

MATERNITY



EDUCATIONAL GUIDE

www.hopitauxschuman.lu

Dear Parents,

You are expecting a child and their birth is approaching fast. Make the most of these few weeks of waiting to prepare for your baby's arrival.

This booklet is intended to introduce you to the care of your baby and the period after you have given birth. We're here to help and support you.

*The entire team at
the Woman, Mother
and Child Unit*

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■ 1. Your baby

Before taking care of your baby, you need to wash your hands and prepare all the equipment you will need.

The key word: “**Don’t leave your child unattended**”, even for a brief moment.

Changing your baby’s nappy

It is important to change baby’s nappies frequently (+/- 8 times a day). You can do this before or after breast-feeding, before or after bottle-feeding.

You can clean your baby’s bottom with clear water and no soap for daily urine cleansing. For bowel movements, a mild soap is recommended.

- **For boys, clean the foreskin without rolling it back.**
- **For girls, clean from front to back, gently parting the lips. Vaginal secretions and traces of blood are possible and normal.**

Although practical, we do not recommend the use of wipes. Excessive use of wipes may cause irritation. They contain preservatives that can cause contact dermatitis. If your baby’s skin is irritated, ask your pharmacist for advice.

If you’re travelling or on the move, for ease and convenience, you may choose to use wipes. If so, try to use **water-based** wipes.

Cord care

Cord care is recommended **twice a day, using cotton wool soaked in a disinfectant solution** supplied by the maternity unit. Once dry, the cord must remain dry, outside the nappy that should be folded below the cord. The cord will fall off

between the 1st and 3rd week. Pale yellow at first, the colour of the cord will become a dark brown before falling off. Once it has fallen off, it is necessary to continue treatment for a few days until the area has completely healed.

A paediatrician should be consulted in the event of fever or if the cord shows signs of infection:

- Swelling.
- Worrying redness.
- Yellow or green pus discharge.
- Malodorous discharge.

Baby’s bath

Bathing is recommended 2 to 3 times a week. If it is possible to do it at the maternity ward, it will not be done before the 2nd or 3rd day in order to limit energy loss, help the baby adapt and start feeding. Bathing is a form of hygiene, but also helps to relax and develop your relationship with

your baby, so choose a time when you are available to give them a bath, in the morning or in the evening. Giving them a bath at the end of the day, at a time when crying is frequent, can help to calm baby down.

■ Equipment

- One or two towels and a soft flannel.
- A gentle baby soap.
- A nappy.
- Possibly a bath thermometer.

■ Technique

- In a draught-free room, run the bath water at around 37°C, checking with your elbow or a bath thermometer before you start.
- Keep your baby safe by putting your forearm under their head and holding their arm to prevent them from slipping.
- Wash your baby with your other hand.

Once the bath is over, wrap your baby in a towel and dry them, not forgetting all the folds (behind the ears, neck, armpits, thighs, groin folds) and the cord. You can then put on their nappy and dress them.



Never leave your baby alone in the bath, even for a short time, and never take your eyes off them, as drowning can happen quickly in very little water.



■ 1. Your baby

Baby's hygiene

■ Face

The face should be cleansed every day with clear water and no soap, using a cotton pad or flannel.

■ Eyes

The eyes can be washed daily with clean water, using a flannel.

If the eyes are runny, a sterile compress soaked in physiological saline (NaCl 0.9%) can be used to remove any visible dirt. Clean the eye from the cleanest side to the dirtiest and change the compress to clean the other eye.

If, despite treatment, the discharge persists or the eye is stuck shut, please consult a paediatrician.

■ Ears

Ears should be cleaned during bath-time or with water, using a cotton pad or flannel. Never use a cotton bud in a baby's ear.

■ Nose

To make it easier to clean your baby's nose, lay them on their side and drip one or two drops of saline solution (NaCl 0.9%) to moisten the nose and loosen any dirt. Your baby will sneeze to get the dirt out.

■ Nails

A newborn's nails are stuck to the skin. They should not be cut **for 1 month**. After 1 month, take advantage of a quiet moment or a feed to cut their nails with a suitable pair of scissors.

Adaptation, physiology and attachment

Birth represents a considerable change for both the newborn and the parents. The baby moves from a protected, aquatic environment in which its physiological needs were met by their mother, to a world that is completely unknown to them. Newborn babies must adapt to life in the air and learn to carry out their basic functions on their own: breathing, regulating their temperature and feeding.

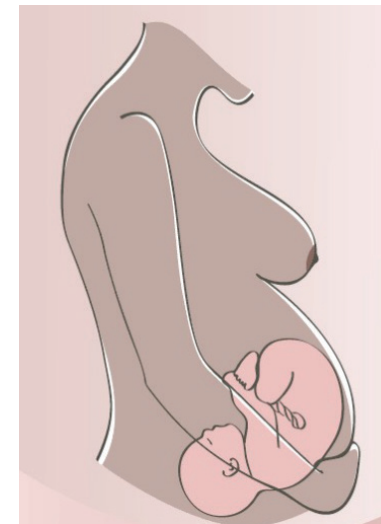
Although all of this is natural, it can take 24 to 36 hours to adjust. During the first few days, babies may cry a lot, even after eating, and need to find their bearings to reassure themselves:

- **Their relationship with their parents.**
- **Skin-to-skin contact.**
- **Carrying and rocking.**

- **Sucking.**
- **Gripping.**

These are criteria for safety, well-being and peace of mind for babies.

The affection and care they receive from their parents provide the newborn with continuity, a bridge between the two worlds.



In-utero



Outside world

- **Skin-to-skin contact:** helps newborns adapt more easily to their new environment, helps regulate their metabolism (temperature, blood sugar levels, any pain), reassures the baby and encourages bonding. This proximity also makes it easier to observe the baby and encourages feeding.
- **Birth before term:** a baby born a few weeks before term will need to adapt more gradually. This will require even greater vigilance on the part of parents and carers to limit energy loss and encourage intake with a diet suited to your baby's ability to suckle.
- **Feeding:** a specific booklet on feeding, whether breast or bottle-feeding, has been written to inform and guide you in your «successful feeding» project.

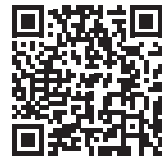
■ 1. Your baby

Newborn babies' skills

At birth, your child is already capable of doing great things. In utero, they have acquired a certain number of skills, thanks in particular to its 5 senses (touch, smell, taste, hearing and sight), skills that will enable them to communicate with the outside world from birth, to bond with their parents, to adapt and to feed themselves.

To find out more, read our articles on caring for your baby and your stay in the maternity hospital:

Your newborn child
will amaze you.



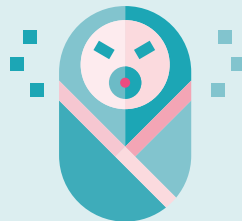
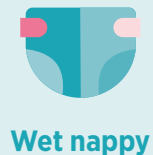
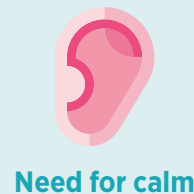
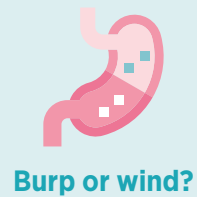
■ 1. Your baby

Crying and comfort

Crying is often stressful for parents who worry that they are missing something important.

A healthy baby may cry for several hours a day and wake up frequently at night.

■ Why does my baby cry?



Crying is a means of expression. A baby may cry for no identifiable reason and for a long time. **These are not just whims on their part.** Little by little, you will learn to differentiate between cries and how to respond to them.



If your baby's crying seems excessive or different from usual, call your midwife, paediatrician or hospital. If you can't stand the crying any longer, don't stay on your own with your baby - get help.

■ In all cases :

- Never shake your baby, as the violent back and forth movement of the head can cause serious brain damage, leading to severe disability or death.
- Stay calm, don't shout or make sudden movements.
- Make them comfortable in their bed and leave the room.
- Breathe calmly and drink a glass of water.
- Ask someone you trust to take over from you (baby's dad, family, friends, neighbours, etc.).

What should I do if I'm
upset or anxious about
my baby crying?



Shaken Baby Syndrome
What is it?



Contacts if you need help :

Baby Hotline (Initiativ Liewensufank): 36 05 98
Info maman (Ligue médico-légale): 22 00 99-88
Alupse baby: 26 18 48 1

■ 1. Your baby

Swaddling and babywearing

Swaddling



Your baby can be swaddled or carried to reassure them or encourage them to sleep. Swaddling involves wrapping a baby in a cloth to restrict movement. This practice not only calms and reassures the baby, but can also help them to fall asleep. It recreates the same conditions as in utero.

Babywearing



Babywearing involves carrying your baby in an upright position using a baby carrier or sling. This allows parents to maintain physical contact with their baby while keeping their hands free. There are baby carriers to suit all ages.

Jaundice

Jaundice is common in newborns. It manifests itself as yellow discolouration of the skin and whites of the eyes, dark urine and sometimes drowsiness. In most cases, it is physiological. However, monitoring and/or treatment are sometimes necessary.

If you're worried about your baby's colour or if they are sleeping a lot, call your midwife or paediatrician or contact the hospital.

The environment and safety around baby

Take the right steps to protect your child's health :

- Air the room for 10 minutes 2 times a day.
- Wash your hands before and after each nappy change, feed, meal or cuddle.
- Wear a mask if you have a cold, cough, fever or cold sore*.
- Don't share unwashed bottles, dummies or cutlery, and don't rinse them with your own saliva.
- Go out for walks in nature instead of going out in confined public places (shopping centres).
- Do not smoke in the presence of your child and avoid exposing them to cigarette smoke.
- Protect children from exposure to screens before the age of 3.
- Take care with animals, who are always intrigued by the presence of a newborn.

Let's prevent household accidents



Taming screens and growing up



**Certain infectious diseases such as herpes labialis can be particularly dangerous for young children, whereas they are common and not serious for adults.*

Similarly, respiratory viruses during the winter season (such as RSV, which causes bronchiolitis) can lead to severe respiratory problems requiring hospitalisation. A preventive injection treatment is available and is offered during the risk period.

To avoid accidents in the home, never leave a baby alone, even for just a few moments:

- In the bath.
- On the changing table.
- On an adult bed.
- In the car.
- In the care of another child.
- With an animal, even a familiar one.

It only takes a few seconds of inattention for an accident to happen.

■ 1. Your baby

The first 1000 days: where it all begins



It has now been proven that exposure to chemical environmental pollutants, endocrine disruptors and electromagnetic waves interferes with health.

Paying **attention to these factors during the first 1000 days of life** (from conception to the child's second birthday) is therefore fundamental to your baby's future development and health. Here are some practical tips for limiting exposure to pollutants:

- Air your home for at least 10 minutes 2 times a day.
- Wash your child's clothes after purchase, using an eco-labelled detergent.
- Wash and air your pushchair and car seat covers.
- Use eco-labelled cleaning products to clean your home, or soft soap, white vinegar and bicarbonate of soda.
- Use eco-labelled products for baby care.
- Think about preparing the room at least 1 month before the birth, and air it as much as possible to limit the stagnation of volatile organic compounds (VOCs) present in the materials (paint and new furniture).
- Glass containers are preferable, especially if they are to be heated (baby bottles, etc.), as plastics are not stable when exposed to heat.
- Eat as little processed food as possible.
- Avoid using your smartphone in close proximity to your child.

For further recommendations, **guides** on endocrine disruptors, baby cosmetics, electromagnetic fields, toys, household products, children's clothing, women's cosmetics, renovation and decoration, and menstrual health are available via this QR-code.

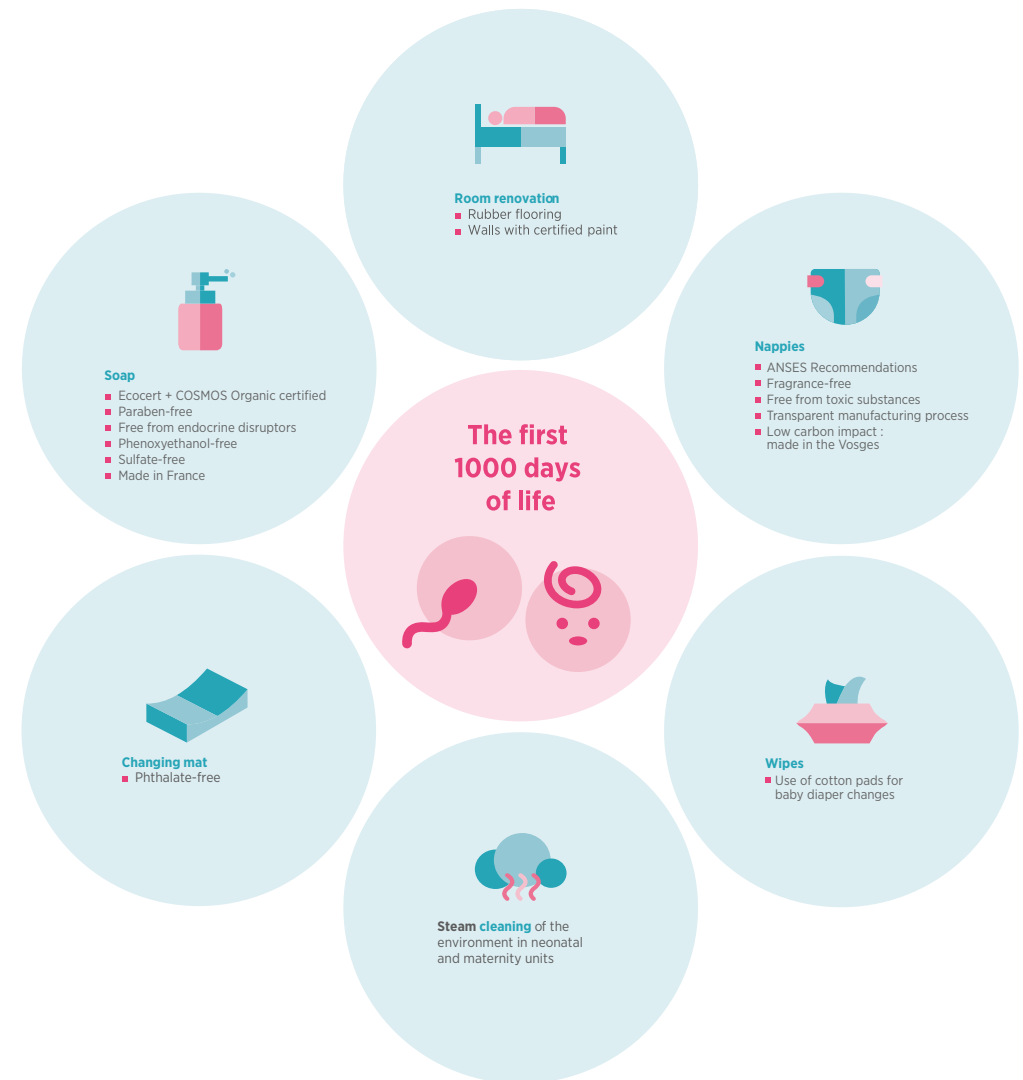
Applications are available on smartphones:

- **Yuka**
- **UFC que Choisir**
- **Les 1000 premiers jours**



For our part, the maternity unit is committed to taking concrete action on a daily basis.

At the HRS, we have chosen to limit children's exposure to pollutants, especially endocrine disruptors.



■ 1. Your baby

Preventing Sudden Infant Death Syndrome (SIDS)



The causes of SIDS are not known, but the following recommendations considerably reduce the risk:

- Lay your baby flat on their back while they sleep.
- Use a sleeping bag designed for babies.
- Use a firm mattress, without blankets or cushions.
- Quilts, pillows, cot bumper pads and stuffed toys are not recommended.
- The temperature of the room should remain between 18 and 20 degrees.
- Air the room every day.
- If it's very hot, don't dress your child too warmly.
- Avoid smoke in baby's environment.

Breast-feeding is a recognised protective factor. Not breast-feeding is not a risk factor.

When your baby is awake and in your presence, you can lay them on their tummy for short periods every day to encourage motor development and prevent their head from becoming deformed.

Baby sleeps on their back and plays on their tummy



When to seek medical advice

Certain medical appointments are compulsory. They run from birth to the child's 2nd birthday.

The 1st compulsory appointment is made at the maternity unit within 48 hours of the birth (generally the day after the birth).

The 2nd appointment depends on the length of your stay in the maternity unit.

It is carried out in the maternity unit if the baby is discharged on or after the 3rd day after birth

If the discharge is early (before D3), you must make an appointment with the paediatrician before the child's 10th day. If you keep these medical appointments, you will be entitled to postnatal allowance.

Apart from the compulsory appointments, it is necessary to consult the paediatrician at their surgery or at the various paediatric outpatient clinics in the country if the child presents with:

- Fever over 38°C.
- Jaundice (yellowing of the skin).
- Difficulty or refusal to eat.
- Breathing difficulties (shortness of breath, wheezing or rapid breathing).
- Significant drowsiness that limits eating.
- Repeated vomiting or vomiting in spurts.
- Cyanosis (blue skin colour).
- Or if you are concerned about their behaviour or state of health.

■ 2. Your well-being

Birth represents a major change for both the newborn and his or her parents. It's a time for meeting each other and bonding. The first few days and weeks are emotionally charged and often marked by fatigue and pain linked to the birth or breastfeeding.

It's not unusual for new parents to have doubts about how to look after their baby or what decisions to make, especially when it's their first child, and the nursing staff will be available to support you throughout your stay.

The stay in the maternity unit lasts 3 to 5 days, depending on the circumstances of the birth. Back at home, the mother still **needs rest to recover physically**, and time to adjust and respond to her newborn's needs.

The support of the father or co-parent is invaluable in achieving this. As is that of family and friends; their help with everyday tasks is useful. To ensure that you continue to receive support after leaving the maternity hospital, follow-up by a private midwife is also recommended, and can be arranged during pregnancy.

Depending on your needs, other professionals can also provide support (emotional first aid, family therapy, sex therapist, live postnatal session, etc.)

List of Luxembourg midwives



The post-partum period

■ Lochia and resumption of menstruation

Blood loss (lochia) is normal after childbirth or a caesarean section. The discharge is red, bloody and abundant for the first few days, gradually diminishing to trace amounts around the tenth day.



Red bleeding should never occur in large quantities. This occurrence is a reason for emergency consultation.

The resumption of menstruation occurs 6 to 8 weeks after childbirth if baby is being bottle-fed. If the baby is breast-fed, resumption of menstruation is delayed.

The resumption of fertility (or first ovulation) is possible from the twenty-first day after birth, regardless of how the baby is being fed. Local contraception or medication is required as soon as sexual activity is resumed.

Sexuality after birth



■ Uterine involution

After birth, the uterus contracts, becomes hard and lies below the umbilicus. The midwife checks uterine involution daily by pressing on the uterine fundus. This examination is quite uncomfortable after birth. The uterus returns to its original position within 6 weeks of giving birth.

■ 2. Your well-being

■ Intimate hygiene

Intimate hygiene after childbirth is important to limit the risk of infection around the uterus and the perineum suture or caesarean section.

Here are a few tips:

- Change your sanitary pads regularly (no tampons or menstrual cups).
- Use a neutral soap for intimate hygiene 1 to 3 times a day, depending on your lesions, then rinse and pat the scar dry.
- Do not use a vaginal douche or take a bath for 6 weeks.
- When using the toilet, always wipe from front to back.
- Wash your hands after every trip to the toilet.

If you gave birth by caesarean section, wash the scar in the shower every day with a neutral soap, then rinse and pat dry.

■ Afterpains

Afterpains (in the form of uterine contractions) are common after childbirth/Caesarean sections. They allow the uterus to gradually regain its size and shape. They resemble menstrual cramps, but are often more painful at feeding time or for women who have given birth before. They last from a few days to a week after birth. There are specific medicinal and non-medicinal treatments available, so don't hesitate to talk to the nursing staff or your gynaecologist.

■ Your rest in the maternity ward

Your rest during your stay is essential for establishing a relationship with your child and encouraging interaction and attachment. We recommend that you limit visitors and allow only short visits from your loved ones, particularly in the afternoon.

Only the partners of patients in single rooms are allowed to stay overnight, provided they request an accompanying bed. However, brothers and sisters are not allowed to spend the night with their mother.

■ Baby blues

The hormonal, physical and psychological changes and the fatigue of the first few days can lead to a temporary depression, known as the «baby blues», which often occur on the 3rd day after the birth. The baby blues are very common and symptoms include:

- Unexplained crying, tears that flow on their own for no reason.
- A loss of self-confidence and a feeling of not being able to look after the baby properly.
- Irritability.



The baby blues are transitory, lasting from 1 to 5 days, and the symptoms disappear on their own without treatment. Don't hesitate to talk about it with your partner and those around you, whose support can help you get through this temporary state. However, **if the baby blues set in and last longer than 2 weeks**, you should talk to your midwife, gynaecologist or GP. It may be post-partum depression.

Don't feel alone, ask for help.

■ Post-partum depression

Unlike the baby blues, which is a temporary state, the behavioural and mood changes associated with depression are present almost every day. The woman is generally sad and feels a loss of pleasure in her daily activities. She may also find it difficult to feel attached to her baby and experience ambivalent feelings or disinterest towards them.

Depression can also affect the father or co-parent.

If you notice signs of depression in yourself or your partner, don't wait - seek help.



■ When to seek medical advice

The postnatal consultation with the gynaecologist should be scheduled between 4 and 6 weeks after the birth. Its aim of the appointment is to ensure that you are in good health. This will also be an opportunity to talk about contraception, and to assess whether perineal physiotherapy is necessary. This consultation is compulsory and enables you to obtain the birth allowance.

Apart from this scheduled appointment, it is necessary to telephone and/or consult your gynaecologist or the polyclinic if you experience any of the following within 6 weeks of the birth:

- Abundant bleeding or blood clots.
- Breast engorgement (hard, painful, red breast that is not relieved by feeding).
- Fever over 38°C.
- Signs of infection in a perineal or caesarean scar (pain, discharge, opening, bad odour)
- A feeling of sadness or unease (irritability, guilt, etc.).
- Any other signs that worry you.

Find other articles, quizzes, slideshows and videos on our «Acteur de ma santé» health platform. The calendar of LIVE sessions is also available on this site, and you can register (<https://acteurdemasante.lu/fr/seances-live/>).

Emergency number: 112

Contacts:

Hôpitaux Robert Schuman – Clinique Bohler:

<https://www.hopitauxschuman.lu/fr/specialites-maladies-traitements/maternity/>

Kannerklinik:

<https://kannerklinik.chl.lu>

Centre Hospitalier Emile Mayrisch:

<https://www.chem.lu/>

Centre Hospitalier du Nord (CHdN):

<https://www.chdn.lu/>

La ligue:

www.ligue.lu

L'ONE - The National Childhood Office:

www.officenationalenfance.lu

L'association luxembourgeoise des sages-femmes - The Luxembourg

Association of Midwives:

www.sage-femme.lu

Allupse:

www.alupse.lu/fr/alupse-bebe

Acteur de ma santé:

www.acteurdemasante.lu

Initiativ Liewensufank:

www.liewensufank.lu

Eltere Forum:

www.eltereforum.lu



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