



centrum
pro integraci
cizinců

MÁMA VÍ

aneb INFORMOVANÁ MATKA

Dear new mothers,

Welcome to the Maternity Department and congratulations on the birth of your baby!

With the following text, we would like to help you to go through the first few days of your baby's life successfully and make the hospitalisation period easier for both of you.

The newborn basic care guide has been prepared by the Centre for Integration of Foreigners. We will explain what to expect within the following few days, clarify the basic rules on breast-feeding, point out possible problems and give you some information about a newborn baby. In the end of this text, you will find important laws which need to be followed in the Czech Republic. We believe that this guide will help you to understand the conditions common in this country. If you have any problems or questions, please do not hesitate to contact one of the nurses or doctors who are here to help you 24 hours a day.

Questions regarding foreigner issues can be answered by the staff of the Centre for Integration of Foreigners. The contact details are listed below.

We wish you a pleasant stay at the Maternity Department and all the best for the future.

Team of the Centre for Integration of Foreigners

ROOMING IN

The effort of the maternity hospital is to allow you to keep your baby with you all the time during your stay in hospital (*rooming in*) – if you and your baby's state of health allow that. This ensures that you will soon learn how your baby behaves when he/she is hungry or upset and how to take care of him/her (changing nappies, bathing, taking care of the skin, cleaning the eyes, bellybuttons, etc.).

BREAST-FEEDING

Exclusive breast-feeding is considered to be the best way of providing babies with all the necessary nutrients until the age of sixth months. Afterwards, you can continue to breast-feed while introducing appropriate complementary food up to two years of age or beyond. The longer you breast-feed your baby, the healthier and more resistant against common illnesses he/she should be. That is the reason why you should, from the beginning, learn some simple rules and the right technique of breast-feeding to be able to breast-feed as long as possible without any problems.

Breast-feed your baby whenever he/she shows signs of hunger such as pouting the lips, sticking out the tongue, putting his/her hands to the mouth, etc. Do not wait until your baby starts to cry because after that latching on becomes more difficult. Within the first two or three days after birth, the majority of babies will drink hardly any milk – this is normal. Do not forget that even a very small amount of colostrum (the first milk produced by your breasts) contains a large amount of antibodies that the newborn needs the most within the first days after birth.

During the last few months of pregnancy you have provided your baby with all the necessary

nutrients which will give your baby enough energy for the first few days of life. During this time, all newborns lose some weight (so called Neonatal [Newborn] Weight Loss) – it is a common feature and definitely does not mean that the baby is starving. It only means that the water contents in the baby's organs and skin are changing so they are more resistant in a dry environment outside the mother's womb. The weight loss is usually about 10 percent of the birth weight – sometimes more, sometimes less.

Bringing the baby to the breast immediately after birth and as often as possible during the first days of life is very important for an early milk production.

The break between two breast-feedings shouldn't be longer than 4 hours during the first days of life. Place your baby to both of your breasts every time you breast-feed.

Later (after 2 or 3 days), we can roughly weigh the amount of the milk drunk by the baby. This will inform us about the fact that the milk production has already started and the baby is able to suckle successfully. However, the amount of milk is not crucial and it is important to take into account other facts than just the numbers. There are big differences in the amounts of milk drunk by individual babies during the first days after birth. While sucking, the baby rests for about the same time as it suckles – the baby is not asleep! If the baby has drunk enough and falls asleep, it usually releases the nipple. Some babies want to hold the nipple almost constantly – let them do that!

After feeding let your baby burp in a raised position – ideally in bed (bad manipulation right after breast-feeding can cause heaving or make it worse).

In the beginning, breast-feed your baby in a lying position, later it is better to change the positions. The nurse will help you to train the position and to find the one which will suit you best.

Remember: breast-feeding should not hurt. Your baby needs to have your nipple and a bigger part of the areola in his/her mouth. If the breast-feeding hurts, it means that something is wrong (mother's or baby's position, technique of breast-feeding), and it is necessary to interrupt the feeding and place your baby to your breast again correctly to avoid sore nipples.

During the first few days, place your baby to your breast with the nurse's help. If the breast-feeding hurts, your baby is sleepy or does not want to latch on, the nurse will help you.

Your breasts should feel softer after feeding – if not, it is best to express the milk.

Expressing breast milk

When to express breast milk:

- During a longer separation of the mother and the baby
- In case of breast milk retention
- In case of excessive milk production
- To shape the nipple and areolas.

You can express your breast milk by hand or with a manual or electric breast pump.

Preparation:

- Get ready a sterile container for expressed breast milk
- Wash your hands
- Apply warm moist washcloths to your breasts or take a warm shower
- Massage your breasts in circles from the chest wall to the nipples to stimulate the ejection reflex
- After the massage gently shake your breasts by slightly leaning forward

Procedure:

1. Place a fingertip of your thumb above the areola and a fingertip of your index finger underneath the areola so that these two fingers make a shape of the letter C. The fingers and the nipple have to be in a straight line.
2. Press the whole breast with your three remaining fingers and your palm to your chest.
3. Keep pressing the nipple rhythmically till the milk starts to drop.
4. Repeat this triple rhythm movement and change the position of the fingers on the areola.
5. The fingers must not pull the nipple out and must not leave the skin to avoid abrading of the nipple.
6. Large or very full breasts can be supported by placing the palm of the other hand under them.
7. The time of expressing is about 20 to 30 minutes, switch the breasts a few times during the whole procedure.

Problems with breasts

- *Painful and engorged breasts – what to do:*
 - Before breast-feeding – warming up the breasts with a wet warm washcloth, eventually in the shower followed by a gentle massage of breasts and softening the areolas by expressing breast milk to allow the baby to latch on properly
 - After breast-feeding – soft massage and expressing breast milk until relief
 - Between breast-feeding – cold compresses, eventually Paralen tablets
- *Sore and cracked nipples – result of a wrong breast-feeding technique, position or suckling. What to do:*
 - Improve the breast-feeding technique
 - Change the baby's position during breast-feeding so that the cracked part of the nipple is in the baby's mouth corner
 - Keep changing the positions
 - Stimulate the milk ejection before breast-feeding by applying a warm compress on your breasts
 - Offer the baby the less painful breast first
 - Do not reduce the frequency and length of breast-feeding
 - At the end of the feeding, put your little finger in the corner of the baby's mouth – this will release the suction
 - After every breast-feeding, leave a few drops of milk on your nipple to dry up
 - After every breast-feeding apply a healing ointment Bepanthen as a prevention
 - Leave your nipples on fresh air as often as possible

BREAST-FEEDING TECHNIQUE

Correct holding of your breast

- The fingers should not be touching the areola
- The breast is supported from underneath by all the fingers (except the thumb)
- The thumb is placed on top of the breast high above the areola
- The pressure of the thumb on the mammary tissue allows erection of the nipple
- The breast has to be offered to the baby in a way so that the baby can latch-on to both the nipple and the areola



BREAST-FEEDING POSITIONS

Main rules:

- To find a comfortable position for both the mother and the baby
- The baby has to lie on his/her side with the face, chest, belly and knees towards the mother
- The baby's ear, shoulders and hips are in a straight line
- The central lines going through the ear, shoulders and hip joint of the mother and the baby have to be parallel
- The mother pulls the baby towards herself with her hand holding the baby's shoulders and back, not the head
- The mother should not touch the baby's head and face unnecessarily in order not to interfere with the suckling reflex
- If touching the baby's head, the fingers should not cross the ear line
- Any obstacles such as the baby's bottom hand or a knot on the blanket or clothes should not be present between the mother and the baby
- The mother should not pull the breast away from the baby's nose
- The mother should bring the baby to her breast instead of bringing the breast to the baby's mouth
- The baby's chin, cheek and nose have to touch the breast
- The baby's chin has to sink deeply into the breast
- The baby should not cry
- Breast-feeding should not be painful for the mother

Signs of a correct mutual position of the mother and the baby

Mother:

- Is relaxed
- Does not feel any pain (the nipple, shoulders, back, arms)
- The mammary tissue does not get tensed under the baby's mouth
- The ejection reflex works properly
- The nipple is not sore or flat
- The breast is empty after breast-feeding

Baby:

- Does not pout his/her lips or suck in the cheeks
- Feeds with long slow sucks
- Does not slurp while suckling
- Can breathe normally by pulling away the breast tissue by the top of his/her nose
- Is happy

Side-lying position



- Both the mother and the baby are lying on their sides facing each other
- The mother places a pillow under her head so that her head is level with her shoulder
- The mother bends her back slightly towards the baby
- The baby lies in the mother's arm's angle
- The mother must not be bearing her weight against her elbow, the arm must not be above the shoulder

Sitting position



- The baby's head is placed in the mother's arm's angle
- The mother's forearm supports the baby's back
- The mother's fingers are placed on the baby's bottom or thigh of the baby's top leg
- The mother holds her breast with the other hand
- The baby's bottom arm is placed around the mother's waist
- The mother's feet are supported by a stool

Football hold



- Suitable for women with large breasts or flat nipples, or after caesarean section
- The baby lies on the mother's forearm, the mother supports the baby's shoulders with her hand
- The fingers support the baby's head
- The baby's legs are placed alongside the mother's side
- The baby's feet have to be free, without any support
- The mother's forearm is placed on a pillow

Half sitting position with bent knees



- Suitable for women after caesarean section
- The baby lies in the angle of the mother's arm or on her forearm
- A pillow placed on the mother's abdomen avoids placing the baby straight against the scar and reduces the pressure on it
- A pillow placed under the mother's knees supports her legs

Breast-feeding twins



- You can breast-feed both of your babies at the same time
- You can choose different positions: football hold, side-lying position, cross position, parallel position
- Each baby can have their own breast

Correct latching on

- The nipple always has to be level with the baby's mouth
- Touching the nipple to the baby's lips encourages a searching reflex
- The baby's mouth wide open (like a big yawn) is the right response to this stimulation
- The breast has to be offered to the baby in a way so that the baby can latch-on to both the nipple and the areola, especially below the nipple
- All the fingers, except the thumb, should be placed underneath the breast
- **!! CAUTION !!** The mother must not pull the breast away from the baby with her fingers

Breast-feeding a sleepy baby

- Talk to your baby, use an eye-contact
- Hold your baby in an upright position
- Move your baby
- Unwrap your baby
- Take off your baby's clothes (suckling activity decreases with a temperature above 27 C)
- Stroke your baby
- Change your baby's nappy
- Wipe your baby's face with cool washcloth
- Move your finger in circles around your baby's mouth
- Your baby can breathe without any problems if positioned correctly
- Do not try to breast-feed your baby if he/she is crying – when crying, the baby's tongue is placed in the upper part of the mouth which makes it impossible to latch on.

If you are still having problems with breast-feeding despite of the help of the nurses and the information given above you can always contact the breast-feeding specialists, i.e. *The Lactation League* or *The National Breast-feeding Line*. Please visit the website www.kojeni.cz or contact The Lactation League on 261 082 424, 261 082 485 or The National Breast-feeding Line on 261 082 424 (working days from 9 a.m. until 1 p.m.)

COMPLEMENTARY FEEDING

- If, for whatever reason, the baby needs complementary foods, everyone taking care of the mother and her baby should know the alternative ways of feeding the baby (you can get more information from the nurses)
- For breast-feeding to be successful the baby should not be bottle-fed
- There is a difference between breast-feeding and bottle-feeding; the baby has to learn how to suckle in two different ways which might be confusing for him/her and therefore soon starts to prefer the bottle-feeding which is easier.

NAPPY CHANGING

- Change the nappy before every breast-feeding (every 2 or 4 hours)
- The nurse will give you all the necessary information on nappy changing, bathing and basic baby care

TEMPERATURE AND OTHER IMPORTANT INFORMATION

- The baby's temperature is usually measured twice a day (morning and afternoon), or more often if necessary
- A normal baby's temperature is 36,5°C – 37,5°C
- Information that are important for checking the baby's health status during the first few days after birth are: urination, defecation, temperature, time of breast-feeding and later also the amount of milk drunk (write these information down in the chart on the baby's bed following the nurse's instruction)

NEONATAL JAUNDICE

- Most babies with neonatal jaundice are treated with daylight. For that reason, do not close the blinds and put the baby's bed to the window (caution – the baby must not be placed in a draught or on direct sunlight! Only babies with severe jaundice are treated with blue light (so called phototherapy)

GOING HOME

- Usually, the mother and her baby leave the hospital the fourth day after spontaneous birth or the sixth day after caesarean section – if the baby is drinking well, putting on weight and does not have severe jaundice or any other problems.
- When leaving the hospital, you will get a Health and Vaccination Card (*Zdravotní a očkovací průkaz*) and Discharge Report of your baby (*Propouštěcí zpráva novorozence*).

ALL THE THINGS YOUR BABY WILL GO THROUGH DURING HIS/HER STAY IN HOSPITAL

- Your baby will be checked by a paediatrician every morning during rounds
- Your baby's hip joints will be examined by an orthopaedist
- Your baby's blood will be tested for congenital metabolic diseases
- Your baby will be vaccinated against TBC (in left shoulder)
- Your baby will be examined by a paediatrician before leaving the hospital

!!! DO NOT FORGET !!!

- Immediately after your arrival home, inform the paediatrician you have chosen that you have left the maternity hospital. The doctor will give you a vaccination scheme for your baby.
- Pick up personally your baby's birth certificate at the registry office corresponding to your maternity hospital. The birth certificate should be available within 1 or 2 weeks after birth.
- Have the birth certificate officially translated and attested for the embassy of your country. This enables the embassy to make a personal document for your baby (e.g. a passport) or to enter the baby's details in the parents' documents.
- Within 60 days after birth apply for a residence status for your baby. The baby has the right to get one of the parents' residence status (you can choose the more convenient one). Please contact regional offices of the Department for Asylum and Migration Policy (Ministry of the Interior) for a residence status application.
- Within 8 days after birth, register your baby with a health insurance company. The easiest option is to register your baby with the same health insurance company you were registered with on the day of your baby's birth (you will need a birth certificate and a personal document). If your baby has Czech nationality, permanent residence status or asylum, you just register him/her with a health insurance company. Then he/she will have been insured since birth and the insurance will be paid for by the government. If your baby does not have government health insurance (e.g. if you have applied for long-term residence status for him/her) you have to pay for your baby's commercial insurance. Be careful when choosing commercial health insurance for your baby – it can be comprehensive or can only cover emergency treatment. Find out what exactly the insurance policy is! More information about health insurance can be found on www.cicpraha.org.
- Caution! If the mother does not have health insurance on the day of her baby's birth, she will be charged all the medical expenses!



Centre for Integration of Foreigners

Pernerova 32
186 00 Praha 8

tel.: 222 360 452

e-mail: info@cicpraha.org

www.cicpraha.org



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