

# Breastfeeding



## Benefits of Breastfeeding For BABY

- Breastmilk is the perfect food for baby; it cannot be duplicated by formula. Breastmilk is easily digested and contains all the nutrients needed by baby and in the right amounts, for at least the first 6 months of life.
- Research indicates that breastfed babies have a higher IQ.
- Breastfeeding leads to babies with fewer illnesses such as colds, diarrhea, or ear infections because breastmilk contains living antibodies which help protect baby.
- Symptoms of allergies are 7 times less likely in a breastfed baby.
- Breastfed babies learn to suckle until their hunger is satisfied, not until the bottle is emptied. These babies are less likely to grow into overweight children or adults.
- Breastfeeding contributes to proper jaw and mouth development; important not only dentally, but also for speech.
- Babies breastfed longer than 4 months have fewer childhood cavities.
- Breastfed babies have a lower incidence of SIDS (crib death).
- Breastfeeding may protect against health problems/diseases later in life (ie. Juvenile diabetes, celiac disease, Crohn's disease, ulcerative colitis).
- Breastfed babies get diarrhea less often and rarely have constipation.

## Benefits of Breastfeeding For MOTHER AND THE FAMILY

- Breastmilk is the most economical way to feed a baby. The cost of formula for 6 months is approximately \$825.
- Breastfeeding is easy, convenient and available immediately; no sterilizing bottles, buying, mixing, and warming formula.
- Breastfeeding helps the womb return to its normal size more quickly. This lowers the risk of heavy bleeding after birth.
- Women who breastfeed lose weight more quickly after giving birth.
- Breastfeeding encourages a close relationship between mother and baby.
- Breastfeeding has health benefits for mother, reducing the risk of some cancers.

## Why Breastfeed Your Baby?

### Breast is best.

Breastfeeding is more than the best nutrition for baby. It is a way for a mother and baby to bond and begin a wonderful, close relationship. Fathers have a special role to play in supporting this experience.

## Fatherhood And Breastfeeding

*A key factor to the success of breastfeeding is a supportive father. For more information on fatherhood and breastfeeding see page 53.*



## **Common Breastfeeding Questions**

### **When is the best time to first breastfeed baby?**

- As soon as possible after birth.
- The first hour is a good time because baby is alert and has a strong sense to suck. Also, your breasts are still soft and graspable as they have not become firm with milk. Softer breasts allow your baby to latch on easier.

### **How do I help my baby to latch on correctly?**

- Start by having your baby face you.
- Position your baby so that his/her mouth is opposite your nipple.
- Hold your breast in one hand. Do not squeeze your breast.
- Gently stroke your baby's lip with your nipple. Continue to do this, until your baby opens his/her mouth wide open.
- Now that the mouth is open, bring the baby to the breast allowing him/her to have a mouthful of your breast. Remember, it's breastfeeding not nipple feeding.

Breastfeeding should not hurt. It should feel like a gentle pull.

- If it hurts, take your baby off the breast by placing your finger in his/her mouth to break the suction and start over.

### **How often should I feed my baby?**

- Whenever he/she seems hungry. Do not put your baby on a feeding schedule.
- In the first few weeks, your baby will need to feed every 2 to 3 hours.
- It is important to feed your baby throughout the night.
- There will be times when your baby will want to breastfeed more often than usual. This is referred to as a "growth spurt". Growth spurts occur approximately at 2 to 6 weeks of age, 3 months and 6 months.
- Remember, the more you feed your baby, the more milk you will make.
- Breast milk is easy to digest. Therefore, breastfed babies need to be fed more often than formula fed babies.

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### **How long should I feed my baby?**

- Allow your baby unlimited suckling. Babies need to suck for both nutrition and comfort.
- Length of feeding times may vary. Sometimes your baby may breastfeed for a long time, while other times it is shorter.
- Watch for clues that your baby may use to communicate that he/she is full such as spitting out the nipple or falling asleep while at the breast.

### **What will my breast milk be like?**

- Your breast milk changes over time to meet the needs of your growing baby.
- **Colostrum** is the first milk that the baby will receive. It is a thick, yellowish fluid that is rich in nutrients and immunity factors. It lasts for approximately 1 to 3 days after birth.
- **Transitional Milk** is a creamy white mixture of both colostrum and mature breast milk. It is produced from approximately day 3 to day 10 in the postpartum period.
- **Mature Milk** is produced approximately 10 days after birth. It is thin white milk that lasts throughout the period of breastfeeding.
- It is very important to allow the baby to nurse long enough at each breast to receive both the foremilk and the hindmilk. The foremilk is at the beginning of a feed and quenches thirst. Hindmilk comes at the end of a feed and has a high calorie content needed to gain weight.

### **Should I nurse my baby with both breasts at a feeding?**

- Yes, both breasts should be offered at each feeding. It is important to do this so that both breasts receive equal stimulation necessary to increase milk supply.
- The breast that the baby last fed at should be the first breast offered at the next feeding. To remember which side was last offered, fasten a safety pin onto the bra or move a ring from side to side.

### **What are the signs that my baby is hungry?**

Your baby may...

- move his/her eyes rapidly behind closed lids.
- puts his/her hands to his/her mouth.
- lick his/her lips and make sucking sounds.
- stretch and increase movements.
- Sometimes your baby may seem too sleepy to show signs of hunger. However, it is important to wake your baby and put him/her to the breast to feed.

- Crying may be the last way your baby may show you that he/she is hungry.

### **How do I wake up my baby for a feeding?**

To wake your baby try...

- undressing him/her.
- rubbing his/her back or soles of the feet.
- moving him/her back and fourth between a sitting and lying position.
- put a damp cloth on his/her feet or gently wash his/her face.
- change his/her diaper.
- NEVER shake a baby.

### **When should my baby be burped?**

- Burp your baby before switching breasts and after feeding.
- Your baby may still be hungry after burping, try breastfeeding again.

### **How do I know if my baby is getting enough breast milk?**

- While feeding, you should be able to hear your baby suck and swallow.
- After your baby is finished feeding and between feedings, he/she should seem content and satisfied.
- You should see a weight gain of approximately 4 to 8 ounces a week for the first 3 months, and at least 3 to 5 ounces a week from 4 to 6 months.



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- Your baby should wet 1 diaper on day 1, wet 2 diapers on day 2, and wet 3 diapers on day 3 continuing in this same fashion until day 6 when he/she is wetting 6 to 8 diapers daily. After day 6, your baby should continue to wet 6 to 8 diapers daily with pale yellow urine.
- Your baby should have at least 1 to 2 soft, yellow coloured bowel movements daily. Some babies will have a bowel movement after each time they eat and this too is normal.

#### **What is engorgement?**

- Engorgement is caused by increased blood flow to the breast for milk production.
- Your breasts will feel swollen and tender. This may last up to 48 hours.
- Here are some steps to help you cope with engorgement:
  - Before feeding your baby have a warm bath or shower or apply warm compresses to your breasts.
  - Massage your breasts before and during a feeding.
  - Breastfeed your baby at least every 2 hours.
  - Be sure to check for proper latch and positioning.
  - Wear a well fitting, supportive bra.
  - To reduce swelling, use cold packs on your breasts in between feedings.

#### **What is a plugged milk duct?**

- A plugged milk duct is caused by a decrease in the flow of milk to a specific area in the breast. The area of the plugged duct is usually quite sore.
- Here are some things that you can do to relieve your plugged duct:
  - Breast feed your baby often, begin on the affected side.
  - Frequently change the baby's breastfeeding position.
  - Try to massage the area before and during breastfeeding or, taking a warm bath/shower.
  - Avoid tight clothing and bras with under wires.
  - Talk to a breastfeeding expert for advice.
- If this does not go away after approximately 24 hours of trying these remedies, or if you begin to feel feverish, see a red patch on your breast or feel ill call your health care provider immediately for further assistance.

#### **How can I store my breast milk so that it is safe for my baby?**

- Use a clean storage container that has a tight lid to store your breast milk.
- Label each container with the date that the milk was expressed.
- Breast milk can be stored in a fridge for up to 3 days, in the freezer section inside a fridge for 3 weeks. It can be stored in a freezer separate from the fridge for 3 months. For a longer period of time, it can be stored in a deep freezer for up to 6 months.
- If ever in doubt about the expiration of breast milk, throw it out.

#### **How old should my baby be before I can use a bottle?**

- It is recommended that during the first 4 to 6 weeks of a baby's life, a bottle should not be given to a baby.
- The suckling needed to breastfeed is very different from suckling on a bottle. Bottle feeding requires little effort from the baby.

#### **Does my baby need a Vitamin D supplement?**

- A vitamin D supplement of 400IU/d is recommended for all exclusively breastfed, full term infants and should continue until the infant's diet provides another source of vitamin D.

#### **Can I continue to breastfeed my baby when I return to work or school?**

- You and your baby can continue to enjoy the benefits of breastfeeding even after you return to work/school.
- Here are some ways that you can continue to breastfeed:
  - Breastfeed more often when you and your baby are together, and in your absence your baby receives your expressed milk or formula from a caregiver.
  - Pump your breasts while at work/school and store safely for baby to use at a later time.
- If you are planning on pumping, allow your baby time to adjust to feeding from a bottle, this usually should be started 2 weeks before returning to work/school.
- Talk to your employer about a private place for you to express your breast milk while at work. Call Public Health for information on a breastfeeding workplace policy.

# Prenatal & Postnatal Breast Care

Nipples do not need to be “toughened” or rubbed with colostrum during pregnancy.

- Wash breasts with warm water only.
- Do not use soap on the nipples, as it dries the skin.
- Nipple creams are not necessary. Many contain alcohol, which dries the skin.
- Use a small amount of breast milk spread all over the nipples and allow it to air dry for 5 minutes. This can prevent chapping and the milk acts to cleanse the area.

## Women who have flat or inverted nipples can breastfeed.

A woman can determine what kind of nipples she has by trying the pinch test. Place thumb and forefinger at the base of the nipple and gently pinch about one inch of breast tissue.

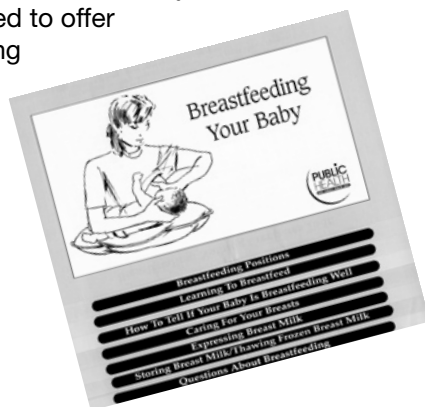
For women who have inverted nipples, they could try wearing “breast shells”. For further information, contact the local Breastfeeding Support Clinic (see page 49 for listing).

*Note: Not all studies agree that breast shells help draw out the nipples. Recommendations may change as new results are available.*

## Breastfeeding Support

*Surround yourself with friends, family and health care professionals who support you in your breastfeeding experience. Support and encouragement in the early weeks of breastfeeding will help to build your confidence and make breastfeeding more enjoyable.*

**Breastfeeding Your Baby** is an easy-to-read booklet, designed to offer practical breastfeeding information and help to new parents. If you are breastfeeding, ask for your free copy from your maternity/birthing unit nurse, or contact your local Public Health Nurse at the Grey Bruce Health Unit.



# MYTHS

## Myths of Breastfeeding

### MYTH: “My breasts are too small to breastfeed”

There is no connection between breast size and a woman’s ability to breastfeed her baby. The difference between large and small breasts is the amount of fatty tissue, not the number of milk-producing glands.

### MYTH: “My mother couldn’t nurse so I won’t likely be able to either”

The female breast is designed to produce milk. It is rare that a woman would not be able to breastfeed.

### MYTH: “I don’t have enough milk”

The supply of breastmilk a woman produces is determined by the amount of suckling her baby does. If a baby is correctly latched on to the breast and allowed to nurse until content, the breasts will produce sufficient milk to meet baby’s needs.

### MYTH: “Babies need a schedule of feeding every 4 hours”

Babies communicate their hunger in many ways including specific cries, rooting, and suckling motions. Babies should not be put on a schedule, they should be fed in response to these cues.

### MYTH: “I hate that I can’t eat spicy foods or chocolate because I’m breastfeeding”

Some foods a woman eats may flavour the breastmilk or cause a digestive upset for baby but usually a woman can eat or drink anything. It is valuable for a woman to try different things. If it appears to cause a reaction in baby, rule out coincidence by trying the suspected culprit again a few days later and watching for the same reaction.

### MYTH: “A baby should be weaned before a mother returns to work”

Working mothers can breastfeed their babies. The standard maternity leave allows breastfeeding to be established (6-8 weeks). It is not necessary to wean baby.



# Breastfeeding Community Supports

## Public Health Nurses

Public Health Nurses are available for information and support with breastfeeding.

**Owen Sound** 376-9420 or 1-800-263-3456

**Walkerton** 881-1920 or 1-800-821-7714

**Durham** 369-3318 or 1-800-394-6643

**Southampton** 797-2010 or 1-800-230-7719

## Breastfeeding Buddies

Mother-to-mother support by telephone is provided by women who have breastfed a child.

To find out more about Breastfeeding Buddies, call the Public Health Unit office nearest you.

Get linked now, before baby's arrival, for extra support in the early weeks of breastfeeding!

## Breastfeeding Support Clinics

Lactation consultants provide information and support to breastfeeding families while mother and baby are in hospital and after they return home. The clinics are held at:

### **The Grey-Bruce Regional Health Centre**

Owen Sound - 376-2121 ext. 2211

### **South Bruce Grey Health Centre**

Walkerton - 881-1220

### **The Clinics Help Breastfeeding Mothers Who:**

- are having problems breastfeeding
- want to learn more about breastfeeding
- need support to continue breastfeeding

## La Leche League

*To empower women to breastfeed their babies*

La Leche League is a non-profit organization that offers information and support to women who want to breastfeed their babies. Services are available to all interested women, whether expecting a baby or already nursing. Please feel free to call La Leche League contacts at any time to inquire about monthly meetings or to chat about a breastfeeding concern over the phone.

La Leche contacts for the Grey and Bruce area:

Patricia (Owen Sound)

372-1330

# Feeding Baby

## Questions from Parents

### **Our baby is 2 1/2 months old. Can we start giving solid foods?**

No. Breastmilk or formula will supply all the nutrients a baby needs until 6 months of age. Food allergies may develop if solids are introduced too soon. Before 4 months of age, the digestive system is not able to produce the enzymes needed to digest solids. As well, a baby's ability to swallow solids is not fully developed.

### **What if my baby falls asleep at the breast?**

As baby suckles and falls asleep, the liquid collects around the teeth and is not rinsed away by saliva. This can lead to Early Childhood Dental Decay, an extensive form of tooth decay. Be sure to wipe your baby's gums with a soft damp wash cloth.

### **Is tap water safe to give our baby?**

Public water supplies are monitored to ensure their safety. Regardless, water offered to baby should be sterilized for the first four months. Well water should be tested regularly to make sure it is free from bacterial contamination. Nitrates are another possible contaminant of well water. Nitrate poisoning can interfere with the blood's ability to carry oxygen. The risk to an infant is greatest during the first few months of life. Well water can be analyzed to determine the nitrate level.

### **Why shouldn't honey be given to baby?**

Honey is a potential carrier of clostridium botulinum spores. When eaten, the spores can lead to infant botulism, a sometimes serious, though rarely fatal food poisoning. Honey should not be given to a baby under one year of age.

# Car Seat Safety

Finding out information on car seat safety is another important topic to explore. When looking to purchase an infant car seat, make sure it complies with the Canadian Motor Vehicle Safety Standards. You will see CMVSS 213.1 written on a label for infant restraints.

An infant car seat is designed for babies weighing 2.2 to 9-10 kg (5 lbs. to 20-22 lbs.) and with a height of up to 66 to 73.5 cm (26 - 29 inches). The infant seat must always face the rear of the vehicle and should not be installed in a seating position that has an airbag. The rear centre seat is a safer place for the baby, unless there is a fold-down arm rest, because it is away from the point of impact from every direction.

It is time for your baby to come out of an infant-only seat when she is over the upper height limit, **or** the upper weight limit given in your car seat manufacturer's instructions. Your baby should then go into a convertible car seat, **used rear-facing**, until it is safe for her to travel facing forward. Recommendations for when your baby is old enough to sit forward-facing, are currently changing. The new recommendations require a baby to weigh 10 kg, (22 lbs.) **and** be one year of age, before she can safely move to a tethered, forward-facing seat.

The Grey Bruce Health Unit offers many 'Car Seat Safety Check-ups' throughout the year. This service is for parents who have children in car seats, expectant parents, grandparents and caregivers. It is an opportunity to learn more about proper car seat installation. For dates and locations closest to you, call the Grey Bruce Health Unit office.

## Harnessing Baby in Infant Car Seat

- Always check the seat's metal and plastic parts first. In the warm weather they can get hot.
- Baby's bottom and back should be flat against the car seat back.
- The shoulder harness should come through the back of the infant seat at the level of, or slightly below baby's shoulders, and must lie flat. It will need adjusting as baby grows.
- All harness straps that go through a strap slide must be "double-backed" to ensure they do not slip and the straps should fit very snugly. You should be able to get only one finger between the harness and baby's collar bone.
- If your car seat comes with a chest clip, it should be placed level with baby's armpit.



## Putting Infant Car Seat in Vehicle

- The base of the infant seat must be firmly supported by the vehicle seat (80%) and must be reclined properly (follow the instructions with your car seat).
- Check your vehicle owner's manual to be sure that you do not need a locking clip with your seat belt, to hold the baby's car seat in place.
- Make sure you thread the seat belt correctly through the car seat by following your seat instructions. Ensure that the belt is tight enough. To tighten the seat belt, push the car seat down with pressure at the same time. There should be very little movement.
- If your infant seat has a carry handle, it must be placed down when the seat is used in a vehicle. Some canopies must be down as well, for use in a vehicle. Check your car seat instructions.

**Remember to always follow the instructions that accompany the seat you have purchased.**

# Dad, Your Baby



Most new dads describe the experience of having a new baby as “more than they expected” in every aspect: more joy, more fatigue, more confusion, more excitement... Becoming a father changes your life forever. It’s normal to have mixed feelings.

So your baby has arrived and you are at home together. In the first few weeks your partner needs to focus on the baby and her own recovery from labour and delivery. You can help by making meals, helping with baby care, running errands, doing housework... but don’t forget to take care of yourself.

If you are not able to take time off work to help out, make arrangements for someone to help your partner while you are away. Another way to help speed up your partner’s recovery is to limit early visitors to family and close friends. This will ensure she gets the rest she desperately needs.

## Getting To Know Your Baby

It takes time to get to know your baby. The key to developing a close relationship and truly enjoying your baby is by getting involved with the baby care the day baby arrives. Here are a few tips:

- Cuddle your baby as early as you can after the birth. Your baby has been waiting a long time to meet you!
- Hold your baby often, close to the sound of your heart. Talk softly and look into your baby’s eyes. Don’t worry, young babies can’t be spoiled by love. If you feel uncomfortable when you hold him/her, do it when your baby is sleeping, it will feel good.
- Care for your baby. That means get right in there with bathing, burping, comforting, talking, dressing and changing diapers. Remember, a newborn’s language is through touch. You will feel closer to your baby the more hands-on care you provide.
- Try putting your baby into a carrier or a sling. Both of you will love the close contact.
- Spend time alone with your baby. Your baby will enjoy the special way you do things for him/her and often dads find they gain confidence when mom is not there. (Keep in mind that short spurts of time are best for the breastfed baby in the beginning.)

# Has Arrived

## Coping

### Strategies for New Dads

- Share your thoughts and feelings with your partner. She is the one who knows and loves you.
- Talk with other fathers about your feelings of fatherhood. Get in touch with a friend or men who participated in your prenatal classes.
- Take time for yourself and do something you enjoy.
- Take time out with your partner. Parenting is very busy and you need time together to share your uncertainties, desires and intimate feelings.
- Improve your fathering skills and your confidence by attending a parenting group or reading up on parenting.
- If you have access to the Internet, visit a website where there are resources available to fathers and possibly chatlines. Try the following:

[www.babycenter.com/dads/](http://www.babycenter.com/dads/)

[www.babyzone.com/father.htm](http://www.babyzone.com/father.htm)



## Fatherhood & Breastfeeding

You probably already know how good breastfeeding is for mom and baby. What you may not know is that your support is a key factor in the success of breastfeeding. Pictures of breastfeeding are often portrayed with a mother and suckling baby. However, fathers play a major role as they provide emotional and physical support to both the mother and child.

Breastfeeding does not mean that you will have less time with your baby, feeding is only one of the many aspects of caring for a baby. You can be the first to teach your baby that there are other ways of being comforted besides the breast!

Keep in mind that breastfeeding is a developed skill for both mom and baby. In the first few weeks, feedings will be frequent and your partner will be exhausted. Be supportive and think of ways you can build your partner's confidence. Here are some tips for success:

- Make it easier for her by helping with baby care and bringing baby to her to nurse. Getting her a drink or snack while she is nursing will also be helpful as nursing mothers need extra fluids and nutrients.
- Encourage your partner's decision to feed anywhere and anytime. In the beginning, some women may feel uncomfortable nursing in public. Exposing the breast to others while feeding is not necessary. With experience, your partner will be able to breastfeed without anyone knowing. Let your partner know you believe in and admire her for what she is doing.
- Answer phone calls and doorbells when your partner needs to rest or would like privacy while nursing. Help with household chores and errands.
- Watch your baby nurse. Spend time lying or sitting by your partner and you will soon learn that breastfeeding is much more than just feeding.

# Why Do Babies Cry?

*Crying is your baby's way of communicating. Most babies cry more at 6-8 weeks old than at birth. Babies cry when they need something and they have different cries for different needs.*

## **Hunger**

Hunger pain is the most common cause of crying. Breastfed babies are usually hungry sooner since breastmilk is digested faster than formula.

## **Discomfort**

Something may be hurting or making your baby uncomfortable. Maybe it's time for a diaper change. Check baby for tight straps or constricting clothing.

## **Gas Pain**

Gas pain can be very painful. Does your baby need to burp? Try rubbing baby's back or changing positions.

## **Room Temperature**

Your baby may be too hot or too cold. Baby should be dressed as warm as you, plus one more layer of clothing.

## **Need To Be Held**

Your baby needs to feel loved and secure. Do not be afraid of spoiling. The more comfort you provide in the first few months, the less demanding your baby will be as he/she gets older.

## **Need To Suck**

The need to suck is strong in infants. Sucking helps calm them and helps them go to sleep. Pacifiers may confuse a breastfed baby in the first few weeks because the nipples are different.

## **Boredom**

Remember that your new baby can see and hear well. Babies love bright colours, faces, voices and music, which can be very entertaining.

## **Overstimulation**

Your baby may need rest or sleep. Rocking chairs are very soothing and relaxing for both of you. Talk gently or sing.

## **Colic**

Colic is when there is a lot of crying. It can be very stressful and frustrating for parents. If this happens to you, you may need to try many things to calm your baby.



Most settle after the first few months. Reach out for support from family and friends to make this time easier for you.

## **Diaper Rash**

Diaper rash is a common problem. Try to prevent it from happening by keeping your baby's bottom as dry as possible and by changing diapers often. Every time your baby wets or has a bowel movement, change the diaper. You may want to apply a thin layer of petroleum jelly or a zinc oxide ointment to form a protective, water-repellent barrier.

Don't be misled by disposable diapers. Although they are very absorbent, they still need to be changed as often as cloth diapers. Leaving them on for a long period of time promotes the growth of bacteria or yeast. Plastic diaper covers keep in the heat so if your baby is prone to diaper rash you may want to look into a more breathable diaper cover.

## **Treating Diaper Rash**

When diaper rash is left untreated it can become inflamed, infected and very sore for your baby. Use plain, warm water to clean baby's bottom and avoid using diaper wipes that sting. Leave baby's diaper off as much as possible and use a medicated diaper rash ointment to help heal the rash.

If the rash doesn't get better, contact your doctor. You may need special medicine. A persistent rash may also be from perfumed soap, disposable diapers or lotions, or traces of cleaning products in cloth diapers. Try switching brands or washing cloth diapers with an extra rinse.

# Cord Care

Your baby's umbilical cord will be shiny and bluish-white in colour. The stub of the cord will dry and fall off by 2 weeks of age. To care for the cord, pat dry after baby's bath to absorb excess moisture. Also, place the diaper below the navel to prevent cord irritation when the diaper gets wet. You will notice that as the cord dries up, it will darken to black, and when it falls off it may bleed slightly. Keep cord area clean and dry. If the cord becomes infected, it may be foul smelling, and the surrounding skin may be swollen, red, and warm to the touch. There might also be discharge and your baby may be fevered. Contact your doctor if you think your baby's cord is infected.

## Circumcision

There are differing opinions on this particular topic so it's important that you educate yourselves with the latest information so you can make an informed decision.

Circumcision is a surgical procedure in which the foreskin that covers the head of the penis is removed. It is primarily done for religious or cultural reasons, but is also performed because a circumcised father wants his son to look like him. The Canadian Paediatric Society does not support circumcision as a routine procedure for newborns. In fact, there is no national medical organization in the world that recommends routine circumcision on male infants. It has been disproven as a means of preventing sexually transmitted diseases, urinary tract infections, and penile and cervical cancer.

The foreskin is a healthy, natural part of the male body and it works to protect the head of the penis, enhance sexual pleasure, and acts as a natural lubricant during sexual intercourse. The intact foreskin is not difficult to keep clean and only requires simple washing like all other parts of the body. It is important to know that when bathing an uncircumcised baby boy, the foreskin should not be forcefully retracted. It is designed to protect the penis and usually does not fully retract for years. Uncircumcised boys need to be taught how to wash their penises by gently retracting the foreskin until

there is resistance, and then washing well with soap and water. Good general hygiene is very important in the prevention of infection and disease, for any part of the body.

There are reasons why circumcision is not routinely performed. It is not medically necessary and the procedure is painful for baby. Research shows that babies may be even more sensitive to pain than adults. Most babies show signs of pain during the procedure and for seven to ten days later. Circumcision is usually performed without anesthesia because of the risks associated with giving a baby an anaesthetic. Sometimes local injections are used, but this does not eliminate the pain and there are potential risks to giving a local anesthetic. The short-term effects of circumcision include changed sleep patterns and activity level, irritability, and disruptions in feeding and bonding. Because it is surgery, there are also risks such as excessive bleeding, surgical error, injury to the head of the penis, infection, and complications from the anaesthetic.

*For more information about the procedure, speak to your doctor or midwife.*



# A Woman's Body **Six Weeks Postpartum**

A woman's body goes through many changes in postpartum, the six-week period after delivery, as the body attempts to return to its pre-pregnancy state.

## Body Image

- After delivery, many women will look 5-6 months pregnant. Contractions will decrease the size of the uterus gradually so that by six weeks postpartum, it will have returned to its position behind the pubic bone.
- By six weeks postpartum, many women will have lost 15-20 lbs. Approximately 10 lbs. of the excess weight is fat the body reserves for breastfeeding. The body may also rid of extra fluid gained by increasing the amount of urine passed or by having "night sweats".
- Hair loss is a postpartum symptom which many women experience 2-6 months after baby's birth. Including pubic hair, this loss is typically followed quickly by new growth. It is believed to be caused by hormonal changes.

## Discomforts

- Contractions shrink the uterus back to its normal size. Some women feel these contractions as "afterpains" during the first days following delivery. These afterpains may be more painful for women who have had other children. Walking, emptying the bladder often, pain medication, breathing and relaxation help lessen the pain.
- A vaginal birth causes stretching and bruising of the perineum and this can be worse for those who

have some tearing or an episiotomy. It is painful when stitches are pulled by swelling so women are encouraged to use ice on the tear or episiotomy throughout the first day. Afterward, they may find the moist heat of a sitz or tub bath followed by the dry warmth of a blow dryer several times daily, speeds healing. Sitting on a pillow may be helpful during the early weeks as well.

## Bleeding

- Some form of vaginal bleeding or discharge will persist for four to six weeks after delivery. This blood loss is called lochia. During the first few days the lochia is bright red, then it becomes pinky-brown in colour, and by the tenth day the discharge is usually yellowish white. The amount of lochia decreases daily, but some women notice an increase after being too active or overdoing it. It's important for a woman to contact her doctor/midwife if her flow increases to the extent that she is soaking a "pad" within an hour. A portion of the placenta may have remained in the uterus, which can prevent the uterus from contracting and closing off the blood vessels, leading to hemorrhage. A woman should also contact her doctor if the lochia develops a foul odour and/or she experiences a fever, malaise or abdominal pain, which are signs of infection.

## Bladder and Bowels

- Perineal tenderness may make a postpartum woman reluctant to empty her bladder. Diluting the urine by drinking lots of fluids may help to reduce the burning. Spraying water from a squirt bottle over the perineum while urinating, or urinating in the tub or shower may also help.
- Discomfort may lead to reluctance in having a bowel movement (BM). Often women do not have a BM until several days after delivery because of loose stools during labour, a pre-delivery enema, or little to eat during labour and the days following. Activity, lots of fluids, and high fibre foods will help soften stools. With stitches, it may be helpful to support them with a wet washcloth when passing that first bowel movement.

## Birth Control

- Because it is difficult to predict when ovulation and menstruation will return, birth control is recommended. Normally a first menstrual period begins 1 to 4 months after baby's birth, if mother is not breastfeeding. If breastfeeding, this may be delayed until baby is weaned or the nursing pattern is interrupted by beginning solids or a replacement bottle. Remember that an egg is released two weeks before menstruation, so another pregnancy could be conceived before a woman's first postpartum menstrual period.
- At the six-week checkup, a woman may be refitted for a diaphragm, IUD or a renewed prescription for the "pill". Keep in mind, the "pill" has been shown to decrease breastmilk supply and is not recommended for the nursing mother. Discuss birth control options with your doctor.

## Sex

- Sex may be the last thing on the minds of new parents. The woman is recovering and may have perineal pain and vaginal dryness from altered hormone levels. She and her partner are adjusting to their new parenting role and may feel tired or overwhelmed with the increased responsibility and change in priorities.
- When you are ready, spend time getting reacquainted. Chances are you have only talked to each other about the baby. Becoming intimate may require some mood setting. You may want to try a water-soluble gel to replace the vaginal mucus. Experiment with different positions for lovemaking to lessen the discomfort of a tear or episiotomy.

## Feelings

- "Baby blues" are common two to three days after birth. A mother may feel confused, bursting into tears during the time she believed would bring great joy.
- For 1 in 10 postpartum women, these "baby blues" can develop into postpartum depression. Symptoms include continual sadness, guilt, anger, feeling anxious and unable to cope. These symptoms may appear soon after the birth or up to a year later.
- It's important to contact a doctor/midwife when experiencing postpartum depression. Women experiencing this may also benefit from support groups, home care programs, and/or medication.