

# YOU HAVE GIVEN BIRTH

Guide to the birth and your return home



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# In the maternity ward

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Congratulations, you've had a baby! You are entering a new stage of life during which you will get to know yourself better.

At birth and during your stay in the maternity ward, your baby will undergo various examinations and medical check-ups to make sure the baby is in good health.

## The baby's weight

A newborn baby may lose up to 10% of its birth weight, which is normal. In the following weeks, the baby gradually regains weight and continues to grow. This development is subject to regular monitoring.

## The first check-ups

In the days following the birth of your infant, several screening tests are carried out and a pediatrician will examine your baby.

### Guthrie test

This screening test, carried out on the 4th day of life, identifies certain rare and serious diseases, often of genetic origin. The latter do not necessarily cause symptoms at birth, but can lead to severe organ damage or delays in development. However, the treatment of these conditions is relatively easy (by medication or diet).

The test involves taking a few drops of blood from your baby's heel. If the results of the analyses are not within the standard limits, you will be informed within 15 days and a special treatment will be proposed. If you go home before the 4th day, this test will be done at home by your midwife.

For further information see: [www.neoscreening.ch/fr](http://www.neoscreening.ch/fr)

### Hearing test

Good hearing is essential to your child's development. This test involves the insertion of a small microphone that emits a sound into your baby's ear. The echo of this sound is sent to a box to confirm that the baby has heard it. The test only takes about ten minutes and is entirely painless. It is considered that there is no abnormality if at least one of the two ears has reacted correctly.

### **Newborn jaundice**

Very common, jaundice manifests itself as a yellowing of the skin that appears a few days after the birth. In most cases no treatment is required. However, in some cases, treatment using light (phototherapy lamp) is recommended. The level of bilirubin (a few drops of blood taken from the heel) is then monitored until the level in the blood returns to normal.

For effective treatment, which may take a few days, your baby should be exposed to light as often as possible. You can continue breastfeeding during this time.

## **At home**

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Once you are back home, make an appointment with the pediatrician chosen before the birth to monitor the health and development of your child.

### **Stool color**

The stool color of a newborn during the first month of its life may reveal some diseases of the liver. To facilitate screening, you will be given a color chart that will be explained to you by your pediatrician. If the stool is discolored, a further examination should be undertaken without delay. The chart must be given to the pediatrician during the first check-up at 1 month of life. If you have any questions, do not hesitate to contact the doctor.

For further information see: [➤ www.basca.ch](http://www.basca.ch)



## INFORMATION

Use of a tympanic thermometer (in the ear canal) is not recommended under the age of 2 years.

### Fever

A body temperature above 38 °C is considered a fever. This is a reaction which indicates that the body is fighting an infection. It is also prevalent with common diseases such as colds. In the majority of cases, it disappears without the need for treatment.

There are several ways of taking the temperature, for example under the arm (axillary) or in the rectum (rectal), which is the most reliable method until the age of 1 year. Forehead or temporal thermometers are not very precise.

For further information see:

Brochure "La santé de votre enfant" (The health of your child)

➤ <http://hug.plus/santé-enfant>

➤ [www.monenfantestmalade.ch](http://www.monenfantestmalade.ch)

### When should you contact your pediatrician?

Immediately if:

- ▶ your infant (less than 3 months) has a fever, consult the pediatrician promptly, even if the baby does not seem to be sick
- ▶ the condition of your child worries you
- ▶ your child has a pale complexion and does not react to its surroundings
- ▶ the baby is coughing a lot and breathing very fast
- ▶ the baby has small red-violet dots on the skin which spread rapidly
- ▶ the baby is not showing the usual signs of alertness or is irritable. The baby is vomiting and no longer wants to eat.

In the course of the day if the fever:

- ▶ lasts for more than 3 days
- ▶ occurs several days after a cold or the beginning of a cough
- ▶ is accompanied by pain in the throat, ear, stomach or when urinating
- ▶ if your baby is crying a lot and you feel that you are losing patience.

Pediatric emergencies: ☎ 022 372 45 55

Life-threatening emergencies: ☎ 144

## Vaccination

The Swiss vaccination plan recommends different basic vaccinations during childhood against diphtheria, tetanus, whooping cough, poliomyelitis, invasive Haemophilus influenzae type b infections, measles, rubella, mumps, hepatitis B and chicken pox. Added to this is vaccination against the human papilloma virus (HPV) in adolescence.

For further information see:

➤ [www.infovac.ch](http://www.infovac.ch)

➤ [www.bag.admin.ch](http://www.bag.admin.ch)

➤ [www.hug-ge.ch/sante-jeunes/vaccination-hpv](http://www.hug-ge.ch/sante-jeunes/vaccination-hpv)

### **Immediate circle vaccinated against whooping cough = protected baby**

Whooping cough is especially dangerous in children under six months old. It causes such bouts of coughing that some babies can no longer suckle or breathe. More than half of such babies need to be hospitalized to avoid serious complications. To protect your baby, check your own immunization protection against this disease and make sure everyone in your immediate surroundings has also been vaccinated (parents, older siblings, grandparents, close friends and babysitters).

Brochure:

➤ <http://hug.plus/vaccin-coqueluche>

# The rhythm of the newborn baby

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Feeding your child, whether with breast milk or infant formula, meets a basic need. Whether breastfeeding or bottle feeding, these are always moments of sharing. The maternity team will help you discover the behavior and rhythm of your baby. Do not hesitate to ask them questions.

During the first 24 hours of life, babies usually sleep a lot, between three and six hours at a time. Take advantage of these moments of sleep to rest yourself.

## The first meals

As early as the second or third day of life, most babies wake up very often and want to suckle frequently. These close feeds comfort your child and stimulate milk production for breastfeeding mothers. This phase can be trying, but it passes. The support of your partner or a loved one is welcome. The feeding intervals of bottle-fed babies are greater.

Later on, babies develop their own rhythms, with irregular and often unpredictable phases of wakefulness and sleep. The feeds are close at certain times of the day, and further spaced out at others.



# Breastfeeding

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Breastfeeding on demand is recommended for all babies. The timing and frequency of feeds vary from one infant to another. During the first 4 to 5 months, your baby will double in weight. The baby should drink according to its needs. Your milk production will adapt to your baby's appetite.

## The first days

During the first days, we suggest you keep your baby with you in your bedroom, because the waking periods are short and rare. If the baby does not try to suckle, place it on your chest. Your body odor will stimulate the baby. You can also manually extract colostrum (liquid before the flow of milk) from your breast. At least at the beginning, give the baby the breast as soon as it shows signs of awakening and before the baby cries.

By the time breastfeeding sets in, a baby needs to suckle frequently, including at night. At this stage, there is no need to respect a fixed interval between meals. A feed may last between 10 to 45 minutes. Keep in mind that the duration and frequency of feeding during the day differs from baby to baby. Leave the baby on the breast as long as it continues to suckle effectively. When the suckling movements are weak or ineffective, it means that the baby is no longer drinking.





## + INFORMATION

Tips for night-time feeding or bottle feeding:

- ▶ Put the baby's bed in your bedroom
- ▶ Breastfeed or bottle feed while lying down
- ▶ Avoid turning on the light and only change the diaper if necessary, try to keep pace with your baby by resting during the day.

### The night

The sleep cycles of the newborn are anarchic and take several months to settle down. In addition, the baby's stomach is small, and breast milk is very digestible. During the first few months, your baby wakes up during the night to suckle because it is hungry.

### Breastfeeding

Breastfeeding requires a little training. You gradually learn to decode the signs of awakening and hunger of your baby and to adopt the most comfortable position. Detailed information can be found on the internet explaining the suckling procedure, the criteria for efficient suckling and optimum breastfeeding, the manual expression of milk or breast and aureole massage:

➤ [www.hug-ge.ch/obstetrique/allaitement-maternel](http://www.hug-ge.ch/obstetrique/allaitement-maternel)

Our breastfeeding consultants are available to guide and reassure you.

Breastfeeding consultation

☎ 022 372 44 00

#### Tips for successful breastfeeding

- ▶ Breastfeed on demand, not according to a fixed schedule.
- ▶ Do not limit the frequency or duration of breastfeeding, let your baby guide you.
- ▶ Watch for signs of awakening.
- ▶ Avoid giving the baby a pacifier before starting breastfeeding. Breastfeed only, without the supplement of bottle-fed infant formula.
- ▶ Share your experience with other people who have had a positive experience with breastfeeding.
- ▶ Contact breastfeeding support networks.
- ▶ Listen to yourself, keep your common sense and trust yourself.

## Growth spurts

These occur approximately every three weeks and last 2 to 3 days. During certain periods, your baby suckles more often than usual. Your breasts naturally produce more milk to meet the increased need.

## Stool and breast milk

After the first month, the stools of breastfed babies are sometimes less frequent than those of bottle-fed babies. Some may even have no stools for several days. This is a normal phenomenon. It is due to the composition of breast milk, which babies can fully absorb. If the baby suckles well, continues to gain weight, has wind, urinates 5 to 6 times a day and behaves normally, there is no need to worry.

## Regurgitations

Many babies spit out milk after a meal. Regurgitations may be abundant, but they are most often temporary and not serious. To limit such occurrences, keep your child upright for a few minutes after breast or bottle-feeding and do not fix the diaper too tightly. If the baby puts on little weight, has less appetite, sleeps badly and wakes up suddenly crying, consult your pediatrician.

## The difficulties of breastfeeding

Difficulties in starting breastfeeding – such as nipple sensitivity, pain, cracks or congestion – are common. The midwifery team is available to assist you in this process.



### FIND OUT MORE

The brochure “Allaiter pour bien démarrer dans la vie” (Breastfeeding for a good start in life), will be given to you on leaving the Maternity.

### What are reassuring signs?

- ▶ Your baby wakes up spontaneously and often to suckle.
- ▶ It suckles effectively 8 to 12 times a day during the first days of life. Swallowing is frequent and regular.
- ▶ At the end of feeding, the baby is calm and relaxed.
- ▶ Around the 5th day of life, the baby has at least 3 stools (yellow and granular) a day and urinates 5 to 6 times a day.
- ▶ The baby slowly regains weight and recovers its birth weight in 10 to 15 days.

### What signs do you need to pay attention to?

- ▶ Feeding is rare (less than 5 to 6 per day) during the first stages of breastfeeding.
- ▶ Swallowing is rare.
- ▶ Your baby is crying all the time.
- ▶ Stools are rare in the first month. The baby urinates little (less than 4 times a day).
- ▶ Your baby is not gaining weight.
- ▶ Your baby sleeps all the time or sleeps badly.

In such cases, consult your pediatrician.

### You are sick

Do you have a temperature, a cold, the flu or gastroenteritis? You can continue to breastfeed. Consult your doctor and do not take any medication without medical advice from a doctor or pharmacist. Common diseases, treatment or medical intervention must not mean stopping breastfeeding. Each situation should be evaluated with a breastfeeding professional (midwife, gynecologist, pediatrician or lactation consultant).

## Your baby is sick

It is strongly recommended to breastfeed your baby, even if it is ill because of the antibodies present in the breast milk. If your child is hospitalized, the general pediatric lactation consultants will give you all the information you need to continue breastfeeding.

## Breastfeeding and work

Your maternity leave ends. Two solutions are available to you. If you want to continue breastfeeding your baby, contact your midwife or lactation consultant three weeks before you return to work. Ask your employer about the measures offered by your company to promote breastfeeding. Finally, be aware that a Swiss federal law protects women who breastfeed their children. You can also choose to stop breastfeeding. Your midwife will tell you about the transition to infant formula.

For further information see:

State Secretariat for Economic Affairs SECO

➤ [www.seco.admin.ch/seco/fr/home.html](http://www.seco.admin.ch/seco/fr/home.html)

Breastfeeding Promotion Switzerland

➤ [www.allaiter.ch](http://www.allaiter.ch)

How to store breast milk at home:

➤ <http://hug.plus/conservation-lait>



## FIND OUT MORE

The World Health Organization recommends breastfeeding only until six months of age. Beyond that, it should be supplemented by a varied diet. It may also be that, for professional or personal reasons, you decide to end breastfeeding before 6 months. Progressive weaning is recommended to prevent breast pain and getting your baby used to bottle feeding.

# Bottle feeding

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For personal or medical reasons, you have decided not to breast-feed or to stop breastfeeding. In the absence of stimulation, the amount of milk you produce will diminish. However, if lactation does not stop on its own, or if your breasts are sore, talk to the maternity team or your midwife. Please note that she will assist you and will be happy to help you with any questions related to bottle feeding.

## The choice of infant formula

There are various types of infant formula milk on the market. They are made from cow's milk and are adapted to the needs and age of your child. If necessary, ask your pediatrician for advice.

## The rhythm of feeding

The rhythm of a bottle-fed baby usually differs from that of a breastfed baby. On average, they require 6 to 8 meals a day and an interval of at least 2 hours between baby bottles. Before you go home, the maternity care team will tell you how much milk to give your baby, how to prepare bottles, how to clean and store them, and how to sterilize them.

For further information see:

“Guide de préparation de biberons de lait en poudre”  
(Guide to preparing baby milk bottles)

➤ [www.hug-ge.ch/neonatalogie/preparation-biberon](http://www.hug-ge.ch/neonatalogie/preparation-biberon)



# Supporting your baby's development

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In the first few months, your baby's life is dictated by its physiological needs, which are hunger and sleep. The baby's senses gradually become more responsive as the motor, cognitive and social skills develop. As the months go by, the more interested the baby will become in its surroundings and the more the baby will start to explore them.

## Touch

Touch is one of the first sensory experiences of the newborn. Repeatedly and delicately touching the infant helps the baby to discover its body, the objects that surround it and more generally its immediate environment.

## Smell

Smell is the basis of mother-child attachment. Recognizing your smell reassures your baby. Take your baby often in your arms to strengthen that bond. Do not hesitate to put a piece of material in the cradle with this smell. This olfactory reference will soothe the baby in your absence.

## Vision

At first, your baby cannot distinguish colors. The baby is able to see clearly at about 20 cm, a sufficient distance to recognize your face. Visual stimulation is crucial during the first few months: colored objects and contrasting shapes stimulate the retina and promote neuronal connections.

## Taste

Babies can distinguish between acid, sweet, salty and bitter tastes very early on. Before introducing a solid diet, breastfed babies become familiar with multiple flavors through breast milk.



## INFORMATION

Each child is unique. Based on your observations, you will get to know your baby and gradually learn the right way to take care of the child every day.

### Interactions

Your child responds to interactions with those around it. They are indispensable for the baby's development. For the baby, playing is a way of experiencing the world, just like music and books. A safe, warm and stimulating environment promotes cognitive and motor development. Your baby is encouraged by your kind and loving gaze.

### The body

For babies to get to understand their body and their environment, vary their positions during the day from lying on their back to on their stomach, for example when changing their diapers, after their bath or while playing. Put your baby with its arms forward, so that it can learn to raise its head. Give the baby time to get familiar with each of these positions and make sure it is always under the constant supervision of an adult. Put the baby also on its side to promote the discovery of left and right.

Stimulate the baby's eyes with your voice, your hands or an object, so that the baby learns to turn its head to both sides. Talk to your child and play with it, to help it appreciate these changes in position. Often take your baby in your arms in the dorsal position to increase contact and attachment.



## What to do when you feel overwhelmed?

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Your baby is demanding a lot of care and attention. Your baby needs you for eating, for its well-being and to feel protected and safe. For your part, you may still feel tired from the strain of your pregnancy and giving birth. In addition, the first few months are often difficult because the nights are interrupted by awakening and crying. All mothers experience moments of great fatigue and discouragement.

### Do not stay alone

The birth of a child is sometimes all the more upsetting as it may bring back a painful past or reinforce current difficulties. One can easily turn to excesses, even involuntarily.

If you feel uncomfortable or overwhelmed by the situation, do not stay alone. But remember: your child has specific needs (affection, food and basic care). In all circumstances, your child is entitled to your care and attention.

### Crying

Crying is a baby's way of expressing and communicating its needs. It's the baby's way of attracting attention. A healthy baby can cry for up to 2 to 3 hours a day, often late in the day or in the evening. Little by little, you learn to differentiate between crying for hunger and crying because of discomfort or pain.

During the first few months, a baby does not whine. Sometimes nothing can calm the baby, but this isn't serious. You can lay the baby on its back in its bed, leave it in the shade and come to see it every 10 to 15 minutes until the baby calms down.



### Why is your baby crying?

- ▶ Your baby is hungry.
- ▶ Your baby is tired.
- ▶ Your baby is hot or cold.
- ▶ Your baby is troubled by its dirty diaper.
- ▶ Your baby is disturbed by noise or light.
- ▶ Your baby is poorly positioned or uncomfortable.
- ▶ Your baby needs to get rid of excess tension built up during the day before it can fall asleep.
- ▶ Your baby needs to feel safe, to be reassured and to be in contact with those around it.
- ▶ Your baby may also cry for no particular reason.

### How can I calm my baby down?

- ▶ Check if the baby is hungry, cold or needs its diaper changed.
- ▶ Take your baby in your arms for reassurance, rock it gently or go for a walk.
- ▶ Talk to your baby softly while humming. Give your baby a bath to relax it.
- ▶ Massage your baby, especially its tummy if it has wind. Give your baby a pacifier if it has one, because suckling may calm it.



### CAUTION

Does your baby's crying seem excessive or somehow different from its usual crying? Take your child to see the pediatrician or to hospital.

You can't stand your child's crying anymore?

- ▶ Never shake a baby as the violent movement of the baby's head back and forth can lead to serious brain damage or even be fatal.
- ▶ Do not scream.
- ▶ Put your baby comfortably in bed and leave the room.
- ▶ Call a trusted person (a member of the family or a neighbor).

## Never shake your baby!

Sometimes your baby cries without you knowing why. You have fed the baby, changed its diaper, cuddled it, cradled it but nothing seems to work. You should know that some babies cry a lot and regularly.

Even the most Zen parents can reach their limits and lose patience. It is often in a context of exhaustion and exasperation that anger increases and parents involuntarily shake their child to calm the baby down. But caution, this is very dangerous. As a result of shaking, the head swings round which may cause significant brain damage or may even be fatal. Never shake your child, not even in play, nor throw the baby up into the air or “let it fly” because the dangers are just the same.

## Giving yourself a rest will protect your baby

Your child feels your anxiety, irritation and tension. If you feel exhausted, have the right reflex: lay your baby safely on its back in its bed and leave the room a few minutes after gently closing the door. Alternatively, ask your partner to take over. In his absence, and if you have the possibility, give the baby to someone you trust (a family member or friend) to look after, so you can have a rest. If the situation reoccurs, do not be ashamed to ask for professional advice.

## Daily care

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Hygiene and care are important for the health and comfort of your baby. Wash your hands thoroughly before and after care and changing diapers.

## Face and eyes

Wash the baby's face with water but no soap. To clean the eyes, use a sterile pad and saline solution. Start on the cleaner side. Change the compresses each time and for each eye. If there is any large discharge, show your child to a midwife, nurse or pediatrician.

## Ears

Never use a cotton bud as it may cause injury. Clean the top and back of the ear with a small piece of cotton wool. Dry the ears well after bathing.

## Nose

Your baby breathes mainly through its nose, so be sure to keep it clean. To clean it, put saline into each nostril or use a damp cotton cloth. The use of a nasal spray or a nasal bulb is not recommended because they can cause irritation.

## Bottom

When changing diapers, carefully clean the genitals, between the buttocks and the folds between the legs using water or a cleansing lotion without soap. Preferably use dry rather than wet cleaning tissues because the latter contain alcohol and may cause irritation. Sometimes, it is more effective to put the very dirty parts under lukewarm running water. Be sure to dry thoroughly before putting on a clean diaper.

- ▶ For girls, wash the vulva area from top to bottom (from the pubis to the rectum) without ever touching again with a soiled towel.
- ▶ For boys, wash the penis without pulling it back, the foreskin is still glued to the glans in infants.



## FIND OUT MORE

Red patches may appear on the buttocks and spread gradually under the diaper. These are caused by urine or stools irritating the skin. These patches are not serious and disappear quickly.



## INFORMATION

Before putting your baby into water, always check first using a thermometer or your elbow that the water temperature is 37 °C. Never leave your baby unattended.

### What can you do if your baby has red buttocks?

- ▶ Check the diapers every hour and change them as soon as they get wet.
- ▶ Clean the buttocks using warm water without soap. Let your baby's skin dry in the air.
- ▶ Once the skin is dry, apply a thick layer of healing zinc-based ointment.

### Important

Consult your pediatrician if:

- ▶ the redness persists despite the suggested treatments
- ▶ scabs or blisters develop
- ▶ the redness spreads beyond the diaper.

### The umbilical cord

Clean the umbilical cord twice a day with sterile compresses or cotton swabs dipped in disinfectant to keep it clean and dry. This is not painful for your baby. Ensure there is a gap between the cord and the top of the diaper to make it easier to dry. It usually falls off before 1 month of life. If you notice redness, swelling, weeping or an unusual odor, talk to your pediatrician.

### Nails

It is not recommended to cut a baby's nails before 1 month of life. After that, use a pair of scissors suitable for your baby (with rounded ends) and take advantage of a time when your baby is calm.

### Bathing

A bath contributes to the well-being of your baby and ensures its personal hygiene. It is also a moment of relaxation, privileged exchange, play and sensory stimulation. Choose the right moment when the baby is calm and receptive and you are not in a hurry. It is not necessary to bathe a baby every day, once every two to three days is enough. The use of soap is not recommended before 18 months. For preference, use a cleansing lotion without soap or perfume.

# Sleeping

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Sleep is essential in a child's life. Each child has its own rhythm and needs. It is important to respect these in order to stimulate its growth and good development.

## Know your baby's needs

At birth, your baby cannot differentiate between day and night. The baby sleeps according to its needs and wakes up when it is hungry. The baby alternates between periods of sleep ranging from two to four hours or more and goes through different phases (drowsiness, calm sleep and restlessness). Your baby may grimace, smile or cry while sleeping, but do not wake it up. Even if the baby's schedules do not correspond to yours, it is better to adapt to them, at least initially. Little by little, your baby will begin to differentiate between day and night. You can help your baby by introducing a bedtime ritual after about four months. Teach your baby to fall asleep by itself, to make it easier for it to get to sleep when you are not there.

If you have any questions or sleep problems, do not give your baby medication but talk to your pediatrician about it.



### **Sleep needs**

The first week: babies sleep about 20 hours a day.

From 0 to 3 months: from 16 to 19 hours/day

From 4 to 5 months: from 16 to 17 hours/day

From 6 to 8 months: from 15 to 16 hours/day

From 9 to 12 months: from 14 to 15 hours/day

Keep in mind that needs and rhythms are very individual.  
There are little and big sleepers.

### **“Bed sharing”**

Bed sharing, i.e. sharing a bed with a baby, is dangerous because of the increased risk of sudden infant death (see p. 23). It exposes the baby to excessive heat, to the air exhaled by the parents, the obstruction of the baby’s respiratory tract by a blanket or duvet, to the risk of choking when the parent turns over as well as to the risk of falling out of bed. This is why the Swiss Pediatric Society advises parents to avoid doing this.

### **“Babybay Beds”**

The safest sleeping place for infants is in their own bed, if possible in your bedroom during the first few months. The “babybay” beds, hooked into the parents’ bed, are a sensible alternative.

# Prevention

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## Sudden infant death

Sudden infant death refers to the sudden and unexpected death of a baby under one year of age while sleeping. To date, the causes are still unknown. However the following recommendations significantly reduce the risk:

- ▶ Put your baby to sleep in its bed on its back, in a sleeping bag (carry nest), on a firm mattress, without blanket or eiderdown, pillow or stuffed animals.
- ▶ If a nest is used, make sure it is adapted to the baby's bed; attach it to the bars and slide it under the mattress. If possible put the baby's bed in your room.
- ▶ Air the room every day. The temperature of the room should be between 18 and 20 °C.
- ▶ When the weather is hot, do not overdress your baby. Breastfeeding reduces the risk of sudden infant death.
- ▶ Avoid any smoke in the baby's living space.

## Flat head

The skull of the infant is flexible and may become flat if the baby is laid too often on its back. While positional plagiocephaly or "flat head syndrome" is unsightly for the head, it has no effect on the development of the brain.

To avoid this, carefully position your baby's head alternately to the right, then to the left when it is lying down. Because the baby's neck muscles are weak, infants tend to keep their heads on the same side. Change the position of the bed from time to time to encourage the baby to look the other way. When awake, vary positions: put the baby on its side or on its stomach for short periods, but always under supervision.

For further information see:

Brochure: "Prévenir la «tête plate» chez le nourrisson"  
(Preventing "flat head" in infants)

➤ <http://hug.plus/tete-plate>

## + INFORMATION

To save your child's head, use the baby bouncer (or "babyrelax") in moderation. After travelling by car, take the baby out of the baby car seat. Your baby must not spend more than two hours a day there. Favor the pram, the sling or the baby carrier for walks. In a vertical position, your baby will gradually learn to hold its head up.

### Safety in the car

For the safety of your child in the car, follow these instructions:

- ▶ Your baby and the baby seat should always be strapped in, even for very short rides.
- ▶ Never carry your child on your lap. When the car is moving, never take the baby in your arms for breastfeeding or to give the baby a bottle.
- ▶ Ensure the car seat is adapted to the baby's age and weight.
- ▶ The seat must be mounted as specified by the manufacturer and placed on a rear seat.
- ▶ Check that it is secure before each use.
- ▶ Be careful to secure your child: the belt must not be twisted or loosely fastened, otherwise it is ineffective. Take off the baby's jacket so that the belt fits more snugly.
- ▶ Never leave a child alone in the car.
- ▶ Protect the child from the sun using a sunblind or a piece of material clamped into the door.
- ▶ Clear the space behind the seats to prevent objects flying around during sudden braking or if an accident occurs.
- ▶ On long journeys, have a break every two hours and use the time to take your child out of the seat for a short while.

## + FIND OUT MORE

For more information, visit the following sites:

➤ [www.bpa.ch](http://www.bpa.ch)

➤ [www.tcs.ch](http://www.tcs.ch)

➤ [www.pipades.ch](http://www.pipades.ch)



# Your health after giving birth

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## The first hours

After your delivery, you will stay in the delivery room for about two hours for close observation. The midwife will carry out the necessary checks to ensure that the uterus is well contracted and to prevent certain risks such as hemorrhaging. In the event of a tear in the perineum or episiotomy, the suture will be done directly after delivery.

During this time, your baby will remain with you for breastfeeding and initial bonding. You will then be transferred with your child to your postpartum room.

## Duration of stay

Your stay will usually be 2 to 3 days following a vaginal delivery and 4 to 5 days after a caesarean section. It depends on your state of health and that of your child. Following a delivery without complications, you may be able to return home after only 48 hours.

In the case of an outpatient birth without complications, you can return home a few hours after the birth of your baby, with the appropriate help and support at home of an independent midwife.

## The postpartum period

After delivery, your uterus contracts to empty itself and gradually return to its original size. These contractions, which can be painful, especially during breastfeeding, generally disappear after a few days.

Bleeding, sometimes called “lochia”, occurs after childbirth. The first two to three days, bleeding may be more abundant and red, sometimes including clotting. The blood flow then diminishes and becomes pinker and finally brownish. This can last up to three weeks. During this period, do not use tampons but rather sanitary towels instead, in order to avoid the risk of infection; and for preference take a shower rather than a bath.

## The pain

During vaginal delivery, all structures – including the coccyx – remain stretched following the passage of your baby. This is not serious. But pain, sometimes persistent, can occur. It may be necessary to adapt your sitting position (e.g. by sitting on a swimming ring) or to undergo physiotherapy as prescribed by your doctor.

Painkillers (paracetamol or anti-inflammatory drugs), compatible with breastfeeding, can lessen pain.

## After a tear of the perineum or an episiotomy

During the first few days after childbirth, in case of a perineal tear or episiotomy, you may experience some discomfort or pain (e.g. when urinating or sitting). Report this to the midwife.

Local remedies such as chamomile sitting baths or a change in your sitting position (e.g. by sitting on a swimming ring) are helpful. Painkillers compatible with breastfeeding may be prescribed for your relief.

Suture threads will dissolve naturally over time and, in principle, do not need to be removed. During the postpartum check-up, the gynecologist or midwife will check to ensure that healing is progressing normally.

If, on returning home, you have the following symptoms:

- ▶ severe stomach ache
- ▶ a temperature
- ▶ sudden and/or abnormally high loss of blood
- ▶ blood clotting.

Consult your gynecologist or midwife.



## INFORMATION

Before taking any medication, check with your midwife, doctor and/or pharmacist to make sure they are compatible with breastfeeding.

### After a cesarean section

You gave birth by caesarean section. After the caesarean section, you will be transferred to intermediate care for close observation. Your baby will accompany you for breastfeeding and so it can be near you (unless the baby's state of health requires special monitoring in neonatology). If the check-ups turn out to be normal, you will be transferred a few hours later with your baby to your postpartum room.

In the hours following the caesarean you are permitted to drink and eat and will be able to get up within 12 to 24 hours. The midwife will be there to support you when you get up for the first time.

Healing will proceed rapidly in the days that follow. The scar will be checked regularly by the midwife and the suture clips/threads removed after 5 to 7 days. Painkillers will be prescribed for pain.

When you return home you can resume your daily activities at your own pace but you should avoid carrying heavy loads. Exercises requiring the use of abdominal muscles should be avoided for 1 month.

If your scar shows signs of swelling, redness, unusual heat or discharge, contact your doctor promptly.

### Digestion

It may take a few days before your digestion gets back to normal. After a vaginal delivery, some women are afraid to push and withhold their stools. This may lead to constipation.

Whatever happens, try to maintain a balanced and high fiber diet. If needed, syrup of figs or another laxative may be prescribed.

**INFORMATION**

A gynecological check-up is recommended 4 to 6 weeks after delivery so make an appointment with your gynecologist or the midwife who accompanied your pregnancy.

**Return of periods**

The return of your periods or the “restoration of menstruation” generally occurs after six to eight weeks, or possibly later in the case of breastfeeding. These “first” periods are often more abundant and longer than usual. The menstrual cycle regulates itself thereafter. Fertility returns before the restoration of menstruation. If you do not want another pregnancy immediately, contraception can be offered. Talk to the gynecologist or midwife before leaving the maternity ward.

**The perineum**

During pregnancy and delivery (vaginal and caesarean), your perineum is put under great strain. In the medium term, you may experience involuntary loss of urine, stools or wind when sneezing, coughing or exerting yourself. If the problem persists beyond six weeks after delivery, talk to your gynecologist or midwife. Specialized perineum consultations such as those in the maternity ward are available. Perineal re-education can be offered to you by a midwife or a specialized physiotherapist.

Brochures (only available in French):

“Taking care of your perineum”

“Female urinary incontinence”

“Abdomino-pelvic gymnastics course”

Internet:

➤ <http://hug.plus/soins-perinee>

➤ [www.hug-ge.ch/perinee-0](http://www.hug-ge.ch/perinee-0)

**INFORMATION**

To limit inconveniences related to pregnancy and childbirth (urine leaks, wind, stools, etc.), midwives will be available to advise you during your stay at the Maternity. ☎ 022 372 41 97

# The emotional context

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## A new life

Pregnancy and childbirth are periods of profound change and adjustment at the physical, psychological and emotional levels. Like many young mothers, you may feel tired, stressed or depressed (read on).

Be indulgent with yourself and give yourself time to adapt to your new way of life. Your baby is your priority, but do not forget yourself. Make sure you get enough rest, it will be good for your baby, too. Do not hesitate to ask for help from those around you with regard to shopping, cooking, cleaning, laundry, etc.

## Interview about birth experience

Sometimes things do not turn out as expected. In order to respond to the demand of women and couples who have had a recent difficult birth on a physical, psychological or emotional level, a one-on-one interview is offered. This is carried out by a trained midwife or senior obstetrician. Such an interview is also possible during a new pregnancy which follows a difficult delivery.

This contact will allow you to express your feelings and ask any questions you may have about obstetric care. The aim is not to let emotions or fears overshadow the future.

An appointment can be made at any time, right after birth or later.

To arrange an appointment contact:

☎ 079 553 23 02 or 022 372 41 48

antonina.chilin@hcuge.ch

## Baby blues

Between the 2nd and 5th day after birth, you may experience very strong emotions or mood changes. Nearly 70% of women experience “baby blues”. This phenomenon, linked to fatigue, emotions, hormonal changes and new parenthood, is short-lived (at most just a few days). Rest and caring support from those around you and/or professional carers will help you to negotiate this obstacle.

## Perinatal depression

During pregnancy or in the first year after the birth of a child, 1 in 8 women is affected by depression. If you recognize any of the following signs, talk to your spouse, a loved one, your midwife or your doctor:

- ▶ you feel anguish
- ▶ your past obsesses you
- ▶ you have difficulty feeling like a mother or you feel like a “bad mother”
- ▶ you worry constantly and without reason about your child or yourself
- ▶ you feel constantly downcast or hopeless.

Do not stay alone. Instead, seek help before depression sets in so as to avoid its consequences. Know that perinatal depression can be easily treated, often even without the need of drugs, with the aid of short psychological therapies.

For further information see:

☎ 022 372 41 48

➤ <http://hug.plus/depression-perinatale>

## The partner

For your partner also, pregnancy and childbirth have been an intense period. The baby has been born and a daily routine has set in. The role and responsibilities as a father require him to adapt. In general, fathers are much more involved today than in the past. Everyone has to find his own place and his own style: caring for the baby, supporting you, learning about education and how to care... The pressure can be intense and he should not hesitate to talk with a professional about how to cope.

## Paternal depression

It is not well known, but postpartum depression affects one in 10 fathers. The risk is even higher where the mother also suffers from depression. Anxiety, feelings of oppression, the difficulty in feeling like a father and despondency are just some of the symptoms. Paternal depression may also be manifested by greater absence, physical disorders (somatization) or an excessive consumption of alcohol.

In the case of distress, stay close to your partner and encourage him/her to confide in you, a family member, family doctor or a psychotherapist.

# The couple

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## Becoming parents, staying a couple

The arrival of a child brings many changes to everyday life. It can cause upheavals to emotions, relationships and intimacy. A time of adjustment is needed to find the right balance and reconcile parenthood and married life.

## + INFORMATION

In the event of insufficiently protected or unprotected sex, use emergency contraception as soon as possible.

➤ <http://hug.plus/contraception>

### Intimate life

Between the fatigue related to pregnancy and childbirth, the interrupted nights and caring for the baby, sometimes it takes a little time for sexual desire to return. Dialogue, paying attention to each other and mutual support will help create a climate favorable to intimacy. In case of difficulties, professionals can help you.

### Cultivate communication

You are now responsible for your child. This may worry you and put a strain on the management of daily life with baby care, a professional career, finding time for yourself and sharing of household chores. As a couple you will have to adapt and put up with moments of tension and conflict in the months following the birth. That's why it is important to maintain good communications between you, to continue to show interest in each other, to listen to your respective needs while formulating your own limitations and, finally, to mutually support each other. And if you feel you need help at this vulnerable time, contact a professional.

### Contraception

The return of fertility is hard to predict, because ovulation can occur before the return of menstruation, even as soon as four weeks after the delivery. So please note that breastfeeding does not protect you from pregnancy. If you do not want another pregnancy, use contraception as soon as you have sex.

Different methods are available depending on your situation, your preferences, the feeding of your baby and any medical constraints. Your gynecologist, midwife or sexual health counsellor will answer any questions you may have and help you in your choice, which can also be re-discussed at any time.



# The next steps

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## Contact your midwife

During your pregnancy, you have chosen the midwife who will support you as soon as you leave the maternity ward. After giving birth, contact her again to inform her of the birth of your baby and to schedule her first visit.

## Make an appointment with the pediatrician

During your pregnancy, you will have made initial contact with a pediatrician. After the birth of your baby, call him or her to fix your first appointment.

## Inform your employer of the birth

Inform your employer of the news. Your maternity leave begins when your child is born. It lasts 98 days (14 weeks) from the day it was granted. If you return to work sooner, this right ceases to exist.

You will receive up to 80% of your salary in the form of a maternity allowance, but not more than 196 francs a day. Cantonal provisions, staff regulations and collective labor agreements may provide for more generous benefits.

## Announce the birth to the health insurance

Your baby should be insured against illness from birth, but you have a period of three months to establish contract with the health insurance. Your child will then be insured retroactively from its day of birth. It is also possible that you have already taken the necessary steps during your pregnancy. If this is not the case, the competent communal or cantonal service will contact you to remind you to insure your child.

## Home support

When you return home, you will receive visits and support from a midwife. Ten visits are reimbursed without medical prescription, currently even up to sixteen in some cases until the 56th day. Beyond this, additional visits can be made on prescription. If you

## + INFORMATION

If you are facing financial difficulties after the birth of your child, you can contact your local social services or those of the Maternity (☎ 022 372 41 09).

are breastfeeding, up to three consultations are covered by the basic health insurance (without co-payment or participation).

Contact an independent midwife

➤ [www.sagesfemmesgeneve.ch](http://www.sagesfemmesgeneve.ch)

Midwife Arcade

A reception desk is open from Monday to Saturday. A hotline is provided by a midwife at

☎ 022 329 05 55.

➤ [www.arcade-sages-femmes.ch](http://www.arcade-sages-femmes.ch)

### Claim your right to family allowances

Family allowances are paid on request. If you are an employee, send your application to your employer who will then pay your monthly allowance at the same time as your salary. If you are self-employed, apply to the Family Allowances Compensation Fund. If you are not in paid employment, send it to the Geneva Compensation Fund (managed by the Cantonal Social Insurance Office).

You are also entitled to a birth allowance, provided that you have been legally domiciled in Switzerland throughout your pregnancy.

Additional information can be obtained from the Geneva Compensation Fund.

### Childcare

Get in contact again with the administrative authority you contacted during your pregnancy (municipality of your home town, BIPE, day care) to find out if you can reserve a child care place for your child.

### Schedule the postpartum check-up

Contact your gynecologist to schedule your postpartum check-up 4-6 weeks after delivery.

# Resuming everyday life

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Resuming your daily activities, with one or more children, requires a certain amount of organization. If you can, surround yourself with helpers (family and/or friends) and ask them to help.

## Your child is sick

If your child is taken ill and you have to work, or if you yourself are sick or overloaded, it is possible, for temporary relief, to call on the Red Cross care service for sick children or the imad (the Geneva domestic care institute).

➤ [www.croixrougegenevoise.ch](http://www.croixrougegenevoise.ch)

➤ [www.imad-ge.ch](http://www.imad-ge.ch)

## Worries at work

Various laws protect women, especially against dismissal.

More information can be found on the website of the State Secretariat for Economic Affairs (SECO):

➤ [www.seco.admin.ch/seco/fr/home/Arbeit/Arbeitsbedingungen/Arbeitnehmerschutz/Schwangere-und-Stillende.html](http://www.seco.admin.ch/seco/fr/home/Arbeit/Arbeitsbedingungen/Arbeitnehmerschutz/Schwangere-und-Stillende.html)

Brochure: "Maternité-Protection des travailleuses"  
(Maternity Protection for Workers) (SECO)



## INFORMATION

Domestic helpers are available for certain situations. Find out more from the Geneva domestic care institute (imad) ➤ [www.imad-ge.ch](http://www.imad-ge.ch)

# Useful references

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## Child

**“Guide (très) pratique de la sage-maman”, tome 1 et 2**  
(Very) Practical Guide for the Wise Mother”, volume 1 and 2)  
Christine Cottier-Angeli, Magali Debost, Philippe Grandsenne

**“Allô docteur mon enfant est malade”**  
(Hello doctor, my child is sick)  
✂ [www.monenfantestmalade.ch](http://www.monenfantestmalade.ch)

**Brazelton Observation Method at Postpartum**  
J. Bonnet and C. Esteve

## Midwives

**Swiss Federation of Midwives**  
✂ [www.sage-femme.ch](http://www.sage-femme.ch)

**Swiss Federation of Midwives Geneva section**  
✂ <http://sagesfemmesgeneve.ch>

**Midwife Arcade**  
A reception desk is open from Monday to Saturday.  
A hotline is provided by a midwife:  
☎ 022 329 05 55  
✂ [www.arcade-sages-femmes.ch](http://www.arcade-sages-femmes.ch)

## Labor law

**Interdisciplinary Labor Union**  
✂ [www.sit-syndicat.ch](http://www.sit-syndicat.ch)

**Swiss authorities online**  
✂ [www.ch.ch](http://www.ch.ch)

## Breastfeeding

**Lactation consultation IBCLC Lactation Consultants Geneva**  
7 days a week, 8 am to 6 pm  
☎ 022 752 30 09  
✂ [www.stillen.ch](http://www.stillen.ch)

**Specialized Breastfeeding Consultation at the HUG Maternity Ward**  
Once a week by appointment  
☎ 022 372 44 00

**Swiss Foundation for the promotion of breastfeeding**  
✂ [www.allaiter.ch](http://www.allaiter.ch)

**Professional Association of Swiss Breastfeeding Consultants**  
✂ [www.allaitement.ch](http://www.allaitement.ch)

**Breastfeeding Information Association “Information pour l’Allaitement” (IPA)**  
✂ [www.info-allaitement.org](http://www.info-allaitement.org)

*This brochure, developed together with patients, has been compiled by a multidisciplinary working group in collaboration with the information group for patients and their relatives (GIPP).*