EXPERT ADVICE

Looking after baby teeth

Baby teeth are just as prone to cavities as permanent or 'adult' teeth. When a baby tooth falls out prematurely or is lost to decay, other teeth can tilt into the empty spaces and it can cause delay in eruption, as the 'gate-keeper' is now lost. Teaching children to look after their baby teeth from an early age, will also help pave the way for a healthy adult mouth. Even before they appear, baby teeth have begun their journey as far back as the second trimester of pregnancy. They usually start to erupt into the baby's mouth at about six months, although sometimes earlier. Typically, most children will have a full set of 20 baby teeth by the time they reach three years old.

Getting started with tooth care

As the first baby teeth arrive at approximately six months, it is often a good idea to introduce the concept of oral hygiene at this time. In my experience, parents often find it challenging to introduce brushing and establish a good oral hygiene regime at this early stage. Aside from being a dental surgeon, I am also a parent. I used to introduce a kids' toothbrush at bath time, allowing my toddlers to place the brush in their mouths and get used to the idea of brushing. To keep their mouths healthy and help establish an oral health routine, regular brushing is key. For 0-2 year olds, brushing with a toothbrush and water is best.

Visiting the dentist

The ideal time to bring your child to the dentist is before the age of two, and preferably when the first tooth arrives. This gives you, the parent, an opportunity to ask dietary and hygiene questions, and seek professional advice on best maintenance. It also allows your dentist to establish a baseline record of your child's dental health and development, further safe-guarding the establishment of good dental health.

Dr Paul O'Dwyer BDS, MSc is group clinical advisor at Dental Care Ireland, a new Irish-owned network of established dental practices nationwide. For further information, visit www.dentalcareireland.ie.



How to get moving post birth

Exercise after birth has lots of benefits. Clare Daly, Chartered Physiotherapist at the Coombe Women & Infants University Hospital, advises on how to get moving again

Pregnancy and childbirth produces many changes to your body. When considering returning to exercise, it is important to start with a graduated and safe approach. Remember that it takes you nine months to become a mum, and nine months to recover. So you need to give yourself time, as you will not notice changes overnight.

The first thing to consider is; have you attended the post natal class offered by the physiotherapy

department within your hospital? These classes will discuss safe return to exercise; pelvic floor exercises, and you can also have your tummy assessed.

PELVIC FLOOR EXERCISES

Pelvic floor exercises are something you can start from the beginning. One in three women suffer with bladder dysfunction, one in 10 suffer with bowel dysfunction, and approximately 50% of people have a mild prolapse after having a baby. These important muscles aid bladder and bowel control, and sexual function.

How to do pelvic floor exercises:

Start by gently lying down – imagine you are trying to stop yourself from passing wind and lift up to the front, and hold for as long as you feel able. The goal is to be able to do 10 squeezes x 10 repetitions three times a day. Over a three-month period you will be able to progress these exercises into sitting and then standing. Download the Squeazy app

to remind you!

When you do take up exercise again, you want to make sure it's safe – always consult with your hospital physiotherapist or your GP at your six-week check up.

Ask your midwife or doctor about postnatal exercise classes in your hospital. There, you will be shown safe exercises to do in those first postnatal weeks.

You can start with gentle walking from when you return home. Build up gradually over the first six weeks and always respect pain. For your tummy muscles, the hospital physiotherapist will start you initially on pelvic tilts and gentle Pilates based exercises.

Once you have had your six-week check following a vaginal delivery, you can start swimming, postnatal Pilates and Yoga. Typically after a Caesarean section it is advised to wait to 12 weeks post op to begin these classes.

If considering running there are

new guidelines 'Return to Running Post-Pregnancy'. In these guidelines, the recommendation is that you are three months postnatal, with a healthy pelvic floor and had your tummy checked before you consider taking up running again. A couch to 5km is a good place to start.

DO LIGHT STRETCHES

The hormone relaxin is present for up to 12 weeks after birth, and will continue to be present when breastfeeding – this is the hormone, which literally relaxes your joints, ligaments and muscles, and makes it very easy to pull a muscle. So when you are stretching after your workout, (not before), make sure you only do light stretches.



HOW CAN EXERCISE HELP?

Exercise is so important! It boosts our mental health, aids sleep, helps with postnatal recovery. If you suffer with any pelvic floor problems or have any queries relating to exercise link in with your Chartered Physiotherapist in Women's Health & Continence at your hospital.

EXPERT ADVICE

It is vital that new mums make sure their bodies have healed up properly before undertaking any type of exercise. It is essential that the uterus has retracted into the pelvis, the bleeding and discharge has ceased and that the stitches have healed before resuming any exercise routine. Clare also stresses the importance of listening to your body, "Be aware that you will be suffering from fatigue with a new baby. Have patience and do what you can. You will have more energy some days and less on other days."

HOW TO EXERCISE SAFELY

Liz Barry, Deputy Physiotherapy Manager, Physiotherapy Department in Cork University Maternity Hospital, advises that women should take the following precautions for post-natal exercise:

- ✓ Exercise should always be undertaken gradually.
- ✓ Walking is the best exercise to start with. You can start as soon as you feel able. To begin, go at a nice gentle pace for five to 10 minutes. Gradually progress at a pace that suits you. Always remember to walk tall and draw in your lower tummy.
- ✓ Wear a supportive bra. It is essential that you wear a

properly fitted sports bra when exercising especially if you are breastfeeding.

- ✓ Avoid high impact exercise e.g. running, jumping, contact sports, aerobics classes for 12 weeks post delivery. This is to allow time for your abdominal and pelvic floor muscles to recover.
- ✓ Low impact activities such as swimming or cycling can be resumed once your stitches have healed and you can sit comfortably – this is usually after your six-week check-up with your GP.
- ✓ Strengthen your core. Start working on the core muscles as they need to be strengthened after the pregnancy. Keep working on the

pelvic floor muscles.

- ✓ Make sure that you warm up gently, cool down and stretch gently after exercise.
- ✓ Support your feet. It is important to wear properly fitting shoes as sometimes your feet might have grown during pregnancy.
- ✓ Make sure that you stay well hydrated – drink plenty of water throughout the day.
- ✓ Watch out for these warning signs; breathlessness, dizziness and nausea. These are signs that the body is overstressed during cardio. If any of these happen during exercise, stop immediately and wait a sufficient period until you have enough strength.

How to prepare for your first night out



Make your first evening out after having a baby an enjoyable one by following the advice from mum-of-two **Niamh O'Reilly**

Motherhood brings with it lots of changes, but it's only when you have your newborn in your arms that you truly realise the magnitude of those changes.

At first, you may find the idea of leaving your baby for a night out almost impossible, but as the weeks and months pass, that will change.

Remember, there's no right time for you to have an evening away from your baby, so don't feel under any pressure to do so until you're ready. That said, once you start to find your feet again, getting out for a few hours with your partner or pals can be a real tonic. It will also remind you that as amazing as your new baby is, there's more to the world than just being a mum all the time.

Do bear in mind that nights out will be a little different now thanks to COVID-19 measures, which may be in place for some time to come. They'll take a bit more planning and yes you'll probably spend a good portion of your evenings out talking about your baby or looking at photos of him/her on your phone!

WHO WILL BABYSIT?

This is the big question most new parents ask themselves. Generally speaking, it should be someone you trust and know very well. Grandparents are an obvious choice, but not everyone has that option, so look to other family members or close friends to step up.

Most would only be too delighted to look after your baby for a few hours, so don't be shy.

The main thing is to choose

someone you feel happy leaving your baby with and someone your baby knows too, leaving you one less thing to worry about.

FEEDING PREPARATION

After 'the who?' feeding is probably the next big question on the list. Breastfeeding mums in particular may find the idea of leaving expressed breastmilk for the first time a little daunting. It's important to practice expressing milk a few days/weeks in advance. Again, don't put yourself under any pressure here. If it's not working out, then wait and try it again. When you're ready and happy your baby will take the expressed milk, make sure your babysitter has all the instructions they need on how to prepare the feed.

WHERE TO GO?

There's no set rules on what your first night out should be. It doesn't have to be big or lavish and indeed it's probably a good idea to venture locally at first. This means you'll be closer to home should you be needed, plus you'll feel more relaxed knowing you're not far away from your baby.

While you might feel a bit anxious, you'll also probably feel excited too, but be aware that your energy levels might not be the same! You might get tired quicker than anticipated. Don't feel disappointed, just listen to your body and take it slow. Remember to also keep an eye on your alcohol intake. Enjoying yourself is key, but be mindful of what you are drinking; both in terms of your breastmilk and because you'll most likely be caring for your baby during the night and/or in the morning and you want to have a clear head.

STAY IN TOUCH

Your babysitter, whomever they are will likely tell you not to call/text and just go out and enjoy yourself. It's well meaning, but quite frankly you should ignore this. Of course you shouldn't spend the entire evening worrying and calling, but one simple text to see that everything is fine will achieve instant peace of mind, as opposed to radio silence.

Finally, leave contact numbers for you and your partner, as well as the venue you'll be at, plus an additional person to contact in case of an emergency... and don't forget to enjoy yourself!

THINGS TO LEAVE FOR THE BABYSITTER

✓ Information

There's no such thing as leaving too much information for the babysitter. No matter who you've chosen to look after your baby – expert level granny or close pal with no children, you know your baby and his/her routine best. The more information your babysitter has, the better.

✓ Baby know-how

Let them know about your baby's routine, feeding times, best burping techniques, favourite teddies or comforters, etc. Show them the changing station and have plenty of nappies and clean clothes ready so they don't have to go looking.

Dreading the return to work or working from home as the end of your maternity leave approaches? **Louise Porter** has put together some tips to help you return to work with ease once your maternity leave ends

Returning to work after maternity leave can fill you with a whole host of emotions: excitement, anxiety, sadness, as well as the ever-present new mum guilt. All of these feelings can really take a hit on your confidence when returning to the workplace. But by taking a few positive steps and making the necessary preparations, you can return to work comfortable and confident in yourself.



Decide how you will feed your baby in advance

If you are breastfeeding and would like to continue when you go back to work, start to buildup a stash of milk in the freezer as early as you can,

(although it is not recommended to pump for the first six weeks or so as it can cause oversupply). That stash will deplete a lot faster than you expect.

You will settle into work easier knowing your baby is being fed well.

What are the positive things about going back to work?

When I was mere weeks away from my first day back at work, I really started to focus on the positive aspects of returning to the working environment. If you are still on the fence, think about these:

Adult conversation

The babbles from your little one are gorgeous and time at home is precious, but the one-sided conversation can leave you feeling like you have completely lost the plot when that is your only conversation in an entire day. You can end up dumping all adult conversation on your partner the minute they walk in the door just to feel like an adult!

A hot cup of tea

If you are anything like me, this will come high on your list. I am tea obsessed and one of the things I missed most when my baby arrived was having the time to actually finish a cup of tea, while it was still hot.

Lunch in peace

Those with toddlers might say that finishing lunch without a little hand helping themselves to the food on your plate is something they really look forward to. You can also eat your whole meal at once, sitting down!

Clean clothes.... all day!

I remember meeting friends one day for lunch when my baby was about four months old. I had tried to

look more presentable than usual; I straightened my hair, put on makeup and I even put on a pair of heels, only to discover when I arrived at the restaurant that I had a drool stain on my shoulder!

Thankfully my friends are mums too, so they didn't even notice. When you are back at work, you will finally be able to look, feel and sound like a proper, stain free grown-up.

The hugs

The hugs and smiles you get after work, especially during the first week, make it all worthwhile. There is literally no better feeling in the world than little arms wrapped around you telling you they missed you.

Mum of three, Jennifer Sherlock

Choose a childcare option

Choose a childcare option that works for you, financially and emotionally. You might like the idea of the one on one care that your little one will receive from a childminder or you might want your child to be exposed to the social environment of a crèche. Either option is a good one if it feels right to you. Don't let anybody make you second-guess yourself. Nothing will make you feel more uncomfortable in work than not being fully satisfied with the care your child is receiving.

Start your child with their childminder or crèche early for a 'settling in' period, usually this will be where you leave your child for one hour periods and build it up to the full amount of time they will eventually be in. Start this as early as you like, most childcare practitioners will understand and be accommodating.

Start batch cooking

The first couple of weeks back in work can be almost as busy as the first few weeks of having a newborn! Until you settle into a routine you may find that the time just slips away and you end up reaching for a frozen pizza or the takeaway menu every night. Cooking some meals that are easy to freeze in single portion sizes will help you get through the first few weeks. Lasagna, cottage pie and pasta bakes are all good options that can also be brought to work for lunches.

Don't be afraid to ask for help

This is something a lot of working mums may struggle with. If you can't get out of the office in time to pick your child up from crèche don't be afraid to ask a family member

or friend to help out until you get a routine down. No matter how much you prepare, there is always the risk that a meeting will run late or you will have a particularly busy day. Working mothers often think they have to do it all when in reality asking for a little help here and there will make for a more relaxed confident woman, and a more content child. The return to work can be hard enough!

Wear what you are comfortable in

There are no two ways around it; most women's shapes will change after having a baby. Whether it is so subtle only you can see it or you have noticeably gone up or down dress or cup sizes, try not to stress about it too much. Your body has done something amazing, so don't be ashamed of it and don't try to force yourself into the clothes you previously wore if you are no longer comfortable in them. Your workplace may have a specific dress code or uniform but they are often easily adapted to suit your new shape. Invest in some clothes that you feel comfortable in; it does wonders for your confidence!

Ask for flexibility

Don't be afraid to ask for flexibility if you need it, whether you need to come in early on a Wednesday so you can leave early to collect your child from crèche, you need to ask if there is an empty office or first aid room to use a breast pump at lunch times, or you need to work from home every now and then. There is no harm in asking, as if you don't ask you will not receive! It may not always be possible, but most employers will be as accommodating as they can.

Get involved and enjoy yourself

You are returning to work for a reason. While some people would like to stay off longer or are returning to work for financial reasons, most people do enjoy their jobs. So when you are there relax, chat with your colleagues or customers, get stuck into work and try to put your little one out of your mind as much as you can. You will enjoy work so much more.

Be organised

Find childcare that works for you, and find a back-up plan of what you'll do if your child is off sick.

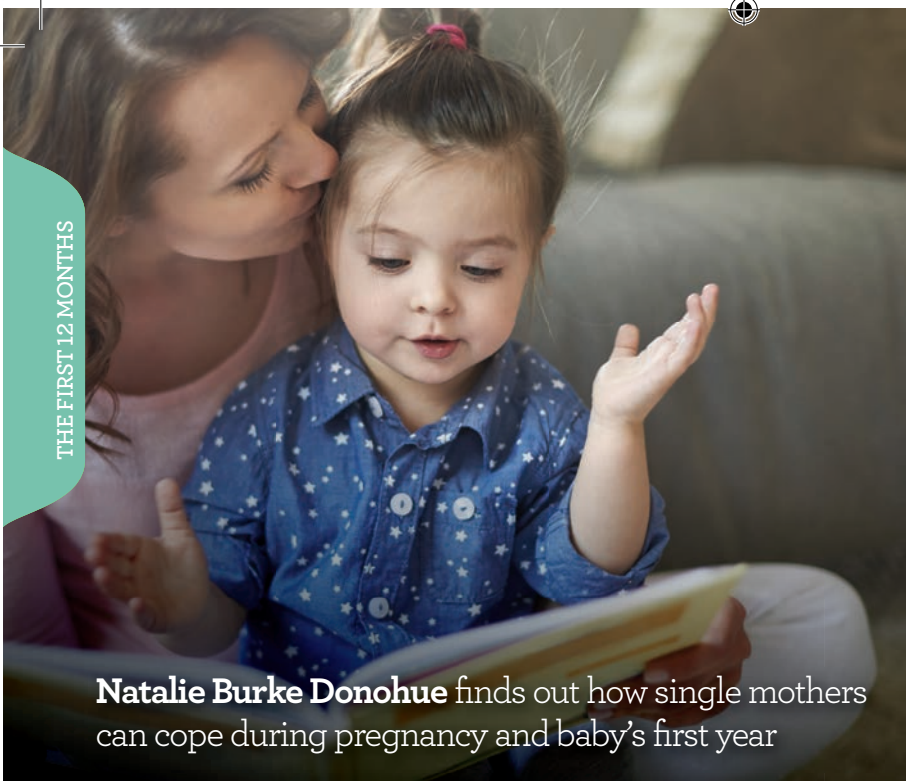
Plan your route to, and from work. Work out what time you need to leave home at every morning, and leave work at every day, and what order you'll do things. Figure out who will be doing the drop-off in the morning, and collection after work.

Lay out clothes for yourself and your child the night before. Have your coffee cup by the kettle, and if you plan to take food into work, have breakfast/lunch prepped and in the fridge.

If you have time, batch cook and freeze meals every now and again: Then you won't have to make supper from scratch when you get home! Get a good diary/organiser (digital or physical) you love, which you can use for work schedules, deadlines, appointments, who is looking after your little one when; and make sure you have a list of useful contact numbers to hand.



FOR FURTHER INFORMATION
www.mumager.ie



Natalie Burke Donohue finds out how single mothers can cope during pregnancy and baby's first year

Single parents

Be-coming a new mum brings all kinds of adventures. It is one of the most exciting, emotional and joyous experiences you will ever have, but it can also be overwhelming, leaving you feeling scared, panicked and even lonely, particularly so for women facing parenthood alone. Life as a single mother can seem daunting but it helps to know you are not on your own. From support groups and close knit friendships, to online advice forums and professional services, there is more help than ever before to assist you in taking on life's next chapter.

Preparation is Key

Life will get busy pretty soon, so do some reading and inform yourself on what rights you have and what resources are available to you as a single mother before baby arrives.

Save with the future in mind, ask for help assembling your baby equipment and prep in advance by making sure you have plenty of supplies – you won't be in a position to drop everything and run to the shop if you need some emergency nappies.

Planning Ahead

Ask a good friend or a close family member for their help around the time of your due date and decide who will be your birthing partner. Ask them to be your nominated partner/visitor and have a plan in place for getting to the hospital, seeing you through delivery and getting you and your new baby home safely.

Build a circle of support

Gather your close friends and family and ask them in advance for their help during the first weeks and months of your baby's first year. Whether it is help with the cooking,

HELP AND SUPPORT:

- **One Family** – askonefamily helpline. Tel: 01 662 9212. For anyone seeking information or support regarding parenting alone, sharing parenting, crisis pregnancy or separation. www.onefamily.ie
- **Treoir** – provides a free, confidential specialist information service for unmarried parents on legal issues; financial matters; and parenting. LoCall: 1890 252 084. www.treoir.ie
- **Cuidiú**– Parent to Parent Support. www.cuidiu-ict.ie Tel: 01 8724501
- **Citizens Information** (<http://www.citizensinformation.ie>): Provides information on public services and the entitlements of citizens in Ireland.
- **My Options** – a HSE freephone line that provides free and confidential information and counselling to people experiencing an unplanned pregnancy. Freephone: 1800 828 010

an hour of cleaning or just to take baby while you have a shower, you will be grateful for the help when you're feeling emotional, tired or just in need of some adult company. "This time in your life is the most surreal, with many mums feeling anxious, nervous or scared," explains Aoife Lee, Parent Coach with ParentSupport.ie. "Every mum deals with their situations differently. For some the challenge is getting out to the shops, for others it is worrying about being judged on how they are coping. My advice is always to surround yourself – virtually if you can't in person – with those who love you, and want the best for you. Trust your gut, you are not on your own."

Six Ways To Help You Cope As A Single Parent

Being a parent isn't easy. Doing it alone is even harder! Here are some tips to help you cope as a single parent, even when you just feel like giving up:

- 1** Learn to recognise your levels of stress. Take time each day to reflect on how you are feeling.
 - 2** Try not to focus all your energy on what is going wrong. Explore who can help you, what steps can you take.
 - 3** Make a list of the issues you need to resolve. Try to be less critical of yourself. Name the things you are good at, focus on these.
 - 4** Create time to think and plan – can children go on play dates to allow this happen for you?
 - 5** Join a parenting group to get support from other parents and learn new skills and knowledge, which will help you understand your children.
 - 6** Seek professional support if you feel really low. Call the One Family helpline to talk with someone. Talking can usually help you understand what is going wrong and what changes you can make. Seek support from your GP or contact your local social worker if you feel you need support around mental health, addiction or abuse.
- (From www.onefamily.ie)**

Support Groups

Beyond your circle of friends, it can be helpful to meet people in a similar situation who can give advice or act as a sounding board. Attending local support groups also gives new mums a reason to get out of the house, which can be a daunting prospect in the beginning. "Consider your local breastfeeding support groups or a baby/toddler group, or visit Cuidiu (www.cuidiu.ie) a parent to parent support charity," advises Aoife. "It's often times like these that mothers find connecting with those who understand a considerable support."

Alternatively, seek support online. The internet opens up a world of possibilities beyond your local area. Online forums, blogs

and social media accounts can be relatable and offer helpful tips at any time of day or night.

Explore your options

Returning to work is overwhelming for all parents, as they try and balance a working schedule with being present for their children. However Aoife recommends considering your options. "Meet with your manager prior to your return date to discuss the possibility of more flexible hours, shorter days or options to work from home. Look at how your job manages parental leave and what your options are. If you are looking for childcare, there are some great supports for parents. All counties have a local childcare committee, while the Department of

REAL LIFE STORY

Single mum Amanda and her three year old daughter Isabella come as a team. But before Isabella arrived, Amanda had plenty of worries about what life would be like as a single mother.

"When I was pregnant, I worried about not being able to give my baby everything she needed. Would she grow up missing out on certain things because it was just her and I? The biggest thing I focused on while I was pregnant was money. I knew being out of work for a few months on maternity leave was going to hurt me financially. My family and friends were a huge support and constantly checked in to see how they could help. Sometimes I felt overwhelmed with the amount of support but, looking back, it definitely played a huge role in our success."

Children and Youth Affairs (www.dcy.gov.ie) offer information on grants available to parents."

Believe in yourself

Learn to trust yourself and your maternal instinct. You know best when it comes to your baby and with a little patience and preparation, along with support from family and friends, you will be doing your absolute best and your baby will thank you every day for it. You've got this.

Parent Support Contact;

Parent Coach, Aoife Lee
www.parentsupport.ie
[@parentsupport](https://twitter.com/parentsupport)

TIPS FOR CHOOSING childcare

It takes time and consideration to find the right childcare for your child. Here's some advice to help you decide

If you're pregnant with your first child, childcare probably seems like something you need to think about way down the track. But when the time rolls around to when you return to work, you'll be glad you did your research. The following factors will impact your childcare decision:

- Your child's age
- Whether you need full or part-time care
- The hours you need services (regular, daytime, evenings or weekends)
- Your budget
- Services available in your area

Start looking as far in advance as you can. Talk to your friends and family to see what works best for them and check out your local childcare providers by logging onto their websites and arranging a visit where appropriate.

It is important to discuss with the childcare service provider your child's needs and the service they can provide. You should check that staff are qualified and the provider has appropriate childcare policies and procedures in place for example, child protection, behaviour management and accidents.



From October 2019, The National Childcare Scheme has replaced all previous targeted childcare programmes to help parents meet the cost of quality childcare.
www.ncs.gov.ie

It is also important to check fees, hours, and holiday periods. Make sure to visit when there are children present, so you get a feel for the atmosphere.

Your City or County Childcare Committee can provide a list of childcare providers in your area.

EXPERT ADVICE

Advice for parents when choosing childcare from Wicklow County Childcare Committee.

Many factors come into play when choosing childcare. The quality of care and education in the service is paramount, whilst other factors such as cost, location and the ethos of the service are often also key drivers when choosing childcare.

A quality childcare service nurtures the physical, emotional, social, moral and intellectual development. It should provide an environment that has a happy relaxed atmosphere, is well planned and inviting, is clean, healthy and comfortable, offers age appropriate activities with a range of materials and is well supervised, safe and secure.

The service should have information readily available for the parents which should include the hours of operation, fees charged, aims and philosophy of the service. Before choosing a service you should

review the information you have gathered. Talk to other people. Trust your feelings, if the service feels right to you, it should be good for your child.

You should consider the following questions when choosing a service:

- Is the atmosphere warm, relaxed and welcoming?
- Do the children look comfortable and relaxed?
- Is there good interaction between the children and staff?
- Do the staff have a good level of qualifications and experience? (It is compulsory that room leaders in ECCE rooms have a Level 6 and assistants have a Level 5 childcare qualification)
- Is there a key worker system in place?
- Is there a broad range of activities available and is there evidence of these?
- Is there evidence of child led chosen activities?
- Is there a good variety of toys/

equipment to suit the ages and abilities of the children and are they clean and in good repair?

- How does the service cater for children with additional needs?
- Is there a respectful approach towards the diversity and identity of all children and families?
- Are parents encouraged to become involved in the service and how?
- How does the service inform the parent of the child's progress and general wellbeing?
- Does the service have appropriate policies and procedures in place? Some of the key ones include admissions, fee payment, complaints, child protection, positive behaviour management, recruitment, collection of children, equality and diversity.

Visit www.wccc.ie for further information.

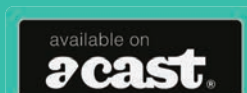
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everymum.ie

THE FIRST 12 MONTHS

FAQ

Q How do I trim my baby's nails?

A It's important to keep your baby's nails short as they can scratch themselves. You can buy baby nail clippers in pharmacies and supermarkets. Or if you are too nervous to use scissors, you can use an emery board to file them down.

Q I'm worried that my baby will have separation anxiety when I return to work. How can I help him?

A Rest assured that separation anxiety is a very normal part of development, which can occur any time from seven or eight months onwards as your baby discovers that you are a separate being from them. Unfortunately, there's no avoiding separation anxiety – it is one of those inevitable stages of babyhood. One suggestion which many mums find effective, is to build up 'settling in' sessions with your childcare provider or crèche before you start back to work – start with an hour, gradually increasing over two weeks before you actually go back to work. Let your child take something she loves from home, like a teddy bear, pillow or blanket. These objects will help your child feel safer, and you can gradually phase them out as she feels more settled in the new place.

Q When can I take my baby swimming?

A The best age for babies to start pool activities is around four to six months. Before this age your baby can become familiar with water in the bath. For example, splash your baby gently with water or move him/her gently through the water on his/her back. Babies and children who are not toilet trained should wear 'swim nappies' and an elasticated type of swimming costume. Do not bring your child swimming if he/she is sick. A sick child should not be exposed to big changes in temperature.

Q How can I ensure that my baby doesn't get too hot or cold?

A Overheating can increase your baby's risk of cot death. A baby can overheat when asleep because of too much bedding or clothes or because the room is too hot. To check how warm your baby is, feel their tummy. It should feel warm but not hot. If their tummy feels hot or if they are sweating anywhere, your baby is too warm, so remove some of the bedding. Don't wrap your baby in too many blankets. Cellular blankets are best, as they have small holes in them and keep your baby warm without overheating.

Other signs include flushed, red cheeks and fast breathing. Don't worry if your baby's hands

and feet feel cool – this is normal. Do not overdress your baby – a nappy, vest and babygro are enough.

They can wear less in warm weather. Take off baby's hat and extra clothes as soon as you are indoors. Make sure the room your baby sleeps in is not too warm. The room temperature should range from 16°C - 20°C (62°F - 68°F). If the room feels too warm for you it is too warm for your baby. Never place the cot, pram or bed next to a radiator, heater or fire or in direct sunshine.

Q What checks of their growth will my child get between six months old to two years old?

A As your young child grows your public health nurse or doctor will check their growth and overall development. These checks normally take place in:

- Your home
- Your local health centre
- Your doctor's surgery

The checks include measuring your child's:

- Weight
- Head circumference (size)

The results of these growth checks are recorded on your child's Personal Health Record where it is available.

This record plots the growth of your child from birth onwards and shows if there are any changes in the average growth of your child.

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A close-up photograph of a young child with dark hair, smiling broadly while seated in a car seat. The child is wearing a white sleeveless top with a pink floral pattern. The car seat's black harness and buckles are visible. The background is a blurred outdoor setting.

Equipment & Gear

Make Your Home Safe For Baby

When your baby reaches certain milestones, it can be very exciting. But when your little one starts to move from one place to the next on her own, it can become somewhat dangerous. Baby proof your home with the following useful tips



IMPORTANT GENERAL SAFETY:

- Store the following items well out of your child's reach: household cleaning products, laundry product and weedkillers, sharp knives and scissors, hazardous kitchen appliances and DIY tools, medicines, cosmetics and alcoholic beverages.
- Use childproofing guards on all your windows, even ground floor ones. Any windows that open more than four inches can be dangerous for your child. Do not place cots, steps, or other furniture adjacent to openable windows.
- Keep sockets covered with a protective cover or plastic plugs to avoid your child putting any objects into the sockets.
- Place safety gates on both the top and bottom of staircases.
- Keep your baby's cot away from any dangling blind cords or curtains. Tie up low hanging cords and keep them out of reach to avoid your baby getting tangled in a blind cord.
- Any objects that could potentially

pose a threat to your baby should be kept out of reach. This includes coins, small toys, nail scissors, etc. All medicines must also be put away.

- Keep balcony doors locked at all times. Do not keep objects on balconies that could be used as steps e.g. flower pots, tables and chairs etc. Never leave a child alone on a balcony.

LIVING ROOM:

- Protect your baby from sharp edges on furniture and fireplaces by covering them with foam, rubber or, where you can, use throw pillows, rugs and blankets.
- Don't leave long electrical cords dangling for your baby to grab and pull. Wrap them short and keep them secured and as far out of reach as possible.
- Furniture that is likely to topple over should be secured. This includes bookshelves, television stands, and chests of drawers. Furniture that cannot be secured should be stacked bottom heavy so that your child can't easily topple it over.
- If you have any glass doors in your home it is a good idea to put stickers at your baby's or toddler's level of height. This will stop them from accidentally walking or crawling into the doors.

NURSERY:

- If you have older children, keep their toys separate and out of reach of your baby or toddler. Punch or drill air holes into your child's toy boxes, in case they ever become trapped in them. Preferably buy a toy box with

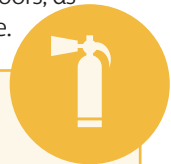
a removable lid or else install safety hinges on the box.

KITCHEN:

- Keep your baby in a highchair or play pen when you are cooking. Keep pot handles facing inwards and put covers on the stove burners.
- Don't use fridge magnets if you have a baby or toddler. Also put a safety latch on the fridge.
- Tablecloths can pose a danger to tots if they grab an edge and pull whatever is on the table down. To avoid this, secure all tablecloths to the table or refrain from using one.
- Put childproof locks on all cupboard and cabinet doors, as babies love to look inside.

FIRE SAFETY

- There should be a smoke detector on every floor in the home, as well as near the kitchen. Detectors should be checked weekly to make sure they are working.
- A fire extinguisher should be kept near the kitchen and near fireplaces. Follow the manufacturer's instructions about keeping the extinguishers serviced or checked regularly.
 - A fireguard must be placed around each fireplace. Ensure that the guard is large enough to enclose the fireplace and that it can be fixed to the wall.
 - Always keep lighters and matches and any flammable objects out of the reach of children.



BABY CHANGING BAG

essentials

Your favourite handbag will soon be replaced by the trusty nappy bag. Be sure it's packed with essentials you might need when you and baby leave the house



Your baby needs a lot of things when leaving the house: nappies, wipes, an extra set of clothes, and the list goes on and on. It's important to get a sturdy, waterproof bag that will withstand some wear and tear. Get a clip to attach your bag to your pram, as this is most likely where you will carry it most of the time when you are out with your baby.

WHAT TO PACK:

- ✓ At least five nappies
- ✓ Changing mat
- ✓ Nappy rash cream/barrier cream
- ✓ Baby wipes
- ✓ A change of clothes for baby and you (just in case)
- ✓ A small toy for your baby to play with during changing
- ✓ Cleansing hand gel
- ✓ Bibs
- ✓ Muslin squares
- ✓ Drinks and snacks (when your baby gets older)
- ✓ And depending on the weather: baby hat
- ✓ Sun cream (if your baby is over six months old)
- ✓ Disposable nappy sacks

... Top tip ...

Invest in a waterproof lining for your bag that is easily removable. This will make it easy to clean if there are any spillages from creams or bottles.

Alternatively, some nappy bags come in backpack form to make them easy to carry, leaving you with both arms free.

Put your name and number somewhere on your bag to avoid any mix-ups with other mums in crèches and other public places. Another good tip is to empty the bag and repack it as soon as you get home. Otherwise, you may forget to do it and you could forget some essentials on your next trip out and end up carrying around dirty laundry.

A good nappy bag will be able to fit all or at least most these things in a way that makes them easily accessible (and easy to see when you need to restock essentials like nappies and wipes). Nappy bags with exterior storage like insulated pockets for bottles

MUM'S TIP

"As you'll have the bag with you all the time, it will be dropped on dirty ground, sat on, filled with crumbs, spilled drinks, and dirty nappies; and generally thrown around the place. Hence it needs to be wipeable inside and out; with a comfortable strap, and sturdy fabric."

Maria Smith

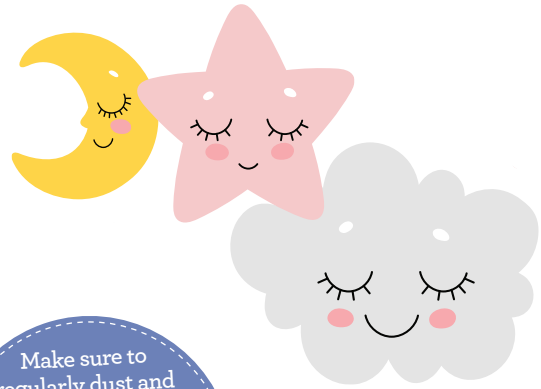
MUM'S TIP

"You may need a good sized bag; but make sure you don't get anything that is too heavy before you even put anything in it. Don't forget, you may be carrying your little one and a bag of your own at the same time."

Cathy McHugh

and snacks as well as additional compartments for your mobile phone, changing pad, nappies, and wipes are particularly useful.

Preparing BABY'S room



Setting up your baby's room is exciting. Here's what you need to know

Setting up your little one's room is exciting, but, it can be hard to distinguish between products that you actually need, products that are helpful but not essential, and products that are just plain unnecessary. The most important thing is that the nursery is safe and has suitable storage for clothes and toys. Don't panic: Even having a 'nursery' set up before your baby's arrival isn't essential as it is recommended that babies should sleep in the same room at first. However, it is nice to have a place for baby gear and nappy changes etc. if possible. Here is a handy checklist of your nursery room must-haves:

The essentials:

✓ A SAFE PLACE TO SLEEP

As stated above, it's recommended that for the first six months of her life,

SECURE ALL FURNITURE

Make sure that you use stable furniture (wardrobes, chests of drawers) that carry no risk of toppling over. Securing them to walls is the best way to keep them stable. Put latches onto the lower drawers so that your baby can't open them once she becomes mobile.

your baby should be in the same room as you when she is sleeping. The number one feature for a cot is that it must pass safety regulations. Also, if you are using a second hand cot or Moses basket, make sure that you buy a new mattress for it and wash all the covers.

Once your baby is six months old, you can move her into a crib or cot in her own room. Some cot beds will accommodate your child until she becomes a toddler, or you can purchase a standard-sized cot if you are tight on space in your home.

A cot with drop down sides will make it easier to get baby in and out. Make sure that your cot mattress is the exact size required to fit your cot frame.

✓ ELECTRICAL OUTLET COVERS

Be prepared for when your baby is able to move around independently and invest in a pack of safety plugs for all of the sockets in your house. These are available in baby stores, hardware stores and occasionally in supermarkets too.

✓ CHANGING MAT

A changing mat will be used countless times before your baby becomes potty-trained, so it is worth investing in a good one.

Changing mats should always feature raised padded edges to prevent your baby rolling off them and they should also have a wipe-clean surface for easy cleaning.

Make sure to regularly dust and vacuum your baby's nursery. Keeping the room clean will keep your baby's airways clear and reduce the risk of developing allergies.

They can be used on the floor or on top of a changing unit.

✓ STORAGE

A good-sized chest of drawers will provide sufficient storage for most of your baby's clothing. Keep your baby's changing items in the top drawer so they are within easy reach.

✓ ROOM THERMOMETER

Infants can overheat or get cold very quickly, so a room thermometer will allow you to regulate the temperature of your baby's room.

The nice to haves:

✓ COT MOBILE

Choose a mobile that can be moved around the house. Try it out first and see how your baby responds. Some babies love to watch the patterns on a mobile, but others can find them over stimulating.

✓ NIGHTLIGHT

A soft nightlight can make night feeds easier and it prevents any tripping up over items.

✓ BABY MONITOR

It's not an essential purchase for all babies, but a baby monitor will allow you to listen to or see your baby when she's in a different room to you. Some monitors have the ability to scan two rooms to listen for a napping toddler and newborn at the same time.



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First-Aid Kit *essentials*

A typical family household will see its fair share of cuts, grazes, and bumps. Be prepared to deal with minor accidents with these must-haves in your first-aid kit

EMERGENCY CONTACTS

One of the most important things you need in your first aid kit is contact numbers in case of an emergency. This is especially important for any babysitters or whoever is minding your children.

The list of numbers needs to be clearly visible and in the same place, so it is a good idea to stick the list inside the first-aid kit.

Include the following numbers on your list:

- ✓ 112/999
- ✓ Your own mobile numbers for the childminder (you should also leave them with the contact details of where you are going/who you are with)
- ✓ Emergency contact number(s)
- ✓ Phone numbers for the two closest neighbours
- ✓ Family doctor
- ✓ Local hospital

FIRST AID COURSE

If you can, it's a good idea to do a simple paediatric First Aid course. It will give you the basics, and the confidence to know that you can deal with any number of dangerous and stressful situations. Go to St John Ambulance – www.stjohn.ie for more information.



ACCIDENT PREVENTION:

Children will unfortunately fall down and hurt themselves; this is unavoidable. But here are some tips on how to reduce the risk of accidents in the home:

- ✓ Any dangerous items, including small items like coins and hazardous cleaning detergents, should all be kept totally out of the way of children. Children should not be able to come into contact with these kinds of materials.
- ✓ When boiling pots or kettles, ensure that they are out of reach of your child and that the handles are always facing inwards, so that your child cannot grab a handle and pull it. It is also important that all stairways, doorways and walk ways are kept clear of obstructions that your child could fall over.
- ✓ Under no circumstances, should your child be left alone in the bath or near any pools of water. It only takes a few seconds and one inch of water for a child to drown. If you need to leave the bathroom or wherever your child is bathing, pick them up and take them with you.

DO A REGULAR STOCK TAKE

The first-aid kit needs to be checked on a regular basis to make sure it is fully stocked and that all the medicines and equipment are within their expiry dates. The first-aid kit should be a plastic box that is easily identifiable and should have clasps that work correctly, so adults will not struggle to open the box, but

WHAT TO HAVE IN YOUR FIRST-AID KIT:

Your first-aid kit needs to contain the relevant supplies to deal with these various illnesses and injuries:

- ✓ Fever
- ✓ Mild pain (Make sure pain relief is suitable for infants and preferably in a liquid form so they can swallow it easily)
- ✓ Cough
- ✓ Sore throat
- ✓ Nasal congestion
- ✓ Allergies
- ✓ GI (gastrointestinal) problems
- ✓ Cuts
- ✓ Burns
- ✓ Stings
- ✓ Sprains
- ✓ Strains

also strong enough that no infants or toddlers would be able to get in to it. Ensure that all adults who may be minding your child at any stage know the exact location of the first-aid kit.

OTHER FIRST-AID KIT ESSENTIALS:

- ✓ Infant thermometer
- ✓ Antiseptic wipes
- ✓ Antiseptic healing cream
- ✓ Sterile bandages
- ✓ Tweezers
- ✓ Sunscreen and lip protection (babies six months and older)
- ✓ Insect repellent
- ✓ Cold pack
- ✓ Electrolyte replacement solution
- ✓ Plasters

Your first aid box should be waterproof and easy to carry. You should keep it locked and store it out of the reach of children. If someone else is caring for your children, let them know where you keep the kit. Many people also keep a small first aid kit in their car for emergencies.





STAY ON TOP OF YOUR laundry

Tips to help you get manage the never-ending laundry that comes with babies

There's no escape from constant laundry once your newborn arrives on the scene. Spills and stains are a daily part of life when there's a baby in the house. Try these clever tips and tricks to help to make your laundry manageable.

WASH ALL ITEMS IN ADVANCE

Even though you are going to be washing baby clothes non-stop once you bring your baby home, it is important to wash all of their clothes before they wear them. This will help prevent your baby having any skin irritation that may occur from chemicals being left on their clothes from the manufacturing process. Also wash all products that your baby's skin will come in contact with, such as blankets and the car seat cover.

Natural stain solutions

- ✓ Instead of using fabric softeners, add a dash of vinegar to your machine to keep clothes soft. Fabric softeners can break down the flame retardant protection on the fabric. Adding a splash of vinegar can also help keep them bright and white.
- ✓ Mix baking soda and water to form a paste and spread it on stains. This will absorb any odours and will help to remove the stains.

SENSITIVE CARE

Use a non-biological liquid detergent on your baby's clothes. Also, avoid fabric softeners and any heavily fragranced products. Always read the care tags on the clothes first and follow the instructions given. Treat all stains as soon as possible, as this will make it easier to remove them.

STAIN REMOVAL TIPS

Soak items with stains in cool water before you treat them. Cool water may be able to get rid of some stains, such as reflux or milk, by itself. And if this won't work, soaking the stain in cool water will make it easier to remove before you wash it with detergent.

- ✓ **Protein stains:** This includes breast milk and formula, as well as spit-up and many food stains. Soak the stain in cool water and then pre-treat it by dabbing a small amount of non-bio liquid detergent on it. Then wash the clothes as normal, following the care tag instructions.
- ✓ **Nappies:** Reusable nappies should be treated the same as a protein stain, as above. But, you can also add a few tablespoons of white vinegar to the water for the pre-soaking.
- ✓ **Oily stains:** To treat stains such as baby oils and creams, remove any excess of the substance and cover the stain with cornflour, talcum powder, or baking soda. Leave this on the stain for 15 minutes, then remove it and wash the item as normal.

MUM'S TIP

"Give yourself a helping hand and get in to the habit of pre-sorting laundry. This will save you time and energy when it comes to putting on a load. No need to waste precious minutes untangling babygrows from jeans and dresses - just pop it all in to the machine! Use your sorter to divide laundry in to darks, colours and whites (for mum and dad), and then whites and colours for baby, then do a separate wash for each."

Rebecca Brennan

✓ **Fruit and veg stains:** Soak these types of stains in cool water. Even stains that have had time to set will loosen while they soak in water.

How to deal with laundry loads:

- ✓ Always separate your whites and colours.
- ✓ Most washes are 'medium soiled,' but if the clothes are particularly dirty set the wash to a 'heavy soiled' wash and a 'light-soiled' wash for delicate clothing.
- ✓ For lightly soiled clothes or garments that are specifically designed for being cleaned quickly, a quick wash cycle will wash your clothes in half the time.
- ✓ Don't overload your washing machine. It is bad for your machine and it means that your clothes won't be cleaned properly.
- ✓ If it is possible, put on a wash every day. Skipping a day, or a few days at a time, will cause your laundry pile to grow very fast.
- ✓ It is also a good idea that after you have noted how to wash a certain item of clothing, you remove the tag so that it can't rub on your baby and cause them discomfort.



Frequent changes

Your baby will need to have her nappy changed before or after every feed, and whenever she's had a bowel movement. This will help to prevent nappy rash.

NAPPY CHANGING essentials

Here's everything you need to have nearby to make nappy changes go smoothly

1 NAPPIES SUPPLY

You can use either disposable or cloth nappies. Both have their advantages. If you opt to use disposable nappies, then make sure they're good quality, so that you can avoid nappy rash and other skin problems. Stack your nappies neatly together so you can easily grab one.

2 A SAFE PLACE TO CHANGE

You can use a special nappy change unit or even the floor. Make sure that all of your nappy changing essentials are within your reach, but out of baby's. The area should be warm, dry and clean.

A comfortable changing pad or mat is important when it comes to changing your baby's nappy. Buy a changing pad that is contoured, so there's no risk of baby falling off a raised unit. Never leave your baby unattended on a raised unit or bed where there is a risk of them falling.

3 PREVENT AND TREAT NAPPY RASH

Nappy rash is a very common condition that occurs when the skin underneath your baby's nappy becomes red and irritated. The best treatment for this condition is a

hypoallergenic, nappy rash cream. A baby's skin is highly sensitive, so avoid using nappy rash creams that contain fragrances and perfumes. Apply the nappy rash cream to your baby's affected areas after cleaning your baby's bottom and before putting the new nappy on for best results. It's best to use a clear petroleum jelly for the first six to eight weeks.

4 KEEP BABY'S BUM CLEAN

It is advised that parents should use plain water and cotton wool for cleansing during the first six weeks after the birth, to protect their baby. Chemicals in baby wipes could aggravate a baby's sensitive skin. Only buy wipes that do not contain any alcohol or scent, as these will be less likely to cause an allergic reaction. A good baby wipe will be able to clean up most of a small bum in one or two wipes to avoid overly irritating the skin.

5 KEEP THINGS HYGIENIC

- Keep a bin nearby so you can dump all the dirty bits after a nappy change and be sure to wash your hands thoroughly afterwards.
- Wash your hands under running warm water with soap. Rub your hands together for 15-30 seconds and pay attention to fingertips, thumbs and in between the fingers.
- If you're not near a sink, you can use alcohol-based gel instead – just make sure to keep the bottle out of your baby's reach.

MUM'S TIP

"Let the skin on your baby's bum breathe. Remove the nappy and let the skin stay uncovered for a few minutes each time the nappy is changed. I use a clean face cloth for particularly messy nappies."

Alison Gleeson



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HOW TO CHOOSE THE right family car

Infants or young children should never be left unattended in a motor vehicle. A variety of hazards can arise, even if you are only absent for a short duration.

There are lots of factors to consider before purchasing a car for your growing family. Here's what you need to know

Choosing a new family car is very daunting. It's a big purchase to make. Whether you are buying a new or used model, there are many common sense tips to consider before you commit to investing in a new vehicle. You'll need to factor in the cost, safety features, size, and style. And if you're starting a family, there is even more to think about. You will be looking for a practical and sturdy family car that is able to accommodate all the accessories that come with having a baby.

... Top tips ...

- ✓ View the car during the day and in good light.
- ✓ Check for consistency in paintwork; repainted areas are signs of an accident.

SAFETY IS YOUR PRIORITY

Safety is number one when it comes to the family car. You should examine closely the information regarding the safety performance of individual car models. A good place to start is Euro NCAP. It provides motoring consumers with a realistic and independent assessment of the safety performance of popular cars. Information can be found at www.euroncap.com. If the car is second-hand, check for dents and marks everywhere and ensure all functions are working properly – lights, wipers, air conditioning, the radio etc.

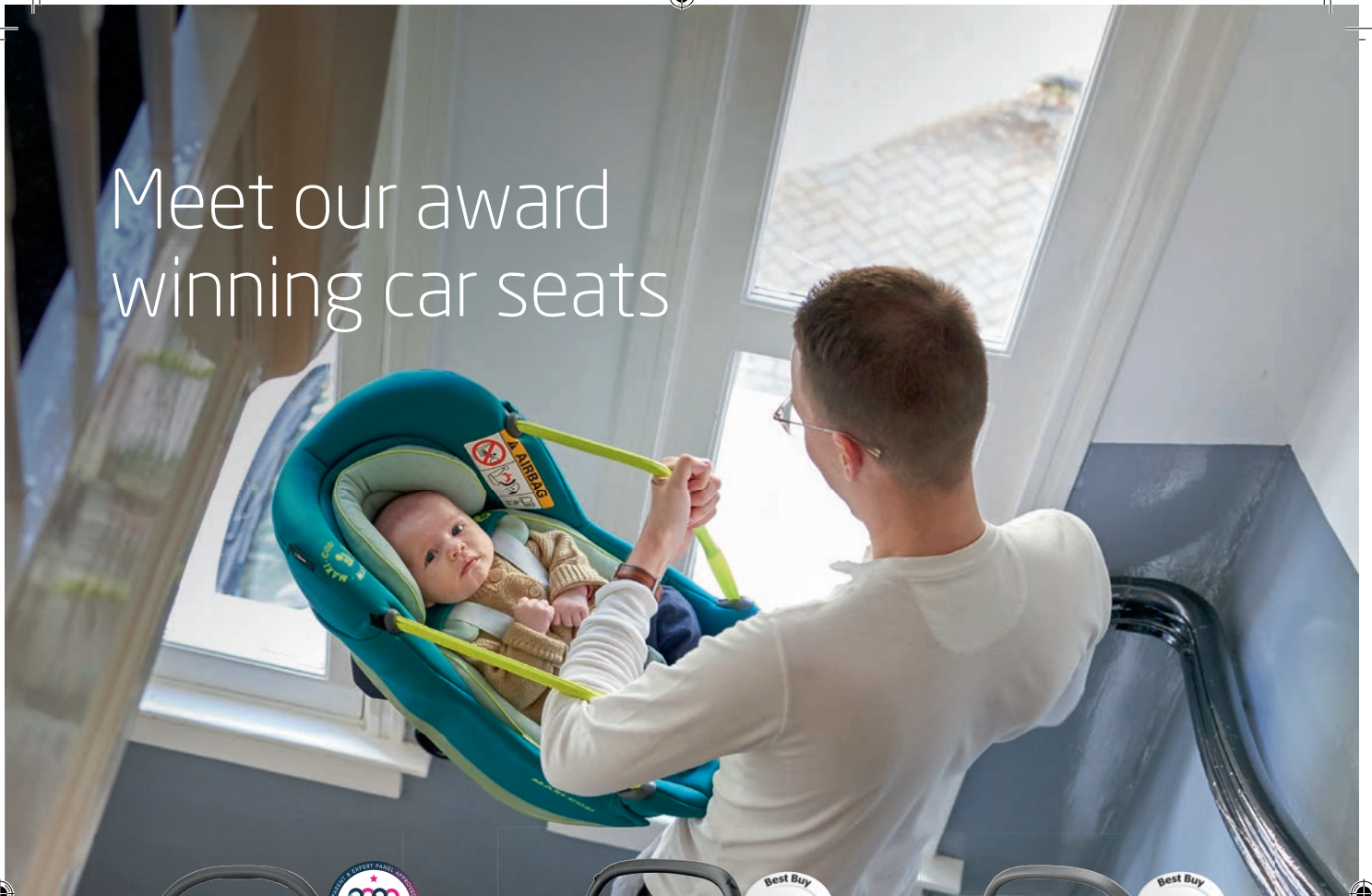
Drive the car, for at least 15 minutes, and on different types of road; listen for any strange noises. Note how it accelerates and how the clutch feels. Check how high the handbrake lifts. Ask for a service record or regular maintenance records.

WHAT CAN YOU FIT INSIDE THE CAR?

Your car boot needs to have enough space to fit your folded up baby's buggy/travel system and groceries, but remember that your weekly supermarket shop includes big packets of nappies, baby wipes and boxes of laundry detergent. If this is your first baby, try to buy your buggy/travel system before you buy the car so you can take it with you when viewing cars. Check how easy it is to take the pram in and out of the car. A good tip is to try with one hand as well as both, you will often have baby or a bag in the other. Also, make sure you can fit a car seat into the back and that you can easily access it to get baby in and out of the car.

Also, are you planning on having more children? As stated above, children must be seated in car seats. For example, if you are planning on

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75 cm

- i-Size (R129) safety
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45 cm 0m ~ 12m
75 cm

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- The innovative easy-in harness stays open so you can get your baby in and out in seconds
- Retractable soft carrier handles for ultimate carrying convenience
- Side Protection System for optimal safety in case of a side impact
- Product is approved for use in an airplane (always check with your airline)

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having three, then your car needs to fit three car seats. Your car will need to have storage space to house your children's toys, snacks, drinks, wipes etc.

Avoid light coloured interiors. Darker colours are much better at hiding the inevitable spills and stains you'll get with young kids. Leather is a practical choice as you can wipe it down.

IMPORTANT SAFETY GUIDELINES

- ✓ **Airbags.** If your car has an airbag on the front on the passengers' side, you must not use a rearward-facing seat in the front. It is illegal to place a rearward-facing child car seat in the front of the car where there is an active airbag. So make sure that the seat will fit into the rear of your car.
- ✓ Always remove the ignition key when the vehicle is not in use.
- ✓ **Check if the car has an ABS** (Anti-Lock Braking System) or anti-skid system.
- ✓ **Check that the car doors have child safety locks**
- ✓ **Consider the car seat.** It is EU law that all children must travel in a child seat booster seat or booster cushion. If there's a safety belt, you must use it. It's the driver's responsibility to be sure their passengers are using seat belts and appropriate child restraints. The correct car seat is dependent on your child's height and weight, not their age.
- ✓ **Check suitability for car seats.** The Road Safety Authority advises that you should also consult your car manual to find out which areas of the car are suitable for fitting child car seats. For example, you may not be able to fit ISOFIX seats in places where there are underfloor storage boxes. Some back seats do not allow a child car seat to be fitted in the middle.

4 IMPORTANT FACTORS TO CONSIDER WHEN CHOOSING A CAR

1 Journeys

Consider how you would use the car, long commutes, journeys around town, city centre driving. If you regularly take long trips you'll need a car with a larger engine.

2 Electronic Stability Program

Electronic Stability Program/Control (ESP) is designed to prevent your vehicle from swerving out of control by reducing the ability to skid; it works through a series of sensors. Since 2014 it has to be fitted as standard on all new cars but if you are buying a used car choose one with ESP.

3 Running costs

Consider running costs along with the initial purchase price – it's important to work out an estimate of fuel consumption along with road tax, insurance and maintenance costs to

ensure you're buying a car you can actually afford to drive. Test drive the car, always do a history/finance check and ask a trusted mechanic to look at the car before handing over any cash.

4 Diesel versus Petrol

Diesels are still the more economical option in terms of mpg figures but they are more expensive to run and more expensive to buy. It is for this reason that low-mileage motorists would be best suited to a small petrol engine. Road tax for diesel cars is lower and diesel cars also tend to have a better resale value than petrol, though this has evened out in recent years. Also consider Hybrids as they are good for a mix of urban and motorway driving and electric cars are ideal for short commutes.

Geraldine Herbert, motoring journalist and editor of *wheelsforwomen.ie*

EXPERT ADVICE

Car safety guidelines from the Road Safety Authority (RSA)

- ✓ Children aged three years or over who are under 150cm in height and weighing less than 36kg must use an appropriate child car seat when travelling in cars or goods vehicles fitted with safety belts.
- ✓ Drivers have a legal responsibility to ensure passengers aged under 17 are appropriately restrained.
- ✓ Safety belts are designed for people 150cm (about 5ft) and taller. Don't let your child begin using the safety belt too soon. Three-point safety belts (lap and diagonal) provide greater protection than lap belts. The belt should be worn as tight as possible; the lap belt should go over the pelvic region, not the stomach; the diagonal strap should rest over the shoulder, not the neck. Go to page 164 for more

information on child car seat safety.

- ✓ The safest way for a pregnant woman to wear a safety belt is to place the diagonal strap between the breasts (over the breastbone) with the strap resting over the shoulder, not the neck. Then place the lap belt flat on the thighs, fitting comfortably beneath the enlarged abdomen, and over the pelvis, not the bump. The belt should be worn as tight as possible. In this way, the forces applied in a sudden impact can be absorbed by the body's frame. It is not advisable to wear 'lap only belts' as opposed to lap and diagonal belts as they have been shown to cause grave injuries to unborn children in the event of a sudden deceleration. Mother and unborn child are both much safer in a collision if a lap and diagonal safety belt is being worn correctly.

OUT & ABOUT with baby

Tips for using public transport with your little one

As a new mum, it's important to get out of the house every day (weather permitting).

For those without a car, all it takes is some planning and preparation, to make using public transport with your baby a convenient and inexpensive means of getting around. Planning is particularly important – there is a lot to think about, as you will be leaving the house with your baby, the pram, your nappy bag and your handbag. Check bus and train timetables before you head out so you're not racing out the door or waiting around too long.

Until six months, newborns need to lie flat in a pram to support and protect their backs. When they are older, you could get a light pushchair that's easy to fold for ease of lifting up and down steps. Do not leave the house without the all important nappy bag with all the essentials (see page 153 for a definitive list). And don't forget the weather shield for your pram.

CONSIDER A SLING

Baby wearing is ideal for using public transport. Slings allow you to keep your baby close, while giving you free use of both hands to carry bags or buggies onto your bus or train. Babywearing Ireland (babywearingireland.ie) recommends that parents follow the TICKS rule for safe babywearing.

- **T** – tight
- **I** – in view at all times
- **C** – close enough to kiss



It is mandatory for members of the public who are 13 years old or older to wear a face covering on public transport during COVID-19 measures.

PREGNANT PUBLIC TRANSPORT USERS

'Baby on Board' badge from Transport for Ireland (TFI) offers women a discreet, convenient and universal means of communicating the message that they may be in greater need of a seat during their commute. You can order a free badge simply by emailing info@nationaltransport.ie with a delivery address and one will be posted out to you. No other personal information is required.

BABY ON BOARD



- **K** – keep chin off the chest
- **S** – supported back

The most important considerations are correct leg position, sufficient back support, and stabilisation of the head.

TRAINS

Travelling by train with a pram can be relatively straightforward. Be aware, however, that platform heights vary and there can be a substantial step up to the train from the platform, or a gap between the train and the platform. All manned stations in Ireland have a portable ramp on hand. Check irishrail.ie for details of wheelchair access (and hence pram access) at your required stations. If you decide to leave your child in the pram during the journey, remember to put the brakes on and keep one hand on the pram at all times. Always exit the train backwards if there is a big gap between the train and the platform. Some babies find the motion of a train soothing, however do take a favourite toy, a blanket and a storybook to help keep your baby entertained.

BUSES

Many buses are designed for wheelchair access so they can be the handiest way to get around with a pram. Always check if the bus company you are travelling on provides wheelchair access. On smaller buses, you may be asked to collapse your pram to carry it on board and, unless you've got a spare

pair of hands, that can be quite tricky while you're holding your baby and everything else. Strangers are your friends in these situations; don't be afraid to ask for help.

For most buses, the wheelchair has priority and they need to fold their buggy and move if a wheelchair user needs the space on the bus. Also, bring the correct change for your bus fare, or make sure your Leap card has plenty of credit to avoid getting stressed out looking for cash while also tending to your baby.

PLANES

If you have a newborn, you need to check with the airline to see from how many days old they allow babies to fly. Some airlines may request a doctor's note to say both mum and baby are fit for travel. Generally, if your child is under two years old they will sit in your lap and share your seat. Even if your baby is sitting in your lap they will still need a ticket. Try to time it so that you can breastfeed during take-off and landing, to help prevent your baby's ears popping.



A car seat is the most important piece of equipment you will buy for your child. It's easy to forget, with everything you need to remember and juggle and consider, that the car seat is a piece of safety equipment, its sole purpose to protect your baby and or child in the event of an accident.

Statistics from the AA Motoring Trust show that ensuring a child is properly restrained in a child car seat can reduce injuries by a factor of 90-95% for rear facing seats and 60% for forward facing seats. EU law has made it compulsory for all children to travel in the correct child seat, booster seat or booster cushion.

It's the driver's responsibility to make sure their passengers are using seat belts and appropriate child restraints.

WHAT ARE THE RULES?

- ✓ Children under three years can only travel in cars or goods vehicles if they are fitted with the appropriate child restraint. Taxis are exempt from this rule.
- ✓ Children between ages three and 12 must use an appropriate child restraint in cars or goods vehicles if they are fitted with safety belts.

BUY A NEW CAR SEAT

Do not buy a second hand car booster or child seat, as their safety standards may be outdated, and the seat will not be specifically fitted to your car.

Car seat advice

Safety guidelines to follow when buying a car seat for your child

CAR SEAT SAFETY

- ✓ If you have a premature or low birth weight baby, ask the hospital to tell you if it is safe for the baby to travel in a baby seat when going home.
- ✓ Babies should not be left in car seats for long periods of time. If baby is asleep, don't be tempted to lift the seat out with baby in it to bring into the house. Keep in mind that car seats can be heavy and can be bad for your back, shoulders and neck.
- ✓ If the car or goods vehicle doesn't have safety belts, they must sit in the back seat.
- ✓ In passenger seats with an active airbag, rear-facing child restraints must not be used.
- ✓ A child over three years can wear a seatbelt in the back seat of a car or a goods vehicle if there is no more room for a child safety seat.
- ✓ If it is not possible to place your child in the back seat of your vehicle, they can travel in the passenger seat, as long as they are using the appropriate restraints.

The Road Safety Authority (RSA) advise that parents consider the following when purchasing a car seat:

Is the child car seat suitable for my child?

It is very important to make sure that the child car seat is suitable for your child's weight and height. Refer to the manufacturer's guidelines on each car seat.

Is the child car seat suitable for the type of car I drive?

The shape of car seats, the length of seatbelts and the position of seatbelt anchor points are different in different cars. So, not all child seats fit all cars. For instance, the seatbelt in a particular car may be too short to go around a particular child seat. Make sure you check that the child seat you buy will fit in your car and that it will fit in all the seat positions you intend to use it (for example, the back passenger side,

the third row in a people carrier, and so on). The manufacturer's instructions should help you fit the child car seat. However, when you buy it, it is always best to have it fitted by an expert, and to be shown how to fit it correctly yourself.

Did I get expert advice when I was choosing the car seat?

Make sure you get advice from a child car seat expert retailer or the Road Safety Authority child car seat expert. Some retailers know more than others about suitable options of child car seats. An expert will be able to advise you on which type of car seat is suitable for your child's height and weight.

What is the Check it Fits service?

At the Check it Fits service, RSA experts will check child car seats and restraints free of charge at many locations across Ireland. Following the Government decision to introduce measures to delay the spread of COVID-19, the Check it Fits team has made the decision to suspend the Check it Fits service until further notice. Check www.rsa.ie and RSA social media for updates.

... Did you know? ...

Clothing can affect how snugly the harness on a car seat fits, so you should use blankets instead of bulky jackets in the winter. This ensures that the harness is making contact with your child's body and you should check this before every journey.

NEW

The world's first modular car seat

Introducing the Maxi-Cosi® Coral

17KG



i-Size

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BACKSEAT IS SAFEST

Children should always travel in the back of the car, away from active airbags and the dashboard. Any child under 150cms or weighing less than 36kg must be restrained in a child restraint, which is appropriate for their height and weight. It is safe and legal for a child of any age to sit in the front passenger seat of a car provided they are using the correct child restraint for their height and weight. However, if you are transporting a baby in a rearward facing child restraint in the front passenger seat you should disable the front passenger air bag.

There is now a penalty for drivers who place a rearward-facing child car seat in the front where there is an active airbag. You may receive at least three penalty points on your driving licence as a penalty. Please leave the air bag active for all other child restraints.

Child restraints are categorised according to the weight of the children they are suitable for. These weight categories correspond broadly to different age groups, but it is the weight of the child that is most important when deciding what type of child restraint to use. These categories are often called 'groups' by manufacturers and retailers. There are four main child car seat groups – Groups 0, 1, 2 and 3. However, some child restraints systems are convertible and can be adapted as the child grows. This means that the restraint system could fit into more than one group. For example, the high back of a Group 2 booster seat might be designed to be removed so that the seat works just as a booster cushion when the child reaches 22kg (48lbs). This seat, therefore, falls into both Group 2 and Group 3.

HOW MANY CAR SEATS CAN A PARENT EXPECT TO BUY FOR THEIR CHILD?

You can buy separate seats for each stage / for some stages, or you can buy convertible seats from birth or from a different stage within the cycle. For example, you can even get one seat now that goes from birth all the way up to 36kg. Typically though, a newborn would use an infant carrier and would graduate to either a rearward or forward facing child car seat once they have outgrown the infant carrier. Children should use these seats until they have outgrown it – usually when they reach approx 13kgs or if their head starts to crown the top of the seat, whichever one is sooner. It is highly recommended that rear-facing child car seats should be used for as long as possible up to 25kg (approx four years) as they are proven to provide much more protection to the child in the event of a collision or hard braking.

WHAT IS I-SIZE LEGISLATION?

The i-Size Child Restraint Regulation is a Europe-wide standard for child car

GROUP 0: Rearward facing baby seat

Weight range: for babies up to 10 kg (22 lbs)

GROUP 0+: Rearward facing baby seat

Weight range: for babies up to 13 kg (29 lbs)

GROUP 1: Rearward or forward facing child seat

Weight range: for kids 9-18kg (20-40 lbs)

GROUP 1, 2, 3: High Back Booster Seat with removable harness

Weight range: for kids 9-36 kg (20-79 lbs)

GROUP 2: High Back Booster Seat without harness

Weight range: 15-25 kg (33-55 lbs)

GROUP 2, 3: High Back Booster Seat without harness

Weight range: 15-36 kg (33-79 lbs)

GROUP 3: Booster cushion

Weight range: 22-36 kg (48-79 lbs)

seats. i-Size seats will fit every i-Size approved vehicle and cars will need to be i-Size compliant to achieve the maximum Euro NCAP rating. The i-Size regulations are designed to provide children with additional protection and safety in the car.

i-Size seats have an additional side-impact test to assess protection if your vehicle is involved in such a collision. It also ensures that children under 15 months travel in the rearward facing position, which is proven to be five times safer than the forward-facing position.

The i-Size legislation does not replace the current ECE R44/04 (see explanation below) regulation, so parents do not need to replace their existing child car seat. Parents can continue to use an ECE R44/04 car seat that is fixed to the car using ISOFIX or the three-point seat belt. The introduction of i-Size simply means that you now have an extra option when buying a car seat for your baby/toddler.

WHAT IS ISOFIX?

ISOFIX is a system for attaching child restraints into cars. ISOFIX points are fixed connectors in a car's structure into which an ISOFIX child seat can simply be plugged. Many new vehicles have ISOFIX points built in when they are manufactured, and child seat manufacturers are beginning to produce ISOFIX child seats, which have been approved for use in specific car models. Check that the ISOFIX child seat will fit the vehicle(s) in which it is being used. Ask whether an additional top tether on the seat is needed. Some seats have a 'foot' that extends to the vehicle floor, in which case, check it does not rest on the cover of an under floor compartment.

FOR FURTHER INFORMATION

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How to choose the right BUGGY

Are you confused by the massive choice of prams and pushchairs on offer? Here's some advice to help you choose the right one for you and your family

The world of prams, pushchairs and strollers can be so overwhelming to first-time parents.

It's a whole new world of jargon and unfamiliar terms. Read on to find out about the important factors to consider before you make the investment:

Firstly, what is the difference between a pushchair and a pram?

- ✓ A pushchair is generally a sturdy model. The seat should be able to fully recline and be either forward-facing or facing you. Most are suitable for both newborns and older babies. Some can also fold flat.
- ✓ A pram is similar to a pushchair and usually designed for newborns and younger babies, when they are lying down. Prams are quite sturdy also. Generally speaking, they cannot be folded down flat.

- ✓ A stroller is lightweight. They are usually collapsible and are suited to older babies.
- ✓ A buggy can be a pushchair or a stroller, depending on the manufacturer.
- ✓ A travel system combines a carrycot, a pushchair and an infant carrier/carseat, the car seat and carrycot can both click in and out of the pushchair.

BEFORE YOU CHOOSE, CONSIDER THE FOLLOWING: Do you use public transport?

If you use public transport or have steps leading to your home that you would have to carry the pram up, a lightweight, compact easy-to-fold pram would be the most suitable option. There are some models where the seat unit will fold away, which are very handy if you are stuck for space or somewhere to store the pram.

HANDY PRAM ACCESSORIES

- ✓ A good rain cover – ensure that it is breathable and that baby does not sweat under it.
- ✓ UV sun cover/sleep shade.
- ✓ Pram hook for holding extra bags.
- ✓ Good changing bag and products like nappy bags.
- ✓ Pram weights can be attached to the front wheels of the stroller to stop it from tipping over.

Do you use a car? If a car is your primary mode of transport, it is extremely important to make sure that the pram or pushchair you buy is able to fit comfortably into the boot. Check the dimensions of the folded pram and compare it to the size of your boot. Another consideration if you use a car for travel is that it might be a good idea to invest in a multi-function travel system. This is a baby car seat and pushchair in one. This means you can transport your baby from home to the car to the pushchair without ever having to wake them up to move them.

Do you mainly walk? If you are going to be walking while pushing your pram a lot, it is recommended that you opt for a sturdy model that has lockable wheels. The wheels are important as swivel wheels make the chair easy to manoeuvre, while

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fixed wheels make pushing the pram over rough surfaces easier to handle. Also ensure that the handle height of the pram or pushchair is adequately suited to your size. Invest in a weather shield for your stroller to protect your baby from rain and sunshine. These covers are made from plastic or netting and include vents to allow your little one to breathe easy despite the elements.

FIGURE IT OUT FIRST

Before you use your chosen pushchair for the first time, carefully read the instructions and get to know all the moving parts before you use it. It is important that you and anyone who pushes your baby's pram is familiar with how to open and close it, as well as how to operate the brakes and locking mechanism.

Ensure that locking devices are secured when you open the chair. It is also important to remember to release all of the locks before you fold it away. Always use the chair's harness to secure your child.

Be careful to never adjust the seat

position while your child is sitting in it. Do not hang shopping bags or anything else heavy on the handles as this could cause the chair to topple over while your child is in it.

While PVC rain covers are great protection for your child from the rain, they are never to be used in strong sunlight or indoors.

FOR TWINS AND MULTIPLES

Tandems: Tandem pushchairs have one seat in front of the other so

MUM'S TIP

"It's vital that you're able to fold and open up your buggy/pram easily. If you find a buggy that you can fold one-handed with your eyes closed, it should definitely make it to the shortlist. Practise makes perfect with a buggy fold, and it's definitely one of the more important features for a busy mum."

Jacinta Moore

they comfortably hold two children of a similar size. Some tandems are suitable for babies from birth onwards and some are suitable for twins.

Double buggies: Double buggies have side-by-side seats, ideal for carrying two babies, or a baby and a toddler. Different models are suitable for different ages.

It is possible to get models that are suitable for babies from birth, but not all double buggies are suitable for babies from birth as not all of them include a lie-back or reclining seat that will accommodate newborns.

IS THE PRAM SAFE FOR A NEWBORN?

While you are most likely buying a pram that will hopefully last for years, it is important that the pram or pushchair can facilitate the needs of your newborn. Newborn babies need to lie back and not be sitting upright. The pram or pushchair must have a lie-back facility. It is also possible to buy a chair with a lie-back feature that is reversible so that your baby can face you.

LIFESTYLE FACTORS TO THINK ABOUT

EXERCISE:

If you plan on jogging or going for walks with your baby in her pram or pushchair, you need to choose one that is designed with this in mind.

THE BEACH:

If you regularly walk on the beach, consider the effect that the sand and salt water will have on your wheel fittings and the steel/chrome/aluminum surfaces of the pram. Some will erode easier than others so choose a brand that is best suited to you.



EVERYDAY ACTIVITIES:

Some pushchairs and prams have a wider wheelbase, particularly ones with three wheels. While the three wheels can be great for providing stability if you are pushing it over rough ground, they can make the pram too wide for some activities, such as fitting down narrow supermarket corridors.

HELP BABY SLEEP away from home

Here's how your baby can sleep soundly somewhere else other than home

MUMS' TIPS

"Remember, we don't sleep well if we are too hot or too cold. Adjust the clothes and sleeping bag and blankets that they wear for sleep in line with the climate you are in on your holiday so that this isn't a factor that will interrupt sleep."

Lucy Byrne

PRACTISE SESSIONS

Help your baby to get used to sleeping in new locations by bringing them to sleep somewhere else other than your home. Bring a portable cot to a relative or close friend's house and do some practice sleeping session runs from as early on as possible, if COVID-19 measures allow.

HAVE A BEDTIME ROUTINE

Establish a bedtime routine early on. Then your baby will associate certain acts with sleeping and if this routine is carried out somewhere other than home, they will be more likely to fall asleep in the unfamiliar setting. For example, if your routine includes putting your baby down after a certain feeding or after a bath, do the same to get your baby to sleep in the new setting.

SLEEP HELPERS

Bring along anything you normally use to help settle your baby to sleep. Music players or a white-

noise machine can be great to lull your little one to sleep and if it's what you use at home, your baby will connect it with sleep time.

A sheet or a grobag from home may also help, as the smell will remind them of home.

BRIEF THE CHILDMINDERS

If your child is sleeping somewhere else without you, make sure their supervisor, be it a relative or carer, knows their regular routine. If it is possible, they should stick to the routine as exactly as their environment will allow.

Leave the minder with a list of all the things your baby uses to fall asleep. This will also help to ease any fears you may have about leaving your baby.

Checklist for your baby sleeping away from home:

- Nappies and nappy supplies
- Changing mat
- Baby monitors
- Travel sleeping bags
- Feeding equipment
- Snacks
- Change of outfits
- Sleeping suits or pyjamas
- Blankets
- Favourite toys and books
- Black out blinds



EXPERT ADVICE

What sleep essentials does baby need for holidays?

- ✓ Most holiday destinations will provide travel cots if you ask for them.
- ✓ I would suggest you bring your own mattress (they can fold up quite nicely) as mattress safety is very important.
- ✓ You might want to bring your own bedclothes – maybe a familiar duvet cover for your child.
- ✓ If your little one still takes a daytime nap, and usually does this in a dark room, you can bring strips of blackout material with you to use. Alternatively, ask the hotel to put black sacks on the windows!
- ✓ Also, bring a blackout cover for your buggy if you are expecting your little one to sleep in it during the day or if you are out for a meal at night. It can be a godsend.
- ✓ Bring your child's grobag if you use one, as it will be a familiar part of the bedtime routine.

If your child doesn't normally sleep in your room, but you will be sharing on holidays, it would be an idea to position the cot as far as possible from your bed. This will cause the least disruption.

Niamh O'Reilly,
nanny and
childminding expert,
and sleep specialist.



TRAVELLING with your baby

Heading off on a family holiday? Here are some tips to make it easy for you and your baby



Travelling with your baby can be a truly enjoyable experience for everyone if you spend some time planning and preparing. Whether you've opted for a 'staycation' or you're travelling abroad – the following advice will make the journey and the holiday a lot easier.

If you have to travel to a foreign country, make sure you have given yourself enough time to organise your baby's first passport. Visit passport.ie or citizensinformation.ie for more details.

Child-friendly?

If you have decided to holiday in Ireland, many hotels provide a 'Baby's First Holiday' package for first-time parents, which is worth investigating. This can include a welcome pack of baby essentials, such as nappies and wipes and babysitting facilities for parents. Also, many hotels in Ireland offer a special family room, which includes a steriliser and nappy changing unit.

Look for a child-friendly beach holiday, or family-friendly campsites or holiday parks. Before you book

COVID-19 Travel Advice:
At the time of creating the Ultimate Maternity Guide, given the current domestic and international situation, the advice was that the safest thing to do is not to travel abroad. For more advice on international travel during the COVID-19 pandemic, please visit www.gov.ie for up to date travel information.

somewhere, make sure that all aspects are suitable for children. For example, if you are renting a house with a pool, make sure that the pool is guarded and the garden is enclosed. Like with your own home, all stairs and dangerous parts of the house must be baby-proofed.

Bedtime in a new location

Most hotels and resorts will provide a cot, but be sure to check this in advance, otherwise you may need to bring a travel cot. You will need to bring a travel mattress with you, even if the hotel does provide a cot. Bring along your baby's monitor and a night-light, if they are used to sleeping with one.

Packing a blanket and sheets with a familiar smell will help your baby to settle at bedtime when you get to your new destination. A travel blackout blind is a good investment too, as you may find that your room doesn't have blinds or curtains. If your baby has a favourite book or soft toy that is part of their bedtime routine, be sure to bring it along.

Don't forget your changing bag

Use a compact changing bag that is designed for travel. Don't forget to pack a portable changing mat, nappy accessories such as nappy rash cream, wipes, nappies, and nappy bags.

Choose a suitable pushchair

If you're travelling in Ireland by plane, then a lightweight, fully collapsible pushchair/stroller that reclines is a good idea. Airlines have different weight limits, so phone ahead and check that yours meets the weight and dimension restrictions. In most

airports, you will be able to use a buggy right up to the departure gate at which point the airline staff will place it in the hold.

Keep baby out of the sun

Sunscreen isn't recommended for use in babies under six months of age. The alternative is to keep your baby out of the sun in other ways. Consider investing in a parasol with built-in UV protection that can be attached to a buggy, and a beach shade. UV pop-up tents are great for providing sun cover for your baby while they play and shelter during nap times. Cover the window of your car beside your baby with a sunshade. A sun hat is essential cover for the sensitive skin on your baby's head, ears and neck.

Baby holiday essentials:

- ✓ Any feeding equipment you usually use
- ✓ Car seat (suitable for planes also)
- ✓ Pushchair
- ✓ Blanket
- ✓ Baby sling
- ✓ Weather appropriate clothes (and plenty of them)
- ✓ Hats
- ✓ Large supply of nappies and nappy supplies
- ✓ Passports
- ✓ Basic first aid kit
- ✓ Sun cream (for babies over six months)
- ✓ Swim nappies (if you are going to a pool or the beach)
- ✓ Baby monitor
- ✓ Travel adapters
- ✓ A universal bath plug
- ✓ Toiletries (that you usually use)
- ✓ Portable night-light



Here are some tips and inspiration to help you celebrate your little one's birth

When your baby's born, you will probably want to shout it from the rooftops. There are lots of different ways to celebrate the birth of your child: from christenings, to naming ceremonies, blessings or just a simple gathering of family and friends. Depending on you and your partner's faith and beliefs, you might prefer to celebrate your little one's birth with a socially distanced christening. If not, there are endless ways to do so. Here are some tips to help your baby's special day go smoothly.

VIRTUAL CELEBRATION

Taking the COVID-19 requirement to socially distance into account, you could consider holding a virtual celebration in your home. First, you want to schedule a time that works for family and friends for a video chat. Send e-invites out as early as possible to give your guests lots of notice.

When the big day arrives, get dressed up as if you were heading out, and have an online celebration with friends and family.

Serve up some treats, play some music, and you could even have a virtual cutting of the celebration cake.

MUM'S STORY

"As it was pre COVID-19, we were very lucky. My nephews had naming ceremonies and they've been lovely. One planted a tree and some family read some poems; for the other one, their cousins (aunties/uncles) wrote on a piece of paper what we loved about him, and read it out. It was very sweet. Whatever way anyone goes, religious or otherwise I think it's a lovely way to celebrate your new arrival." **Nicola**

MUM'S STORY

"We had a welcome party (pre COVID-19) with lots of kids and relatives. We hired a hall, with lots of games, and cake. We had a ball." **Sandra**

CELEBRATION IDEAS

Humanist Ceremony

These ceremonies are held to welcome a new life into your family. It's celebrated while also recognising the responsibility that comes with this new life. You can make it personal with your own songs and poems.

Naming Ceremony

This is a meaningful, special day to honour, cherish and enrich your child's life. It'll also give everyone the opportunity to meet your little one. During the ceremony the people who will help you raise your child (grandparents or guide parents) are celebrated too. It can incorporate any belief, tradition, culture or rituals and can be held any day and time.

Religious Ceremony

If you want to celebrate your little one's birth in a more traditional way, it all depends on your faith or religion.



Baby playtime

BENEFITS

Consulting Occupational Therapist **Emma Butler** explains why playtime is vital for your baby's development

There is more to play than simply fun and games. When it comes to babies, it's vital for their growth and development.

There are areas which are shown to be crucially important in a child's development such as in the EI SMART approach (Sensory, Motor, Attention/Regulation and Relationships, Therapy). The team behind EI SMART (an early intervention scheme for babies and young children) have put together very informative and helpful parent-friendly leaflets which are summarised below:

0-3 MONTH OLD:

Babies are learning really fast at this stage by touching, moving, smelling, tasting, hearing and seeing. This is called sensory processing. When sensory information is given to your baby, they process it and make a response to it.

Babies at this stage should be held in a variety of positions such as cradled in your arms, over your shoulder, on your lap and lying flat across your arm on their tummy. They love skin-to-skin time, and the bonus is that it regulates heartbeat, breathing, body temperature and helps bonding. They will begin to show an interest in the world by smiling, and calming themselves by bringing hands to mouth. Remember to talk to your baby and mimic the sounds they make, they notice and respond to sound and LOVE your face. Being swayed in your arms or bounced on your

knee should help to calm them. Baby enjoys a bath and usually tolerates nappy change without crying.

3-6 MONTHS:

Baby is interacting more at this point, and beginning to reach and grasp. Baby continues to need a variety of positions e.g. lying on their tummy looking at mirror/books, in supported sitting e.g. sitting between your legs on the floor and exploring toys that they can pick up e.g. rattle/blocks.

They still love your face so parents should demonstrate a variety of facial expressions. As they can turn their head toward sound, you can use rhyme and song to attract their attention e.g. *Twinkle Twinkle*. Encourage laughter and play with other people e.g. peek a boo. As they are beginning to reach, they may start putting things in their mouth so ensure their toys in reach are not too small that they could choke.

6-9 MONTHS:

Baby is now exploring, manipulating and learning about the world through multi-sensory experiences. Babies move to learn, and learn to move, so create an interesting floor space and move their toys around to encourage movement and exploration. In addition to talking to them, help their language development by naming objects e.g. cup, teddy. They enjoy hide and seek – show them you putting a toy under a blanket and help them to get it.

Cause and effect toys are of interest at this age e.g. press a button and a toy pops up. Your baby



is beginning to use emotions in an interactive purposeful manner e.g. they shout to get your attention and use gestures to indicate their needs e.g. raise their arms to indicate they want to be picked up. Avoid sit-in baby walkers. Sleep is very important for your developing baby and they should now have an established reliable sleeping schedule.

9-12 MONTHS:

Whilst still exploring, baby can now interact and imitate. Place toys on the couch and encourage baby to pull to stand. Together practice waving, clapping, pointing and shaking head to indicate 'yes' and 'no'. Responding to your baby's sounds encourages two way communication. Practise turn-taking by rolling a ball back and forth and turning pages of a book together. Swap their toys around or into different rooms to keep interest/attention. Tell your baby what is happening e.g. 'we are going to visit Granny'. Continue to avoid screen-time. When TV is on baby and parents may talk less. Babies at this age love talking with their caregivers.

For further information and helpful play ideas see www.eismart.co.uk



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availed of but this is unpaid.

COVID-19: Time spent on the COVID-19 Pandemic Unemployment Payment (CPUP) and the COVID-19 Wage Subsidy Scheme will be treated as if you are continuing to make insurance contributions at your normal social insurance class. This means that if you are getting CPUP, you may still get Maternity Benefit, if you have enough social insurance contributions.

If you are due to go on maternity leave and you are getting CPUP, you should apply for Maternity Benefit (if you have the required social insurance contributions) and then close your CPUP claim.

If you are currently on maternity leave and you are due to return to work, but your workplace is closed and you are not being paid by your employer, you can claim CPUP when your maternity leave ends. Visit www.citizensinformation.ie for further information.

Maternity & Paternity RIGHTS

Essential information on maternity and paternity leave/benefits

MATERNITY LEAVE

If you become pregnant while in employment, you are entitled to take maternity leave. Your entitlement to pay and superannuation during maternity leave depends on the terms of your contract of employment. Employers are not obliged to pay women who are on maternity leave. You may qualify for Maternity Benefit from the Department of Employment Affairs and Social Protection if you have sufficient PRSI contributions. However, an employee's contract could provide for additional rights to payment during the leave period, so that, for example, the employee could receive full pay less the amount of Maternity Benefit payable.

At the moment the entitlement is 26 weeks Maternity Leave, and an optional 16 weeks unpaid leave. If you qualify for Maternity Benefit, you will get €245 per week. Maternity Leave typically commences two weeks in advance of a woman's due date, but you should contact the Department of Employment Affairs and Social Protection about the exact dates when you can commence your Maternity Leave.

Payments are made by the Department of Employment Affairs and Social Protection and the application should be submitted to them at least six weeks prior to the date to which you intend commencing your Maternity Leave. Additional maternity leave may be

PARENTAL LEAVE

Once your baby has been born, there may be times where one parent may have to take time off as parental leave if their child is sick or there are issues with childcare. Parental Leave may be taken by each parent per child. The Parental Leave Act 1998 (amended by the Parental Leave (Amendment) Acts 2006, and 2019), allows parents to take a period of unpaid leave from employment to look after their children. In basic terms, parental leave can be taken for each child before their 12th birthday. In the case of a child with a disability or a long-term illness, leave may be taken up to 16 years of age. The

amount of parental leave available for each child amounts to a total of 22 working weeks per child. This will increase from 22 weeks to 26 weeks from September 2020.

Where an employee has more than one child, parental leave is limited to 18 weeks in a 12-month period, though this can be longer if the employer agrees. Parents of twins or triplets can take more than 18 weeks of parental leave in a year.

If you work part-time, your entitlement to parental leave is reduced on a pro-rata basis. The 22 weeks per child may be taken in one continuous period or in two separate blocks of a minimum of six weeks. However, if your employer agrees you can separate your leave into periods of days or even hours.

In general, you must have been working for your employer for at least a year to get the full amount of parental leave. You must give your employer at least six weeks' notice before taking parental leave, and there must be a gap of at least 10 weeks between periods of parental leave.

At the moment you are not entitled to any pay or superannuation (pension contributions) from your employer while you are on parental leave. Nor are you entitled to any social

welfare payment equivalent to Maternity Benefit or Adoptive Benefit.

PARENT'S LEAVE

According to the Parent's Leave and Benefit Act 2019, parents of children under one year of age (or in first year of adoption) can now take two weeks 'parent's leave', which is supported by a 'parent's benefit' of €245 per week, during the child's first year. Parent's Leave is available to both employees and people who are self-employed. Parent's Benefit is paid while you are on parent's leave from work if you have enough social insurance (PRSI) contributions. If you are self-employed you should apply directly to the Department of Employment and Social Protection (DEASP) for Parent's Benefit at least six weeks before you intend to take parent's leave. The government has announced it may make changes to Parent's Leave in Budget 2021. The proposed changes are as follows:

- Two weeks' parent's leave will increase to five weeks for each parent.
- Two weeks' Parent's Benefit will increase to five weeks for each parent (if you qualify).

Parents will be allowed to take the leave in the first two years' of a child's life.

PREMATURE BABIES

Since October 2017, the period for which maternity benefit is paid was extended in cases where a baby is born prematurely. The extended period of benefit will be equivalent to the duration between the actual date of birth of the premature baby and the date when the maternity leave was expected to commence (i.e. ordinarily two weeks before the expected date of birth).

Under the new arrangements, in addition to the current 26 weeks of paid maternity leave a mother will be entitled to an additional period of paid maternity leave. The additional period will commence at the end of the standard 26 week period of paid maternity leave. The additional period to be added will be the number of weeks from the baby's actual date of birth up to two weeks before the expected date of confinement which would have been the 37th week of the pregnancy, at which point the current entitlement to 26 weeks leave and benefit would normally begin.

The Department of Employment Affairs and Social Protection will apply the additional weeks of benefit for pre-term infants born on or after October 1st where the mother meets the ordinary qualifying criteria for maternity benefit. New mothers of pre-term babies should claim their 26 weeks of Maternity Benefit as usual and contact the Department of Employment Affairs and Social Protection (maternityben@welfare.ie) including their contact details. They will then be contacted by the Department to ensure that any additional benefit payment is made.



STILLBIRTHS & MISCARRIAGES

If you have a stillbirth or miscarriage any time after the 24th week of pregnancy (i.e. from the beginning of the 25th week) you are entitled to 26 weeks of maternity leave. You are also entitled to 26 weeks of Maternity Benefit, provided you satisfy the social insurance (PRSI) requirements.

To apply for Maternity Benefit following a stillbirth, you need to send a letter from your doctor with the Maternity Benefit application form, confirming the expected date of birth, the actual date of birth and the number of weeks of pregnancy.

FATHER'S ENTITLEMENTS

Fathers are entitled to maternity leave if the mother dies within 40 weeks of the birth. In these circumstances, the father is entitled to a period of leave, the extent of which depends on the actual date of the mother's death. If the mother dies within 24 weeks of the birth he has an optional right to the additional maternity leave. If the mother's death is over 24 weeks after the birth, the father is entitled to leave until 40 weeks after the birth. The leave starts within seven days of the mother's death.

PATERNITY LEAVE

Since 1 September 2016, new parents (other than the mother of the child) are entitled to paternity leave from employment or self-employment following birth or adoption of a child. The Paternity Leave and Benefit Act 2016 provides for statutory paternity leave of two weeks. Paternity Benefit is a payment for employed and self-employed people who

are on paternity leave from work and covered by social insurance (PRSI).

The legislation allows new fathers to start the combined package of paternity leave and Paternity Benefit at any time within the first six months following birth or adoption of a child. At €245 a week, the pay for fathers is the same rate of pay for statutory maternity leave.

The employee usually applies for this leave in writing before the birth or adoption. You must notify your employer that you intend to take paternity leave and of your intended dates no later than four weeks before your leave. You must provide proof of the expected date of birth of your child.

Your entitlement to pay and superannuation during paternity leave depends on the terms of your contract of employment. Employers are not obliged to pay employees who are on paternity leave. You may qualify for Paternity Benefit from the Department of Social Protection if you have sufficient PRSI contributions. However an employee's contract could provide for additional rights to payment by the employer during the leave period, so that, for example, the employee could receive full pay less the amount of Paternity Benefit payable. The Paternity Leave and Benefit Act 2016 provides for postponement of paternity leave. For example, if the birth is later than expected or if the date of placement of an adopted child is postponed, you may postpone the date of the leave.

Get updated info: www.welfare.ie & www.citizensinformation.ie/en/



FOR FURTHER INFORMATION

How to apply:

You should apply to your employer in writing to take maternity leave. If you need further information about maternity leave you should contact Workplace Relations Customer Services (see below). If you have a dispute with your employer about maternity leave or if you have been dismissed due to a matter connected with your pregnancy or for claiming your rights under maternity leave legislation, you may make a complaint within six months of the dispute or complaint occurring. The time limit may be extended for up to a further six months, but only where there are exceptional circumstances that prevented the complaint being brought within the normal time limit.

Where to apply:

Workplace Relations, Customer Services, Department of Jobs, Enterprise and Innovation, O'Brien Road, Carlow, Ireland
Opening Hours: Mon to Fri 9.30am to 5pm
Tel: (059) 917 8990
Locall: 1890 80 80 90
www.workplacerelations.ie/en/

Maternity Benefit Section

Department of Employment Affairs and Social Protection, McCarter's Road, Buncrana, County Donegal, Ireland
Tel: (01) 471 5898
Locall: 1890 690 690
www.welfare.ie

You can email the Maternity Benefit section using the secure Maternity Benefit enquiry form on the site.

Paternity Benefit Section

Department of Employment Affairs and Social Protection, McCarter's Road, Buncrana, Donegal, Ireland, F93 CH79
Tel: (01) 471 5898
Locall: 1890 690 690
www.welfare.ie

SOCIAL WELFARE

The main social welfare payments when you're pregnant

The social welfare payment most identified with pregnancy is Maternity Benefit. If you are pregnant and getting a different social welfare payment, you can continue to get your payment as long as you satisfy the conditions.

- You cannot qualify for Maternity Benefit if you are unemployed and pregnant, unless your contract of employment ends within 16 weeks of the week in which your baby is due and you satisfy the PRSI contribution conditions. In this case, Maternity Benefit is paid from the day after the date on your P45.
- When your baby is born, if you do not qualify for Maternity Benefit, you may be able to stay on your payment or you may qualify for another payment.
- If you are working more than 19 hours a week on low pay and you have a family you may qualify for Working Family Payment (WFP). In some cases, WFP can be paid with Maternity Benefit.

JOBSEEKER'S PAYMENTS

If you are pregnant and unemployed you may get jobseeker's payment - either Jobseeker's Benefit (JB) or Jobseeker's Allowance (JA). If you are sick or ill during your pregnancy you are not entitled to Jobseeker's Allowance or Jobseeker's Benefit. You must be available for and genuinely seeking work to get a jobseeker's payment; this means that you must continue to look for work throughout your pregnancy.

However, four weeks before your baby is due to be born and for eight weeks after the birth, you do **NOT** have to sign-on at your local social welfare office and you do **NOT** have to prove that you are seeking work. You must inform your local Intreo Centre or social welfare office of your pregnancy.

Your Jobseeker's Benefit will only be paid for the number of weeks remaining

on your claim. If you no longer qualify for Jobseeker's Benefit you can apply for Jobseeker's Allowance. The rules for Jobseeker's Allowance are similar to Jobseeker's Benefit but you will have to pass a means test. When your baby is born you may qualify for an increase in your Jobseeker's Benefit or Allowance for your child. You should contact your Intreo Centre or local Social Welfare Branch Office to inform them of the birth. You may get Illness Benefit if you have worked and have enough social insurance contributions (see below). If you are not entitled to Illness Benefit and your illness is expected to last for more than 12 months you may be entitled to Disability Allowance.

If you are pregnant and getting the Pandemic Unemployment Payment (PUP), or being paid through the temporary Wage Subsidy Scheme, you can apply for Maternity Benefits. If you are receiving PUP and have not returned to work before you are due to start your maternity leave, you should ask your GP to complete the Medical Certificate for Maternity Benefit form.

ILLNESS BENEFIT

If you are pregnant, unemployed and claiming Illness Benefit you will continue to be paid Illness Benefit provided you have a condition **OTHER** than pregnancy to warrant your being on Illness Benefit. You must continue to send in medical certificates to qualify for Illness Benefit. You cannot use pregnancy itself as a medical reason to claim Illness Benefit. However, medical complications arising from your pregnancy can satisfy the medical criteria for Illness Benefit. When your baby is born you may qualify for an increase in your Illness Benefit for a child dependant. You should contact the Illness Benefit section to find out if you qualify.

ON SICK LEAVE FROM WORK

If you are on sick leave from work and getting Illness Benefit immediately before you are due to start your maternity leave, you will be paid Maternity Benefit in the normal way if you satisfy the social insurance contributions. The social insurance contributions for Maternity Benefit and Illness Benefit are not the same. Therefore, if you are in employment but on sick leave and not getting Illness Benefit you may still qualify for maternity leave and Maternity Benefit. However, you must satisfy the social insurance contributions. If you are pregnant and getting a One-Parent Family Payment, you should continue to get the payment as long as you satisfy the conditions. When your baby is born you should qualify for an increase in your payment for a child dependant. If you are pregnant and do not have other children, you are not entitled to One-Parent Family Payment until your baby is born.

You may get half-rate Maternity Benefit with your One-Parent Family Payment if you are employed and have enough social insurance contributions. If you are not entitled to a One-Parent Family Payment and you have no other income, you may get some financial support under the Supplementary Welfare Allowance Scheme. If you become pregnant while on an employment scheme you're entitled to take 26 weeks' maternity leave (you can also take an additional 16 weeks of optional unpaid leave).

If you have a query and you would like a Citizens Information officer to contact you, you can submit your details to citizensinformation.ie

www.welfare.ie
www.citizensinformation.ie

You can apply online for maternity benefit at www.mywelfare.ie. Apply at least six weeks before you intend to go on maternity leave to ensure your payment is ready on time.

CHILD benefits



Important information about your Child Benefit entitlements

Child Benefit is payable to the parents or guardians of children under 16 years of age. It is paid for children under 18 years of age if they are in full-time education, full-time training or have a disability and cannot support themselves. Child Benefit is not paid on behalf of 18-year-olds, even if they stay in education or training.

The Child Benefit scheme is run by the Department of Employment Affairs and Social Protection (DEASP). Budget 2021 (which will be announced in October 2020) will outline any increase in child benefit during 2021.

RULES

You need to apply for Child Benefit within 12 months of:

- ✓ The birth of your baby or
- ✓ The month the child became a member of your family or
- ✓ The month the family came to live in Ireland.
- ✓ The date you started working in Ireland if your child(ren) are living in another EU country.

Note, if you do not apply for Child Benefit in the advised time: you will usually get Child Benefit from the first day of the month after The Department of Social Protection gets your application.

BIRTH OF YOUR BABY

- ✓ If your baby is born in Ireland, when you register the birth of your baby the DEASP will begin a Child Benefit claim for your child and send you a partially completed claim form

for your signature and payment details.

- ✓ If you are already claiming Child Benefit for another child, your new baby is added to your Child Benefit claim and payment begins automatically from the month after the birth. You will be sent a letter confirming payment.
- ✓ In both cases, your new baby will be given a Personal Public Service (PPS) number.
- ✓ If your child is not born in Ireland, or their birth is not registered within the required time (3 months), you must fill in Child Benefit (form CB1 - downloadable from www.welfare.ie) and send it to the Child Benefit Section.

CHANGES IN CIRCUMSTANCES

You must notify the DEASP in writing of any changes in circumstances which may affect your Child Benefit claim. For example:

- ✓ Change of address
- ✓ Child is no longer with you or in your care
- ✓ Change of post office or other financial institution
- ✓ Child aged 16 or 17 leaves full-time education
- ✓ You or your child(ren) leave the State
- ✓ You or your spouse, civil partner or cohabitant start work in another country

Fraudulent claims

Penalties for false or misleading statements made to obtain Child Benefit for you, or for any other person, include prosecution

leading to a fine, a prison term, or both.

MULTIPLE BIRTHS

The rate of child benefit paid for twins is 1.5 times the monthly rate for one child. Where the multiple birth involves three or more children, the rate of benefit paid is double the monthly rate, provided at least three of the children remain qualified.

CHILD BENEFIT IN 2020

FAMILY SIZE	MONTHLY RATES
1 child	€140.00
2 children	€280.00
3 children	€420.00
4 children	€560.00
5 children	€700.00
6 children	€840.00
7 children	€980.00
8 children	€1,120.00

MULTIPLES	MONTHLY RATES
Twins	€420.00
Triplets	€840.00
Quads	€1,120.00

WHERE TO APPLY:

Child Benefit Section
Department of Employment
Affairs and Social Protection
Social Welfare Services Office
St Oliver Plunkett Road,
Letterkenny, Co. Donegal
F92 T449

Tel: 074 916 4496

Locall: 1890 400 400

www.welfare.ie

You can email the Child Benefit section using the secure enquiry form on the site. To apply online, you must have a verified MyGovID account.

REASONS TO SIGN UP TO **EVERYMUM.IE**



Free text **"REGISTER"** to **50400**
to claim your **FREE**
everymum Gift Bag

FREE GIFT BAG

The everymum Free Gift Bag is designed for new mums and mums-to-be. It's full of fantastic product samples and goodies from the very best brands. To get yours, simply login or register at www.everymum.ie or text REGISTER to 50400 to download your voucher. Then bring your voucher to any SuperValu across the country to claim your bag!

BABY NAMES

Finding the perfect name for your baby can be tricky, but you'll also have lots of fun along the way.

EMAILS, JUST FOR YOU

We will send you emails tailored specifically to your pregnancy and baby's development, so you will always have the most relevant and useful advice and tips, straight to your inbox.

EXPERT ADVICE

We have healthcare professionals in pregnancy, breastfeeding, baby development and much more, so come along to everymum.ie to get advice.

COMPETITIONS

We have brand new competitions every week, which are exclusive to our everymum mums. For your chance to win, register with us today!

At everymum, we believe the best part of parenting is celebrating memorable moments together. So come along and share your pregnancy journey with us, so we can celebrate along with you.

everymum team x

How to cope after a miscarriage

Natalie Burke Donohue explains why it's imperative that women know that support is there if they need it after experiencing a miscarriage

Having a miscarriage is devastating. You might feel angry, lonely and a lot of other emotions. You probably feel as though nobody quite understands what it is you are going through. However according to the Miscarriage Association of Ireland, one in five pregnancies in Ireland result in miscarriage, meaning that no matter how lonely you might feel, there are other women going through a very similar situation, and you are most definitely not alone.

A statistic such as this translates to approximately 14,000 women in Ireland experiencing a miscarriage every year. However not every one of these women are aware that it is even happening.

Some miscarriages can happen very early on in the pregnancy, with some women not even realising that they are pregnant. They might experience a heavier and later period than usual and

some might not even be aware that they have had a miscarriage. Other miscarriages can happen later in pregnancy, up until 20 weeks. If a baby is lost after 20 weeks, this is known as a still birth.

While some women may start to bleed and experience pain, some women experience very little of either. Symptoms can vary depending on the woman. Sometimes women experience spotting through their pregnancy but do not experience a miscarriage. Any amount of bleeding or pain should always be checked by your doctor or consultant.

EMOTIONAL IMPACT

Having a miscarriage does not necessarily mean there is anything wrong medically with you or your partner and most couples who experience a miscarriage do go on to have healthy babies in the future. However despite miscarriage affecting so many women

TIPS FOR SELF-CARE

- Acknowledge your miscarriage, recognise the loss as you would any other bereavement and allow yourself to grieve.
- Honour your baby with a candle, the planting of a tree or a donation to charity. Marking your loss in a way your baby will be remembered will help with your journey in grief.
- Take a break from work or life and allow yourself time to feel sad. Harboursing your emotions will only make you feel worse in the long run.
- Focus on you. Recognise a way to look after yourself and your wellbeing and do so in a way that works for you.
- Talk to anyone you feel comfortable speaking to, whether that is a partner, a close friend or family member, or a member of a support group who might understand what you are going through. One conversation can make all the difference.

FINDING SUPPORT AFTER MISCARRIAGE

When you have a miscarriage, it can be a very isolating and lonely time. Ask the bereavement midwife/social worker in the hospital what supports the hospital has available, in terms of follow up care. They may be able to offer follow up calls, or a socially distanced meeting; and also advise what support organisations are available in the community. The Miscarriage Association of Ireland is a charity set up by women and men who have experienced the loss of a baby through miscarriage and offer both phone support and support meetings for those looking for someone to talk to.

The Miscarriage Association also offers support for partners and family members who might also need advice on how to cope through miscarriage. Family members are welcome to attend the support groups on their own or with the woman who has had the miscarriage.

annually, it is an emotional and difficult time for the mother, no matter what stage of the pregnancy the miscarriage takes place.

“As soon as you find out you are pregnant, you start thinking about your future, making plans and start imagining a new life with a baby in it,” explains Nicola, who lost a baby through miscarriage when she was 12 weeks pregnant. “No matter what stage of your pregnancy you are at if you suffer a miscarriage, whether it’s a few weeks or a few months, it is still devastating.” Nicola has gone on to have two healthy pregnancies and babies, but still feels the loss of her first baby and recalls the grief she felt in the weeks and months following.

“We had been trying for a baby for a while, so we were really excited when we found out I was expecting,” she says. “I was really excited telling my friends and my mum and I had even bought a few baby outfits.” At 12 weeks pregnant, Nicola experienced a miscarriage. Not knowing how to grieve for the baby she had not yet met, Nicola said she was unsure what the “right way” was to react.

“I was devastated and stayed in bed for three days. I didn’t speak about it to anyone apart from my partner, and I asked him to tell my

family and friends. At the time I thought my body had failed me and I felt guilty that my body couldn’t carry our baby. That was the hardest part I think. But when I eventually spoke to my mother and aunt, as well as some close friends, I found out that a couple of them had gone through something similar and I hadn’t even known. Knowing someone else understood how I felt helped massively.”

GROUP THERAPY

Nicola also attended a support group which she believes also helped. “They helped me realise that it wasn’t my fault, that sometimes these things happen. It took me a while but now I know that they were right. There is nothing I could have done differently.”

Every year on the anniversary of her miscarriage, Nicola lights a candle for the baby she lost. “It helps me. I don’t think there is a timeline for grieving a miscarriage. Let yourself feel sad, let yourself

cry. Even if you feel that way for longer than you expected, that’s okay. You have to do what feels right for you.”

HOW TO COPE AFTER A MISCARRIAGE

The Miscarriage Association of Ireland emphasise that one thing to remember is that your baby matters and your grief matters. No matter what is going on in the world, this has happened to you and your family. They advise women who have gone through a miscarriage to keep in touch with family and friends regularly

“Be kind to yourself and take care of yourself too. Eat well, exercise within the guidelines, sleep well. Take how you feel one day at a time.

It can be good to do something in memory of your baby. Some suggestions: Plant a pot or some flowers in your garden, paint some stones, or a picture, keep a journal of your story and how you are feeling, follow some # stories on Instagram where you will see other people are going through loss too.”

The Miscarriage Association of Ireland has a Book of Remembrance where you can make an entry in memory of your baby/babies. Send an email to info@miscarriage.ie with the following details:

- Baby name
- Dates to remember
- Remembered by
- Special thoughts

FOR FURTHER INFORMATION

The Miscarriage Association of Ireland:
Tel: 01 873 5702
www.miscarriage.ie

Feileacain Stillbirth and Neonatal Death Association of Ireland:
Tel: 085 249 6464
www.feileacain.ie

Baby SYMPTOMS & SOLUTIONS GUIDE

Here are some of the symptoms that your baby might have, how to treat them and how to know when to call the doctor

COVID-19

Common symptoms of COVID-19 include:

- ✓ **A fever (high temperature - 38 degrees Celsius or above)**
- ✓ **A cough - this can be any kind of cough, not just dry**
- ✓ **shortness of breath or breathing difficulties loss or change to your sense of smell or taste – this means you've noticed you cannot smell or taste anything, or things smell or taste different to normal**

If you are worried about your child or their symptoms get more severe, phone your GP. Tell your GP that you think your child may have COVID-19. Your GP will take precautions to keep other patients safe.

RED FLAG SYMPTOMS

The most common reason for babies to be admitted to hospital in the first year of life is because of a tummy bug or bronchiolitis. There are certain 'red flag' symptoms that require immediate medical attention. These include:

- ✓ **Bilious (dark green) vomiting, a sign of an intestinal blockage.**
- ✓ **Bloody diarrhoea.**
- ✓ **Fast breathing.**
- ✓ **A constant cough, so that your child can barely take a breath between coughs.**
- ✓ **Vomiting or diarrhoea that leads to dehydration.**
- ✓ **Being lethargic or difficult to wake up.**
- ✓ **Seizures.**
- ✓ **A bulging fontanelle (soft spot on your baby's head).**
- ✓ **A non-blanching skin rash (one that doesn't briefly go away when you press on it).**

	SYMPTOMS	WHAT TO DO
JAUNDICE	A yellow tinge to the eyes and skin, which starts on the head and face and then spreads to the chest and stomach. Poor sucking/feeding and sleepiness are also symptoms.	Check it out with your GP or public health nurse. They may suggest giving plenty of breast milk or formula, and they may do blood tests to see if the jaundice is increasing. If this is the case, your baby may need to spend some time under phototherapy lights.
FEVER	If your baby is warm to the touch, get a thermometer and take an accurate measurement. If the reading is higher than 37.5°C/ 99.5°F, your infant is probably fighting off an infection.	If the thermometer reading is below 40°C/ 103°F and there are no other symptoms, try giving your baby a pain reliever or a bath in lukewarm water. Make sure your child stays hydrated. For children less than three months old, fevers over 38°C/ 100.4°F require a doctor's attention; in children three to six months old, a call can be made if the fever reaches 38°C/ 101°F. If your child has a temperature reading higher than 40°C/ 103°F or additional symptoms, she should be seen by a doctor as soon as possible.
FEBRILE SEIZURE	A brief loss of consciousness, twitching or spasms, stiffness, noisy breathing and frothing at the mouth. They usually continue for about 20 seconds, and rarely for more than two minutes.	If your baby has a seizure, seek medical advice immediately. If a fit lasts for more than four minutes, call an ambulance. Don't restrain him, just loosen tight clothing and carefully remove anything in his mouth, such as food. Parents often worry that their baby will swallow his tongue if they do this, but that won't happen.

EAR PAIN	If your baby has been irritable lately and is tugging or poking at her ears a lot, she might have an ear infection. Other symptoms include refusing to eat and trouble falling asleep.	If the earache is accompanied by a fever, cold or headache or you notice fluid coming out of the ear or swollen glands, call your GP. Antibiotics may be needed. You can give children a pain reliever, as long as they don't have a fever, but it is a good idea to check with your GP first. Or, try holding a hot-water bottle wrapped in a towel to the ear. Keep your child's head elevated to relieve the pressure (never use a pillow with an infant).
CRYING	All infants cry, but if your baby is crying for more than an hour when he or she doesn't need food, a clean nappy or to be held, your little one might have colic.	Some doctors believe colic may be caused by gas, but the verdict is still out on this condition that affects two- to five-week-olds and may last for up to three months. To help, lay your infant on his or her belly across your knees while rubbing the back. This can relieve the abdominal pressure. Soothe your child by cuddling or rocking him or her while singing or playing a song. If your baby is colicky for several hours at a stretch, talk to your GP or public health nurse.
COLDS	Your baby may have a fever, cough, reddened eyes, stuffy, runny nose, a loss of appetite and be irritable and restless.	You can treat sick babies at home with lots of fluids and rest, as long as they're six months and older. Before that, contact your GP at the first sign of a cold. If a sore throat develops (babies with sore throats will cry when you try to feed them), make a doctor's appointment. If a seal-like or whooping cough accompanies the cold or if your infant gets swollen glands or a fever, get prompt medical help.
STOOL PROBLEMS	Babies commonly suffer constipation or diarrhoea, and although these conditions require attention they generally are not cause for worry.	Diarrheic infants over three months old can be given a commercial rehydrating solution if they have had a couple of episodes. Infants under three months should see a doctor right away. Constipated babies will pass hard, dry stools. If constipation is accompanied by vomiting or abdominal pain, the intestines may be blocked; get help. With either condition, contact your doctor if blood is present.
WATERY EYES	Watery eyes due to a blocked tear duct. Babies are often born with a duct that is not fully open, so the tears are unable to drain away.	See your GP who may prescribe antibiotic drops if there is an infection. He may also show you how to massage the lacrimal sac, which is part of the eye's drainage system. You will need to do this on a regular basis.
NAPPY RASH	Red and inflamed skin around the genital area, the folds of the thighs and the buttocks.	Keep your baby clean and dry by changing her nappy often. Remove her nappy to let air speed up the healing process. If it doesn't clear, check with your GP in case it's thrush, which needs a specific cream.
CONJUNCTIVITIS	If your baby's eyes are inflamed or very pink, he may have conjunctivitis. This means there is an inflammation of the conjunctiva, the membrane that lines the eyelids and covers the white part of the eye. Conjunctivitis can be caused by infection, allergy or irritation. It can be very itchy and sore, but it is rarely serious.	Treatment is by antihistamines, but ask your GP or pharmacist for advice before giving babies antihistamines. Irritant conjunctivitis is not common in babies. Probably the most common irritant is cigarette smoke. However, it can also develop if, for example a chemical is splashed near the eyes. In this case, take your baby to a hospital accident and emergency department.
ASTHMA	Babies' airways are so small that they can wheeze when they have an upper respiratory-tract infection or are suffering with a cold. This can be alarming and you may think that your baby has asthma, but asthma is very rare in young babies. If your baby regularly wheezes in the absence of a cold, though, tell your doctor. Doctors only make a firm diagnosis of asthma when they see a pattern of symptoms emerging over a period of time.	If you think your baby is having an asthma attack, call for medical help immediately. Drugs called relievers can stop an attack quickly. These drugs relieve the spasm in the airway, which in turn eases breathing. A spacer is needed to help babies inhale the medicine. If your child has been given another type of drug, known as a controller, which helps prevent attacks, ensure that she takes this as prescribed. These prevent allergic reactions occurring in the first place, so avoiding wheezing. Controllers include anti-inflammatories.

First Aid FOR BABIES & CHILDREN

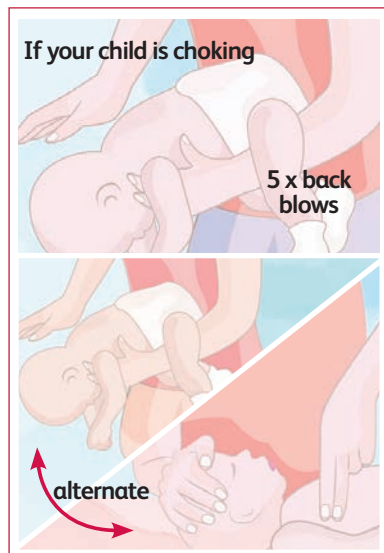
Important advice for parents on what to do in case of a medical emergency

A CHOKING INFANT

1 According to the Irish Red Cross, if an infant (under one year) is unable to breathe, cough or cry, and you suspect they have a severe obstruction in their throat: Lay baby downwards on your forearm. Give up to five back blows between the shoulder blades with the heel of your hand.

2 If the obstruction is still present, give up to five chest thrusts, with two fingers in the middle of the chest. Check in the mouth each time you deliver back blows or chest thrusts, if the object is visible, attempt to remove it using your small finger, BUT only if it is visible.

3 Continue this cycle of five back blows and five chest thrusts until either the obstruction is cleared or the infant goes unconscious. If the infant goes unconscious dial 999/112 for an ambulance and then follow CPR protocols. *Anyone who has been treated for choking in this way should be advised to see their doctor after the incident.*



Illustrations: Yume Sato

IF YOUR CHILD STOPS BREATHING

Cardio Pulmonary Resuscitation (CPR) is the most important lifesaving skill you can have.

1 **If a baby is unconscious,** check their mouth for any items blocking the airway. If a blockage is present, use your little finger to clear it, BUT only if it is visible.

2 **Check for breathing.** Listen for the sound of the breath, look for movements of the chest or feel for the breath on your cheek.

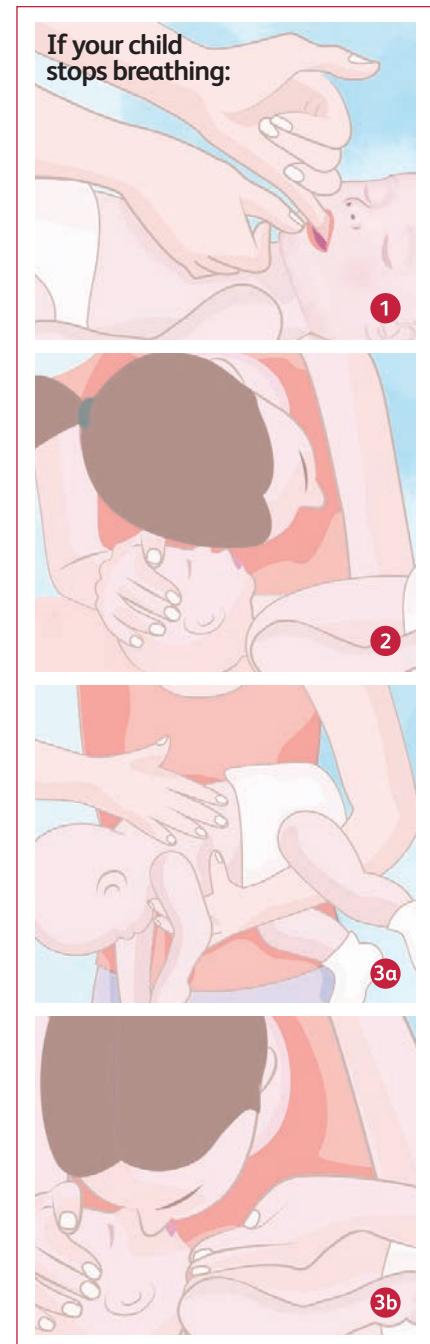
3A **Breathing?** Place the baby in the recovery position (shown below). This position prevents the infant from choking on his/her tongue or from inhaling vomit. Phone 999/112 and check regularly for continued signs of life until the ambulance arrives.

3B **NOT breathing?** Call for help immediately, once help has been called for (999/112) start CPR. Tilt head back very slightly, lift chin to bring the tongue away from the back of the throat, opening the airway. Take a breath and seal baby's mouth and nose with your mouth. Blow gently and steadily for about one second. Watch for the rise and fall of the chest. Take another breath and repeat the sequence.

4 **If there are no signs of life after two breaths,** make sure someone has phoned 999/112 and commence chest compressions.

5 **Chest compressions;** do 30 compressions then give two breaths. Continue with this until help arrives. For infants, (up to one year old) chest

Please be aware of the risks of transmitting or contracting COVID-19, when administering mouth to mouth resuscitation.



compressions are performed using two fingers just below the nipple line.

BLEEDING

- ✓ Blood loss can be serious and should be treated as quickly as possible.
 - ✓ Your aim is to stem the flow of blood. Wear disposable gloves if available.
 - ✓ Check if there is an object embedded in the wound.
- If there is NOTHING embedded:**
- ✓ Press on the wound with your hand over a clean pad.
 - ✓ Secure with a bandage.
 - ✓ Raise the wound above the level of the heart.
 - ✓ Call for an ambulance.

If SOMETHING is embedded:

- ✓ Do not press on the object.
- ✓ Instead, press either side of the object and build up padding around it before bandaging to avoid putting pressure on the object itself.
- ✓ Get the infant to hospital as quickly as possible.

HOW TO DEAL WITH CHILD OR INFANT BURNS

- 1** Cool all burns under cold running water for a minimum of 10 minutes.
- 2** Cover with clean cling film or a loose sterile (non-fluffy) bandage.
- 3** Seek medical assistance for all burns to the hands, face, feet, flexion points, genital area, or circumferential burns. Or if unsure of severity.

TOP TIPS FOR EMERGENCY AWARENESS

- ✓ Ensure you know how to call an ambulance (999/112) and make sure when you travel abroad that you know the local number.
- ✓ Keep all stairs, doorways, and

walkways tidy and clear of obstructions to prevent trips and falls.

- ✓ When preparing hot food or drinks ensure young children are at a safe distance from boiling pans and kettles. Keep all pan handles turned in so they can not be reached by little hands.
- ✓ Keep all cleaning products and hazardous and flammable liquids clearly labelled and in a cupboard that is locked or childproof.
- ✓ Move small objects and plastic bags – anything that could choke or suffocate – out of reach.
- ✓ Never leave a small child unattended in a bath or near water. It only takes one inch of water and a few seconds for a child to drown.

MENINGITIS AWARENESS

Meningitis is an inflammation of linings surrounding the brain and spinal cord, caused by bacterial or viral infections. The red flag signs are cold hands and feet, pain in the limbs or joints, and abnormal skin colour. Other signs can include high temperature, a blotchy purple rash, which doesn't fade when squashed with a glass tumbler, drowsiness, severe headache and a stiff neck.

A symptom card is available from www.meningitis.org, which you can stick on your fridge for easy reference. If you have any concerns, call your GP and explain the symptoms clearly. The Meningitis Research Foundation has a nurse-led helpline, Freephone 1800 41 3344. If the rash (see pic below) is present, call an ambulance.



WHEN TO CALL 999/112

Attending a proper first aid course will teach parents and caregivers how to identify the sometimes subtle symptoms and signs that will help you determine whether or not to call 999/112. This list includes times when you should immediately make the call:

- ✓ An unconscious/unresponsive infant/child.
- ✓ Deteriorating levels of responsiveness, e.g. post head injury.
- ✓ Becomes unwell after swallowing something poisonous or harmful, such as medicine meant for adults. Remember to take the packet or bottle to the hospital with you.
- ✓ A choking child after you have tried three cycles of the choking relief.
- ✓ Extreme allergic reactions – causing swollen airways and breathing difficulty.
- ✓ Prolonged asthma attack.
- ✓ Amputation.
- ✓ Severe eye injury.
- ✓ Shows signs of meningitis.
- ✓ Febrile convulsions/fitting.
- ✓ Extremely high temperatures.
- ✓ Severe burns.



FIRST AID COURSE

St John Ambulance offer a wide range of first aid courses. For further information, call **01 668 8077** or see www.stjohn.ie

BREASTFEEDING

We answer some commonly asked questions about breastfeeding



Q Can I breastfeed if I have COVID-19?

A If you have COVID-19 and you are caring for your baby, you will be encouraged to breastfeed as normal. There is no evidence that the virus passes through breast milk. But we are still learning about COVID-19. The main risk to your baby of getting the virus is being in close contact with you, if you have it. You are likely to pass it on through droplets when you cough or sneeze. If you breastfeed:

- Wash your hands properly before touching your baby.
- Wear a face mask when you are breastfeeding.

Q How will I know if my breasts are making enough milk for my baby?

A The amount of milk you make depends on how often and how effectively your baby feeds at the breast. As your baby sucks you release two hormones (oxytocin and prolactin). Prolactin is the milk making hormone and oxytocin is the hormone that squeezes the milk down the milk ducts to the nipple and this is often called the 'let down' or milk ejection reflex. It follows a principle of supply, and demand. If your baby needs more milk than you are producing, you may need to breastfeed more frequently or drain the breasts more effectively in order to increase your supply. Your body will react to this frequent feeding and put in the order for more milk. Your baby's nappies will also reassure you that your milk is more than

enough. See our feeding and nappy chart on page 191 which will help you to keep track of feeds.

Q How can I treat blocked breast ducts?

A Plugged ducts are quite common during breastfeeding. A plugged milk duct feels like a tender and sore lump in the breast. It is not accompanied by a fever or other symptoms. It happens when a milk duct does not properly drain and becomes inflamed. Then, pressure builds up behind the plug, and surrounding tissue becomes inflamed. A plugged duct usually only occurs in one breast at a time.

What you can do:

- Breastfeed often on the affected side, as often as every two hours. This helps loosen the plug, and keeps the milk moving freely.
- Massage the area, starting behind the sore spot. Use your fingers in a circular motion and massage toward the nipple.
- Use a warm compress on the sore area.
- Get extra sleep or relax with your feet up to help speed healing. Often a plugged duct is the first sign that a mother is doing too much.
- Wear a well-fitting supportive bra that is not too tight, since this can constrict milk ducts. Consider trying a bra without underwire.
- Avoid rolling your bra under your breasts while feeding as this may contribute to blocked ducts. If not relieved or you are feeling feverish with other symptoms,

this may mean mastitis and you will need further treatment.

Q How can I breastfeed my baby while caring for my toddler?

A Before your baby's birth, explain to your child that the newborn will need help from all the family so they can grow and develop.

Create a breastfeeding zone for you and the kids. Keep a stock of books and toys nearby, make it nice and comfortable – so your child can snuggle into you with a colouring book and crayons while you breastfeed. Make sure your toddler is in the same room as you while you breastfeed. Get breastfeeding off to a good start, by getting your partner, family and friends to help out with housework, laundry, shopping, cooking, nappy changes, bathing and winding baby. Consider a sling, as it will keep your baby close to you, while also keeping your hands free.

Q Why is baby-led feeding so important?

A A newborn baby's stomach is only the size of a walnut, so they need to feed often. This is why baby-led feeding, or 'on-demand feeding' is so important. Your baby can have a good feed and be hungry again quite quickly. Babies go through different patterns of feeding as they grow. Letting them feed when they need to will ensure that they're content and getting the milk they need, when they need it. Remember to keep a watch on baby's wet and dirty nappies!

Tasty nutrition FOR PREGNANT AND BREASTFEEDING MUMS

Nourishing recipes, and nutrition tips for pregnant and new mums

Beef stir-fry

Serves 4

150g tenderstem
broccoli, chopped into
bite-sized pieces
100g baby corn,
chopped into bite-sized
pieces
2 tbsp cornflour
2 tsp Chinese five-spice
2 sirloin steaks, fat
trimmed, cut into strips
2 tbsp peanut or
vegetable oil
1 x 3cm piece of fresh
ginger, grated
2 garlic cloves, crushed
½ tsp dried chilli flakes
(optional)
2 tbsp soy sauce

2 tsp brown sugar

2 tsp rice vinegar

To serve:

Rice

1 Drop the broccoli and corn into a pan of boiling water and cook for one minute. Drain and transfer immediately to a bowl of iced water to stop them cooking further.

2 In a shallow bowl, combine the cornflour and Chinese five-spice. Just before you're ready to cook, add the steak strips and toss to coat.

3 Heat the oil in a large wok or pan over a high heat.

Add the steak and cook for 3-4 minutes until crisp and dark golden. Transfer to a plate using tongs.

Drain away all but one tablespoon of fat from the pan. Place the pan back over a medium-high heat.

4 Add the ginger, garlic and chilli flakes (if using) and cook for 30 seconds, then add the broccoli and corn and cook for one minute.

5 Return the beef to the pan. In a small bowl or cup, stir together the soy sauce, brown sugar and rice vinegar. Add to the pan and toss to coat everything.

TOP TIP

If you are vegetarian, simple leave out the beef and add in more vegetables, such as carrots, mange tout etc. This dish would work just as well with chicken or white fish.



Protein is a must

Protein is a key nutrient for your growing baby. It helps to build muscle and bone, as well as skin and hair. Protein is also important for mum as her body gets back to normal after having the baby, and is especially important to help heal if you have had a C-section. Protein is found in lots of foods including meat, chicken, fish, eggs and beans. You will also find protein in hard cheeses like cheddar. Try to eat some protein twice a day at lunch and at dinner.

Fibre keeps you regular

Fibre will help to keep your bowels working during pregnancy. Try to get your fibre from wholegrain breads and cereals; fruit and vegetables and pulses like beans and lentils. Try porridge for breakfast topped with seeds, vegetable soups at lunch and lots of side veggies at dinner.

Build your iron stores

Your baby will build up their own iron stores from what you eat so you need to make sure that you are getting enough iron. Red meat, chicken legs, chickpeas, lentils, eggs, spinach and kale are iron-rich foods.

Calcium: key for bone growth

You are building your baby's bones now and calcium is vital. Aim for three servings of dairy per day (milk, hard cheese or yoghurt). One serving of calcium is 200ml cow's milk, 1 x 25g pot of yoghurt, 2 thumb-sized pieces of hard cheese.

PREGNANCY

LABOUR & BIRTH

HOME AT LAST

FIRST 12 MONTHS

EQUIPMENT & GEAR

HELP

RECIPES

TOOLS

HEALTHY

family meal tips



Handy tips & a delicious recipe to help you get dinner on the table

Cheesy potato and red pepper frittata

Serves 4

5 small potatoes, scrubbed
1 tbsp olive oil
1 large onion, chopped
1 red pepper, deseeded and chopped
½ tsp smoked paprika
Salt and black pepper
8 eggs
2 tsp fresh thyme leaves
120g Cheddar cheese, cubed

To serve:
Green salad
Crusty bread (optional)

1 Prick the potatoes 2-3 times with a fork or the tip of a sharp knife. Microwave for 3-4 minutes until just cooked, turning them over

halfway through.

2 Preheat the oven to 200 °C/180 °C fan/gas mark 6.

2 Heat the olive oil in a 25-30cm ovenproof pan over a medium-high heat. Cook the onion and red pepper with the smoked paprika and some salt and black pepper for 5-6 minutes until softened.

3 When cool enough to handle, chop the potatoes into 1cm cubes. Add to the pan and turn the heat down to medium. Cover and cook for 4-5 minutes until the potatoes are tender. Add more salt and pepper to taste.

4 Beat the eggs in a jug with the thyme and some salt and pepper.

5 Scatter the pieces of Gouda over the potatoes and vegetables, then pour the eggs over the top. Shake and tilt the pan to make sure the eggs are evenly distributed.

6 Transfer the pan to the oven and bake for 8-10 minutes until the eggs are completely set and beginning to pull away from the sides and a knife inserted in the middle comes out clean. Allow to cool for 2-3 minutes, then slice into wedges.

7 Serve with a green salad and some crusty bread, if desired.

TOP TIP

This dish is a great way to use up any odds and ends from the fridge. It goes well with all sorts of vegetables, and you can add in some chopped cooked meat to bulk it up.



FAMILY FOOD BUDGET TIPS

Make a list and stick to it

Before you go shopping, set your budget for food, check your fridge and store cupboard and make a list of exactly what you need. This will prevent you from making impulse purchases. And never shop on an empty stomach! Online shopping is a good way of making sure you stick to your list as you won't be tempted by other foods.

Batch cook

Cooking up bulk portions of meals like curries, stews and soups, will save you time and money. It's a good idea to have some frozen meals ready before your baby is born as it may be hard to find the time with a newborn.

Look out for bargains

Check out supermarkets' own brands - they are cheaper and the quality is normally just as good.

Bulk up meals with lentils and pulses

Lentils, pulses and beans are great sources of protein, but are much cheaper than meat or fish. Use these, and nutritionally rich grains such as pearl barley and spelt, to stretch out meals.



FOR FURTHER INFORMATION

www2.hse.ie/wellbeing/child-health/healthy-eating-during-pregnancy.html

Feeding & Nappy Chart Date _____

This chart will help you to keep track of your baby's feeds, nappies, and sleeps

	BREASTFEEDING				NAPPY		SLEEP	
	Start Time	L	R	Length of feed	Wee	Poo	Start	End
1								
2								
3								
4								
5								
6								
7								
8								

YOUR BABY'S AGE	1 week							2 Weeks	3 Weeks
	1 Day	2 Days	3 Days	4 Days	5 Days	6 Days	7 Days		
	At least 8-12 feeds per day							At least 8-10 feeds per day	
YOUR BABY'S TUMMY SIZE	Size of a cherry		Size of a walnut			Size of an apricot		Size of an egg	

NAPPIES

The contents of your baby's nappies will change during the first week. These changes will help you to know if feeding is going well. Speak to your public health nurse if you have any concerns.

BABY'S AGE	WET NAPPIES	DIRTY NAPPIES
1-2 DAYS OLD	1-2 or more per day urates* may be present	1 or more dark green/black 'tar like' called meconium
3-4 DAYS OLD	3 or more per day nappies feel heavier	2 or more, changing in colour and consistency – brown/green/yellow, becoming looser ('changing stool')
5-6 DAYS OLD	5 or more heavy wet**	2 or more yellow; may be quite watery
7 DAYS TO 28 DAYS OLD	6 or more heavy wet	2 or more at least the size of a €2 coin yellow and watery, 'seedy' appearance

*Urates are a dark pink/red substance that many babies pass in the first couple of days. At this age, they are not a problem, however if they go beyond the first couple of days, you should tell your midwife/public health nurse as that may be a sign that your baby is not getting enough milk.

** With new disposable nappies it is often hard to tell if they are wet, so to get an idea if there is enough urine, take a nappy and add 2-4 tablespoons of water. This will give you an idea of what to look/feel for.

Vaccinations CALENDAR

AGE	VACCINATION	WHERE
2 MONTHS	6in1+PCV+MenB +Rotavirus Oral Vaccine 3 injections + 1 oral drop	GP
4 MONTHS	6 in 1+MenB+Rotavirus Oral Vaccine 2 injections + 1 oral drop	GP
6 MONTHS	6 in 1+PCV+MenC 3 Injections	GP
NO ROTAVIRUS VACCINE ON OR AFTER 8 MONTHS 0 DAYS		
12 MONTHS	MMR+MenB 2 Injections	GP
13 MONTHS	Hib/MenC+PCV 2 Injections	GP
4-5 YEARS	4 in 1 + MMR	School
1ST YEAR SECONDARY SCHOOL	Tdap, HPV + Men ACWY	School

ABBREVIATIONS EXPLAINED

6 IN 1 = (Diphtheria, Haemophilus influenzae b (Hib), Hepatitis B, Pertussis (whooping cough), Polio and Tetanus
PCV = Pneumococcal Conjugate
MEN B = Meningococcal B
MEN C = Meningococcal C
MMR = Measles, Mumps, Rubella
HIB = Haemophilus Influenzae B
4 IN 1 = Diphtheria, Tetanus, Polio, Pertussis (Whooping Cough)
HPV = Human Papillomavirus
TDAP = Tetanus, Low Dose Diphtheria, Acclular Pertussis
MEN ACWY = Meningococcal Group G A, C, W and Y

INFORMATION FOR PARENTS WHO HAVE CHILDREN UP TO THE AGE OF 13 MONTHS

In 2008, a new immunisation schedule was introduced for all children born on or after 1st July 2008. In 2016, the information materials for parents were updated. Your child's immunisations booklet is available from your public health nurse or GP. This booklet gives you more information about immunisation and should also answer any other questions you may have. If you still have any queries, please speak to your child's GP or Practice Nurse. There is also a pocket at the back of the book that includes an immunisation passport. Your child needs five visits to your GP to be fully vaccinated. Please remember to bring your child's immunisation passport to each visit. The passport is useful as it allows you to keep a record of all of the vaccinations your child has received to date and it also acts as a reminder of the vaccines your child needs in the future. Please keep this booklet safe as you are likely to be asked to provide information (which it contains) when your child goes to crèche, school, 3rd level education or employment.



VACCINES ARE VITAL

The World Health Organization (WHO) has stated during the Coronavirus pandemic, it is still important for babies to receive their vaccines at 2, 4, 6, 12 and 13 months. The HSE recommend that patients attend medical appointments; this includes vaccinations.

It is important, that the childhood vaccines are given at the recommended time to provide children with maximum protection from vaccine preventable diseases. Delaying the childhood vaccines is putting children at unnecessary risk of vaccine preventable diseases at the time they are most vulnerable to the diseases.

The vaccines should be given on time or as soon as possible after to protect babies from serious infectious diseases.

Please contact your GP to make an appointment.

Source: 'Your child's immunisation - A guide for parents' booklet for children born on or after 1st October 2016. For more information about the primary childhood programme. (From birth - 13 months of age) - www.immunisation.ie



Starts to work on fever
in just 15 minutes



Lets Kids be Kids

CALPOL® Sugar Free Infant Suspension for infants 2 months + (weighing over 4kg & not premature). Contains paracetamol. For pain and fever relief. ALWAYS READ THE LABEL. IE-CAR-2000051

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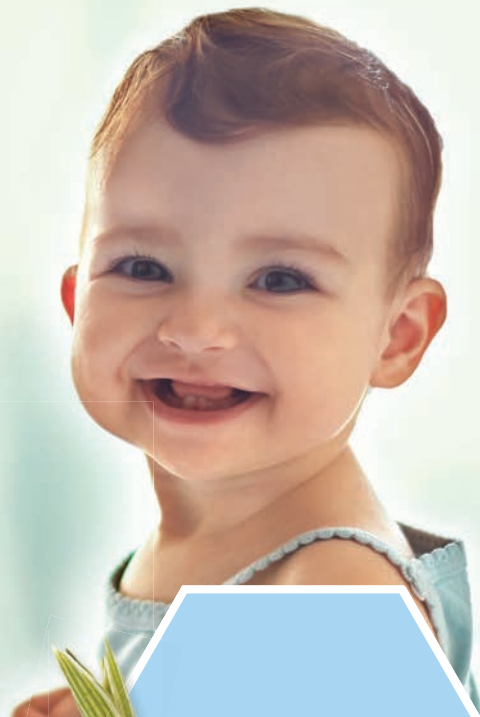
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- Bathe your baby in a warm bath
- Wind your baby during & after feeds



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