Fathers and babies

Contents

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Cartoons by Jim Campbell

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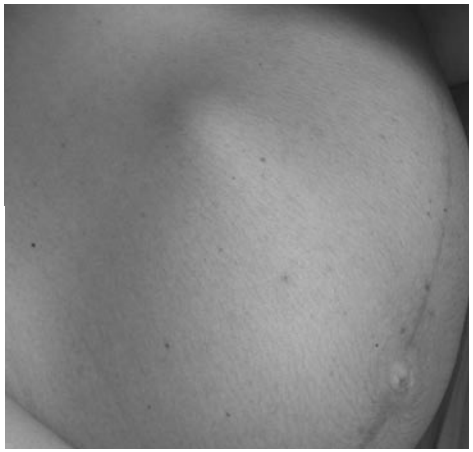
Pregnancy

Stages of pregnancy (trimesters)

Pregnancy is divided up into three stages of three months each called trimesters. These are completely arbitrary and for the benefit of doctors and midwives rather than potential parents. Most important basic development takes place during the first trimester.

By the end of the first trimester the fingers, toes, external genitalia, facial features and ears are visible. During the second trimester, the foetal heart can be heard using a stethoscope, and midwives can generally feel the baby through the abdominal wall.

During the second trimester the developed foetal organs begin to function. The bones become more solid and are easily seen on ultrasound scanning.



During the last month of the pregnancy many women in their first pregnancy experience a sense of relief from the symptoms caused by abdominal fullness. This occurs because the baby moves downwards as its head sinks into the pelvis.

Some symptoms in pregnancy

Pregnancy is not a disease and pregnant women are not automatically ill. Similarly, the vast majority of pregnancies are event-free and have little or no problems.

Morning sickness is often a common feature of pregnancy. Although many women suffer some nausea and vomiting in early pregnancy, this doesn't necessarily occur in the mornings. It also varies greatly in severity and may be seriously disabling, but it usually settles by about twelve weeks. Very severe vomiting may necessitate admission to hospital to replace fluids and halt the vomiting with safe medicines.

There are other aspects of pregnancy that are well recognised by most women, such as:

- Increased need to pass water.
- Tiredness, sometimes severe.
- Tender and/or sore breasts.
- Browning of the pink zones round the nipples.
- Linea nigra – a brown line down the belly.
- 'Quickening', a perception by the mother of foetal movements, generally between 16 and 18 weeks.

Eclampsia

A disorder originating in the placenta that, once under way, causes widespread upset of the functioning of the circulatory system of both mother and baby.

Diagnosis

The most important signs of eclampsia are a significant rise in blood pressure, and the presence of the protein albumin in the urine, which will be detected by the GP or midwife.

Treatment

Rest in bed is an important measure. Drugs to reduce blood pressure are avoided, if possible, as they may interfere with the supply to the foetus through the placenta. Established eclampsia needs urgent treatment.

Ectopic pregnancy

A dangerous complication of pregnancy occurs when the fertilized egg (ovum) becomes implanted in an abnormal site inside the body instead of in the womb lining. The great majority of these ectopic pregnancies, over 95 per cent, occur in a fallopian tube connecting the ovaries to the womb.

Symptoms

The symptoms of ectopic pregnancy can mimic appendicitis, but usually start with cramping period-like pains and slight vaginal bleeding occurring soon after the first missed period.

Causes

Around half of all women operated on for ectopic pregnancy have evidence of pelvic inflammatory disease, the basic cause of which is often chlamydial infection. Chlamydia is an infection that is transmitted through unprotected sex (sex without a condom).

Treatment

Urgent hospital management is needed. Treatment is by operation to remove the growing embryo. This is mainly done by laparoscopic surgery.

German measles (rubella)

Although German measles (rubella) is a relatively mild and harmless viral infection in children or adults, it can have devastating effects on the early pregnancy. The more serious effects on the developing baby include:

- Heart defects.
- Cataracts.
- Deafness.
- Neurological defects.
- Mental retardation.
- Bone and joint defects.

Such is the danger of malformation, any non-immune pregnant women developing a rash and swollen glands in the back of the neck early in pregnancy should get themselves checked to discover whether the condition is rubella.

Miscarriage

Losing the baby before the 24th week of pregnancy is called a spontaneous miscarriage and occurs most commonly during the first three months of pregnancy.

It is unfortunately more common than most people think. There is still a reluctance to discuss these things openly. At least one pregnancy in ten ends in miscarriage, most of these occurring at an early stage. In many of these cases, the woman concerned is never aware that she is pregnant and experiences a late, and perhaps unusually severe, period.

Spina bifida

Neural tube defects, spina bifida, means that part of the spine is abnormally open so that the rear part of one or more of the vertebrae of the spine remain incomplete. As a result, the spinal cord, which runs down through a series of holes in the vertebrae, can be unprotected in the affected area.

The severity of the defect varies considerably with many cases totally undiagnosed and causing no problem to the child or life as an adult.

Prevention

There is good evidence that a small daily intake of folic acid, taken before pregnancy and during early pregnancy, will substantially reduce the risk of spina bifida.

Meet the professionals

Let's face it, health professionals all look alike. Once you could tell who was the doctor by the stethoscope in their white coat pocket. Now they all run around with theatre greens on like ER. Their name badge should be a giveaway, but don't be afraid to ask who they are and what they do.

Health visitors

Nurses with extra training for caring in the community. Although they will take a special interest in your baby they look after the whole family. Generally they will visit about 10 days after the baby is born and check whether you or your partner have any problems or need any help. They are not always based at the doctor's surgery; you may need to contact the health centre.

General practitioners

GPs are often involved in antenatal shared care. Few are prepared to deliver at home, but may support a midwife to deliver a baby in a home environment.

Obstetricians

These are doctors specialising in pregnancy, labour and often gynaecology. Most women will see the consultant infrequently during antenatal care unless there is a particular reason for doing so. Most complicated deliveries are performed by obstetricians. If you or your partner are concerned you can ask to see them during your antenatal visit or book in for the next one.

Paediatricians

These doctors are generally on hand during a complicated birth or a caesarean section. They will check the baby shortly after birth to make sure all is well, and are the person to talk through any concerns over the baby.

Midwives

Predominately but not exclusively female, they will deliver most babies and perform most antenatal checks. They can work either in hospital or in the community, or sometimes work in both environments.

Anaesthetists

All anaesthetics, whether general or spinal, are performed by anaesthetists. You can talk to them about the most appropriate form of pain relief during labour.

Genetic counsellors

Doctors, nurses and scientists all work in the area of advice on genetic problems. If there is a family history of a congenital condition you can discuss the likelihood of this affecting your baby.

Antenatal care & pain relief

Your partner will be offered a choice of ways she can have antenatal care. This will be influenced by her previous pregnancies, medical health and social factors such as living in a remote part of the country. Being pregnant is not an illness. Having babies is undoubtedly painful and may occasionally be a tad tricky but it is still normal and women have been doing it for a very long time.

Hospital-based care

Women in their first pregnancy, where there is some reason to want closer observation or if there were some problems with a previous pregnancy, are often advised full hospital care. A named consultant and a named midwife will take responsibility for your partner's checks as she approaches her delivery date. Parental classes are usually held in the same department and men are made very welcome.

During ultrasound scans it is easy to underestimate how scared your partner can be at that first session. A hot sweaty hand in her hotter, sweatier hand helps more than you will know. It's easy to forget in that darkened room, with the glowing totally incomprehensible screen, that abnormalities are rare and all unusual positions in the womb can be safely dealt with.

Shared care

Most GPs will offer a mix of checks at their surgery along with visits to the maternity hospital. Convenient and quick, it also ensures contact with a doctor who generally knows a lot about your partner's medical history. You can also attend these, just like the hospital sessions.

Tests

There are routine checks made for simple things like anaemia, diabetes and blood groups, but infections which can harm the baby are also checked with your partner's consent. HIV is not routinely tested for unless you ask. The BMA Foundation for AIDS recommends getting tested but this is still controversial.

Other tests check for sickle cell disease in Black Afro Caribbean people and thalassaemia in people with Mediterranean or Asian origins, both of which can affect babies even though there is no evidence of either condition in the parents.

Pain relief

No matter how much women and men know about childbirth there is always the 'what if' factor to contend with. Pain is one of the greatest fears, for both partners. There are choices of pain relief from a complete absence of pain to no interference at all. Each extreme has its own advantage, zero pain can mean immobility during an epidural while some women want to experience childbirth in its entirety without any pain relief.

Entonox (gas and air)

Your partner will have control over the amount of gas she breathes by holding the mask herself. It works best if inhaled just before each contraction, so check yourself by keeping your hand on her bump and gently warning her to start sucking as you feel the contractions start. Entonox is safe for both mum and baby but does tend to abolish any lady-like notions about bad language.

Pethidine

Although pethidine is highly effective it can only be used at certain stages of labour as it affects the baby's ability to breathe properly if given too late. An antidote is sometimes given to the baby if this happens. It can also cause severe nausea.

Epidurals

Tiny amounts of anaesthetic injected around the lower part of the spine have miraculous effect on pain during childbirth. Unfortunately it is difficult for the mum to sense what is happening and she must rely even more on the instructions from the team. It also blocks any sensation, let alone movement, in her legs, which can persist after the baby is born.

Other methods

There are other methods of pain relief including electrical blockage of pain signals (TENS) and hypnosis. Talk it through with your midwife and someone who has tried them first.

The Big Push (labour & childbirth)

Planning ahead

Early or late deliveries can put all the best-laid plans to naught. Two weeks past the 'expected date of delivery' is not unusual but can cause a disproportionate amount of confusion and worry.

Work out beforehand how you will get to the hospital. This is particularly important as labour can start at any time. If you do not have a car and cannot depend upon relatives or neighbours, call an ambulance.

Labour wards tend to be very hot places. Go prepared for the heat – wear loose clothing, and take some bottled water.

Make sure you have the means of telephoning relatives – coins, phone cards or enough credit on the mobile phone, plus of course a list of phone numbers.

As the day draws near, keep a bag packed with the things you will need. Your partner will have her own list and her own bag. Your bag should contain survival items for you and treats for you both. And don't forget the camera!

Labour

Although most women are quite certain when labour has started, it is easy to mistake other things happening for the onset of labour. First pregnancies are a time for some confusion over contractions which may have little to do with labour.

If there is doubt, you should ring your doctor or midwife and be prepared to answer the following questions:

- How long have the contractions been present?
- At what intervals are they occurring?
- How long do they last?
- Has there been a 'show' (a watery, mucus discharge, often tinged with blood, from the vagina)?

If the labour is really taking place, the contractions will have been present for some time, even hours. Usually the interval between each contraction will be less than twenty minutes and the duration will be more than forty seconds.

Your partner should not eat before going in to hospital, as the administration of a general anaesthetic, should it be needed, can be dangerous with food present in the stomach.

Stages of labour

These overlap and vary in time, often considerably, from woman to woman.

The first stage

After the membrane which surrounds the baby ruptures it releases the liquid in which the baby floats. Breaking of the waters, as it is known, can produce a varying amount of fluid. This first stage of labour continues until the cervix, the neck of the womb, is fully dilated.

The second stage

During the second stage of labour the baby's head appears, usually face down and rotates either way until facing to one or other side. The process has to be slow enough not to cause damage as the baby's head passes through the small confines of the birth canal in the pelvis.

If the second stage of labour is unduly prolonged, or if certain problems develop, the care team may decide that some assistance is required. This can mean using a ventouse (suction) cup or forceps to help the birth, or a caesarean section.

To prevent any severe tearing of the vagina, the midwife may perform an episiotomy which involves cutting the lower part of the vaginal wall as the baby's head is appearing. This will be repaired by stitching.

The third stage

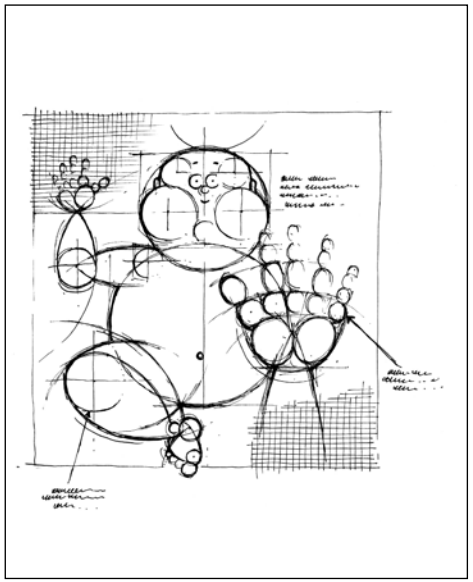
The third stage of labour involves the passing of the afterbirth.

New baby

First impressions

Newly born babies are always short of air as they are born so they invariably appear blue. This is completely normal, as is the fine white cheesy substance (vernix) which covers their bodies. Most babies' faces look distorted along with their heads. Remember that the head has to mould itself in order to get through the narrow canal. A few good breaths, a quick rub and they actually look almost human. Not all babies cry when they are born, although it is encouraging if they do as it means they are expanding their lungs.

Relief is usually the first emotion, closely followed by awe at the presence of new life. Most men talk of their admiration for their partner, but it is difficult to put into words the emotion felt by any father at the birth of their child. Bonding is said to take place between baby and mother; a similar process takes place not only between father and baby but between man and woman.



Incubators

Seeing your baby in an incubator can be distressing. Such is the caution of modern medicine that the baby is given every assistance possible in the vital early hours and days of birth. Just because your baby is placed in an incubator does not mean there is a serious problem.

Temperature regulation is poor at the beginning and breathing may be laboured. An incubator supplies assistance for both. It is, however, a physical barrier and can inhibit the natural bonding which occurs particularly between mother and child. Most hospitals now encourage the mother and father to handle the baby while in the incubator.

After care

Most maternity units favour having the mother up and about as soon as possible after delivery, even following a caesarean section. Similarly they tend to go home much sooner than previously. For mothers this is a time of excitement and fulfilment, bringing home a new baby.

Hidden emotion

Being male has many advantages, not least that you are the one who only has to say push. It is not all on the plus side, however, and many men will find it difficult to cry in public. Holding a baby is natural, and men, despite their concern for dropping the new baby, catch on very quickly. It is rare for the man to have the first cuddle except following a caesarean section by general anaesthetic.

Parental leave

Note: *This is correct at time of publication, but check with your local benefits office or online (www.direct.gov.uk).*

For mothers

Maternity leave entitlement has increased recently, and the mother doesn't need to have worked with her employer for a particular length of time to benefit.

- The mother can take 52 weeks maternity leave while remaining an employee, and retain the right to return to work. The employer must be notified by week 25 of the pregnancy that maternity leave will be taken.
- To get Statutory Maternity Pay (SMP) it is necessary to work for one employer continuously for at least 26 weeks, and this period must have been completed by week 25 of the pregnancy. It is also necessary to earn, before tax, an average of £97 a week.
- The first 6 weeks of SMP is paid at 90% of regular pay, the next 33 weeks are paid at £128.73 a week (unless the 90% rate is lower, in which case 90% is paid for the 39 weeks). This pay is subject to tax and national insurance contributions.
- The employer isn't legally required to provide pay for the final 13 week leave entitlement.
- The same pay and leave applies for stillbirths.
- The same pay and leave applies for the 'primary adopter' when a child is being adopted. This is Statutory Adoption Pay (SAP).
- Maternity Allowance (MA) may be payable for freelance or self-employed people; it is paid at similar levels to SMP but depends on earnings for the previous 15 months.
- Many employers are offering enhancements to the statutory maternity leave and pay.

For fathers

New fathers seem to get a bit of a raw deal, legally, compared to mothers.

- To get Statutory Paternity Pay (SPP) it is necessary to work for one employer continuously for at least 26 weeks, and this period must have been completed by week 25 of the pregnancy.
- Leave entitlement is 2 weeks regardless of length of time with the employer. The employer can require this is taken in one block.
- During the 2 weeks leave SPP is £128.73 a week, or 90% of average weekly earnings if this is less. These payments are subject to tax and national insurance contributions.
- The same pay and leave applies for stillbirths.
- The same pay and leave applies for adoption, and the leave is normally taken within the first 56 days of adoption.
- Some employers are offering enhancements to the statutory paternity pay although not the leave.
- If the baby is due on or after 3 April 2011 additional Paternity Leave of 26 weeks may be available to some fathers.

Childcare

Less than half of all childcare is carried out by fathers, mainly because poor flexibility at work prevents them from doing more. On average, dads of under five year olds devote about three and a half hours a day to childcare – an improvement from a mere quarter of an hour per day in the mid 1970s. (Equal Opportunities Commission 'Shared caring: bringing fathers into the frame' 2005).

A total of 80 per cent of fathers and 85 per cent of mothers, compared to only 62 per cent of employers, believe everyone should be able to balance their work and home lives in the way they want. Nearly two fifths of dads work over 48 hours a week and one in eight clocks up over 60 hours. Satisfaction with work-life balance was, not surprisingly, found to be much lower in those working longer. Despite many employers saying work-life balance practices helped foster good employment relations, more than half of all those surveyed didn't offer any form of flexible working and less than 10 per cent offered crèche facilities.

At home

Your baby will have been seen, handled, admired and checked by everyone in the ward, doctors, midwives and relatives. Now, at home you have him or her to yourselves.

Kids in the house

Having another competitor entering the pool is not always good news. Simply telling a child that from now on there will be another brother or sister in the house is the equivalent of informing a politician that a new candidate, younger and more attractive, has set up office in their backyard. Don't expect thanks.

Baby blues

Postnatal depression is not the same as the normal phenomenon of the baby blues. Weeping for no apparent reason is common about two or three days after the baby is born. It rarely lasts more than a day or so but it helps to understand that nothing serious, other than emotional and hormonal changes, are involved. If the blues continue, and seem to be getting worse, it could be postnatal depression and your GP, community midwife, social worker and health visitor will all be sources of good advice and help.

Better sex

There is no biological reason why you cannot resume intercourse as soon as both of you wish to do so. Common-sense dictates that the presence of stitches, if an episiotomy has been repaired, will not make the experience something to look forward to, particularly by your partner. For some men there is a period of being 'turned off' by the whole experience. This is seldom a major problem and as things return to as near normal as they will ever be, given that there is someone else in the equation from now on, sexual relationships invariably improve.

Post birth contraception

There are some myths surrounding conception after childbirth:

- It is impossible to conceive until after the first period. Untrue, as many couples with closely-spaced children will tell you.
- It is impossible to conceive while breast-feeding. This is untrue.
- Your partner cannot take the pill until she stops breast-feeding. Not true. She may, however, be advised to change to a progestogen-only pill or use other methods.
- Hormones in the pill will affect the baby, particularly if it is a boy, when breast-feeding. There is little evidence that these hormones harm either sex of baby in the tiny quantities that are present in breast milk.

Feeding

Is breastfeeding important?

Breastfeeding gives both the mother and the baby many more advantages than formula milk. It is natural, free and convenient and is designed specifically for the needs of your baby.

Did you know that?

Babies who are breastfed have:

- Less risk of sickness and diarrhoea.
- Fewer ear infections.
- Fewer chest infections.
- Less risk of allergies such as asthma, eczema.
- Less likely to become obese in childhood.
- Less likely to develop diabetes.

Breastfeeding also gives the mother many health benefits too:

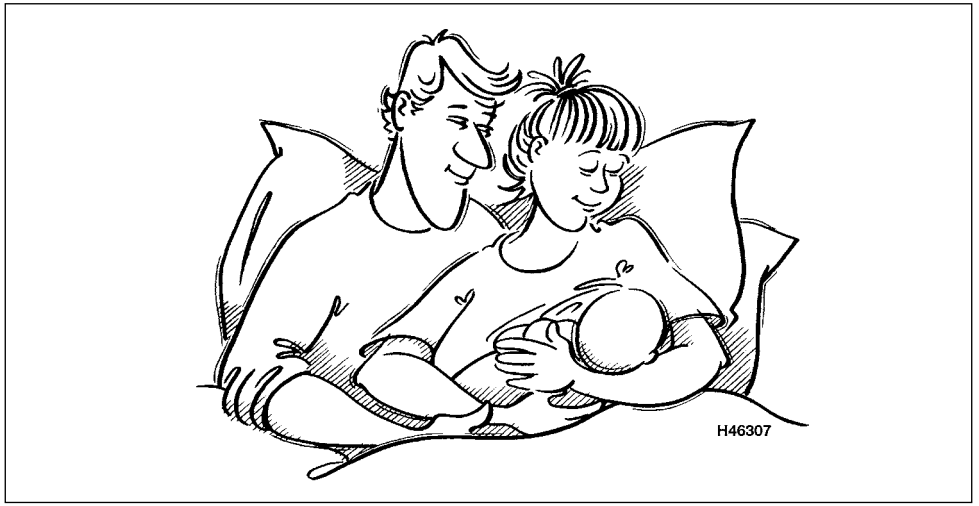
- Women who breastfeed are at less risk of developing breast and ovarian cancer and have better protection against developing osteoporosis.

Breast milk is convenient and free:

- No need to sterilize, make up and warm bottles.
- No need to buy formula milk.
- Kinder to the environment.

How does breastfeeding work?

- Milk is produced by cells in the mother's breast and then ejected in response to hormones that are produced by the mother as the baby suckles at her breast.
- The more the baby feeds the more milk is produced.
- The baby needs to be attached and positioned well at the breast in order to feed effectively.
- Nipple soreness or pain during feeding is usually a sign that the baby is not attached correctly at the breast.
- If the mother is comfortable and relaxed, she and the baby are more likely to enjoy feeding.
- Breastfed babies usually feed frequently (maybe every 2 to 3 hours) in the early weeks and many babies feed even more frequently in the evenings.
- Nighttime feeds are important for the production of enough milk for the following day.
- Babies are usually more settled and less windy if they finish one breast first and then finish off the feed with the second breast.
- Breast milk provides the baby with all the nutrition it requires for the first 6 months of life.
- A breast fed baby does not require any extra drinks of water even in hot weather.

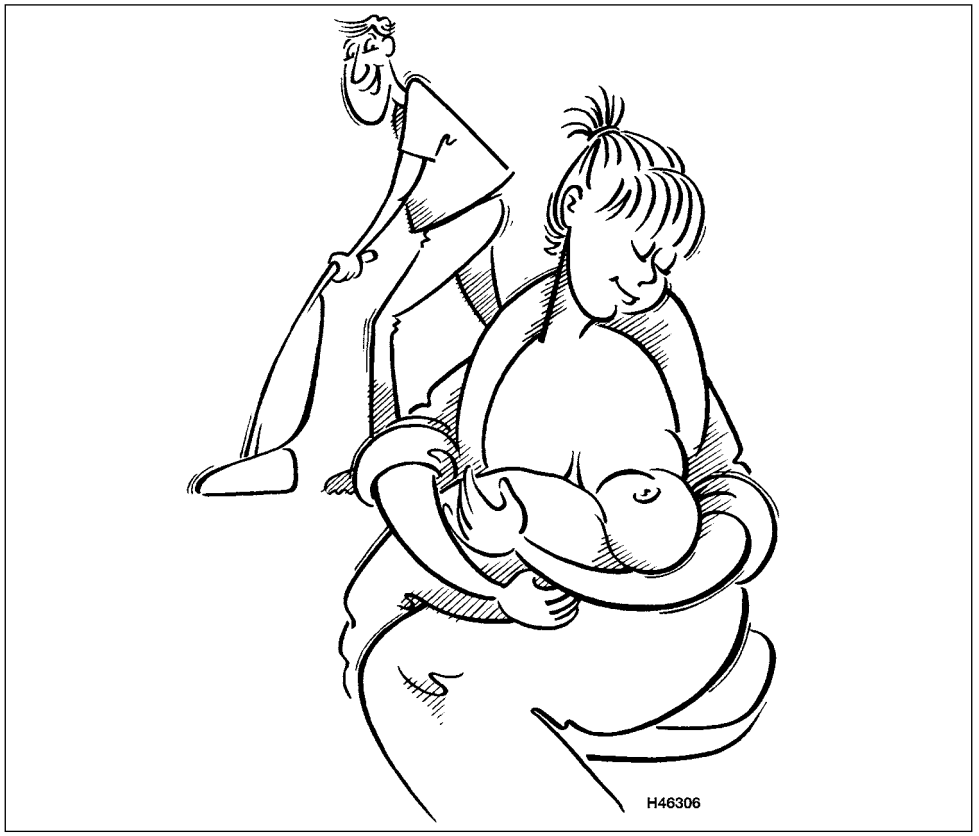


Do fathers really make a difference?

Yes: A woman is more likely to choose to breastfeed if she is sure her partner is positive about it.

How can fathers help with breastfeeding?

- Help build your partner's confidence by reassuring and praising her.
- Even though you can't breastfeed, be involved in the care of your baby in other ways, eg, bathing, changing nappy, winding, taking for walks, playing and talking.



- Help your partner with the household chores and caring for older children.
- Encourage your partner to eat and drink regularly so she will feel more able to cope.
- Talk and listen to each other about how you feel about having a new baby.
- If your partner is experiencing difficulties, encourage her to get professional help.

Common concerns of fathers

'I am worried that I won't feel as involved with the baby.'

Fathers can sometimes feel jealous of the closeness that the mother and baby share during feeding. This closeness is really important for the emotional development of your baby. However you will be able to be involved in many other important roles.

Eventually, after several weeks, your partner may be able to express some breast milk and you may be able to feed it to the baby. It is important that your baby is not introduced to a teat until breastfeeding is going successfully. It is important to try not to use formula milk in replacement for a breast feed, as this will affect the amount of milk your partner will produce.

'I am worried that I will feel embarrassed about my partner breastfeeding.'

Many fathers feel like this before their baby is born but feel very different once your baby has arrived and needs feeding.

Babies can be fed very discreetly in public; in fact most people won't even realise a baby is being fed nearby. A lot of shops and public buildings provide facilities for mothers to feed their baby.

'Will our sex life be affected by breastfeeding?'

Having a new baby affects most couples' sex life no matter what method of feeding they choose. Breastfeeding can cause vaginal dryness in some women so a lubricant gel may help.

Breast stimulation can cause milk to be ejected so a towel on hand may be useful. Feeding the baby before having sex will help reduce this.

Although exclusive breastfeeding can have a contraceptive effect this cannot be relied on, so contraception is essential if you are not ready for another baby just yet.

Many women actually find that their sex drive increases during breastfeeding!

Feel proud!

You and your partner will be able to feel great pride in the fact that by choosing to breastfeed your baby you have given him the best possible start in life.

Nappies

When it comes to nappies you have a choice.

Disposable

More expensive, arguably less friendly towards the environment, but very convenient.

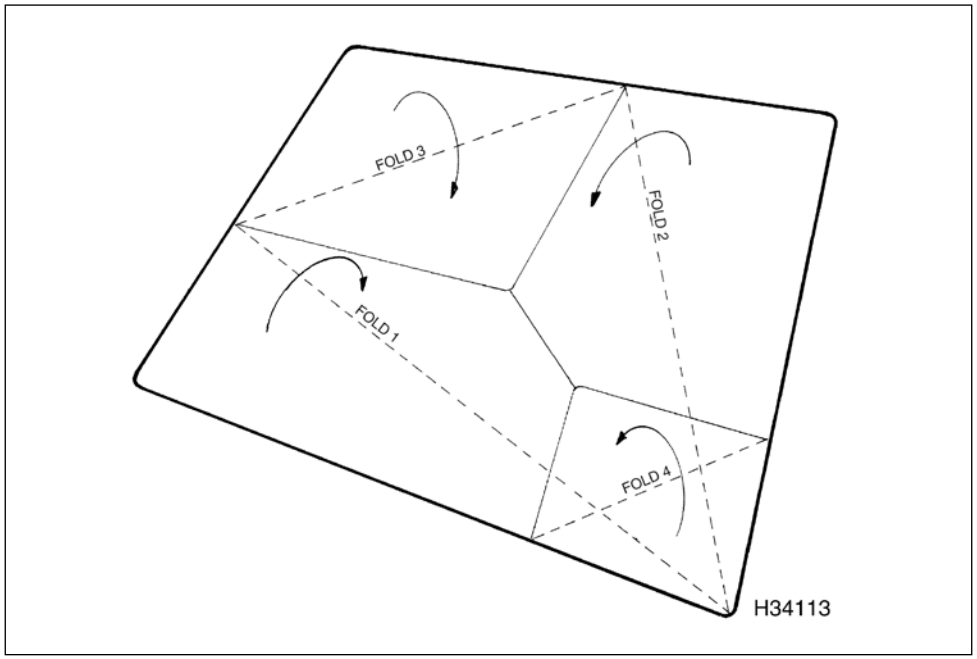
Re-usable

Cheaper, even with the cost of sterilising and washing. Probably kinder to the environment, but do require more work and a certain fatalism towards smells, especially from under the finger nails. You will need at least 20.

Unlike disposable nappies which come pre-built, these are the 'flat pack' variety and need support systems such as:

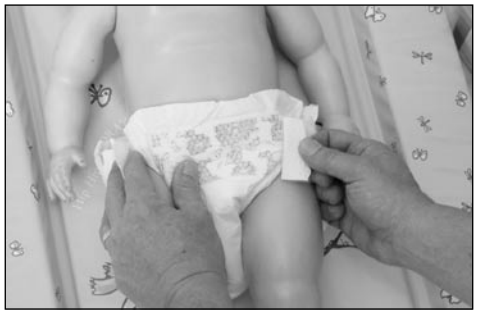
- Nappy pins.
- Nappy liners. These can be disposable or re-usable.
- Plastic pants. Either elastic or tie-on. Tiny babies generally need the tie-on variety. Buy at least 5 pairs.
- Sterilising bucket plus fluid or powder.

Flat nappies can be fastened with a product called a Nappy Nippa (a Y-shaped piece of thin rubber with claws on each end that grab the nappy). This avoids the risk of sticking a pin in your baby by accident. Many re-usables do up with poppers or with Velcro.

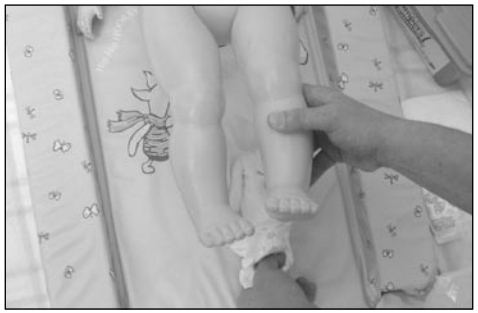


Folding a Terry nappy (kite fold)

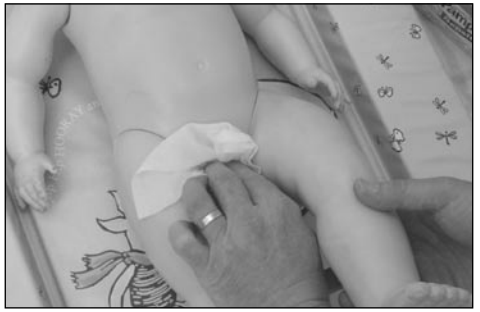
Changing a disposable nappy



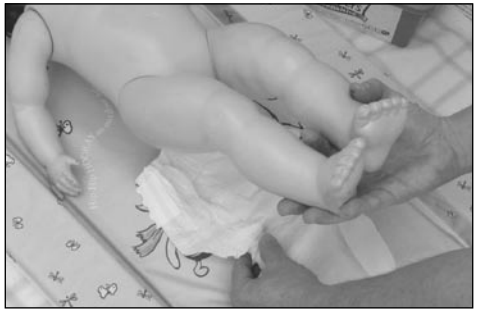
1 Undo the fastening tabs



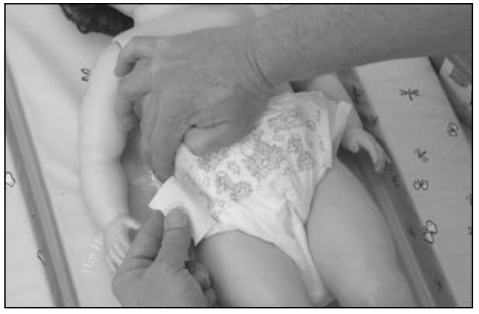
2 Lift up the baby and pull out the used nappy



3 Clean the baby's bottom with warm water and cotton wool or with baby wipes

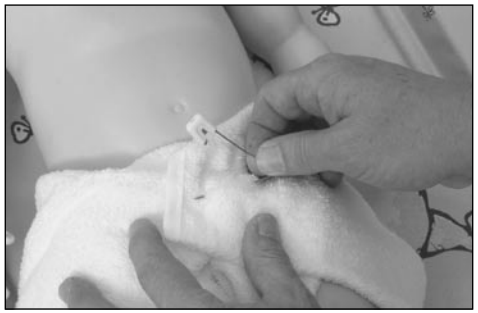


4 Slide the clean nappy underneath the baby. Make sure the nappy is the right way round

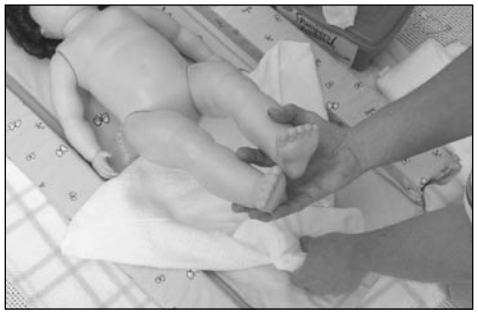


5 Bring the front of the nappy up through the baby's legs and fasten with the tabs

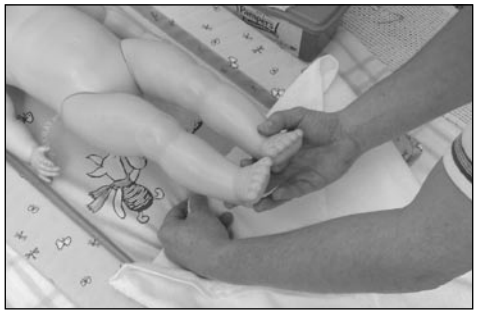
Changing a terry nappy



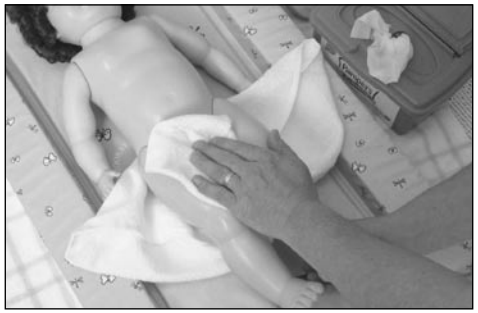
1 Remove the safety pin



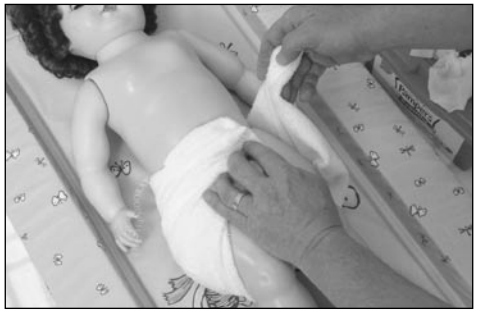
2 Lift up the baby and pull out the used nappy



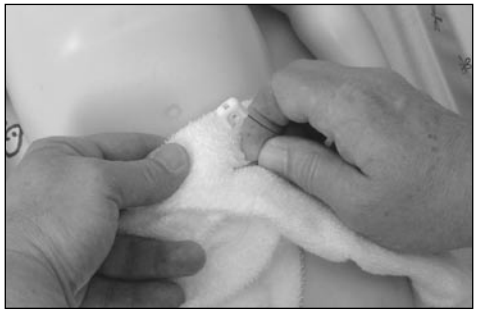
3 Clean the baby with warm water and cotton wool or baby wipes, then slide clean folded nappy underneath



4 Bring the centre part of the nappy up through the baby's legs



5 Fold the sides of the nappy over the centre part . . .



6 . . . and secure with a safety pin. Keep your fingers between the nappy and the baby so that if you make a mistake, you prick your finger and not the baby

Teething

Although there is considerable variation between babies, the times of teething average out as follows:

- 6 months first incisors (front teeth).
- 7 months second incisors.
- 12 months first molars.
- 18 months canines (eye teeth).
- 2 to 3 years second molars.

Symptoms

Inflammation of the gums with more dribbling than usual, generally accompanied by chewing fingers or anything else that comes along.

Causes

First and second molars (the back teeth) usually come through between 1 and 3 years of age and are much more likely to cause pain. Hot cheeks, tender gums and irritability are all common.

Self help

Cool teething rings, cool water and gently rubbing the gums can all help. Excessive use of local anaesthetic gels is not helpful in the long run, as it is the action of chewing which allows the teeth to cut through.

Other conditions such as ear infections can be mistaken for teething. If your baby will not settle or has a high temperature you should ring NHS Direct (0845 46 47) or your GP.

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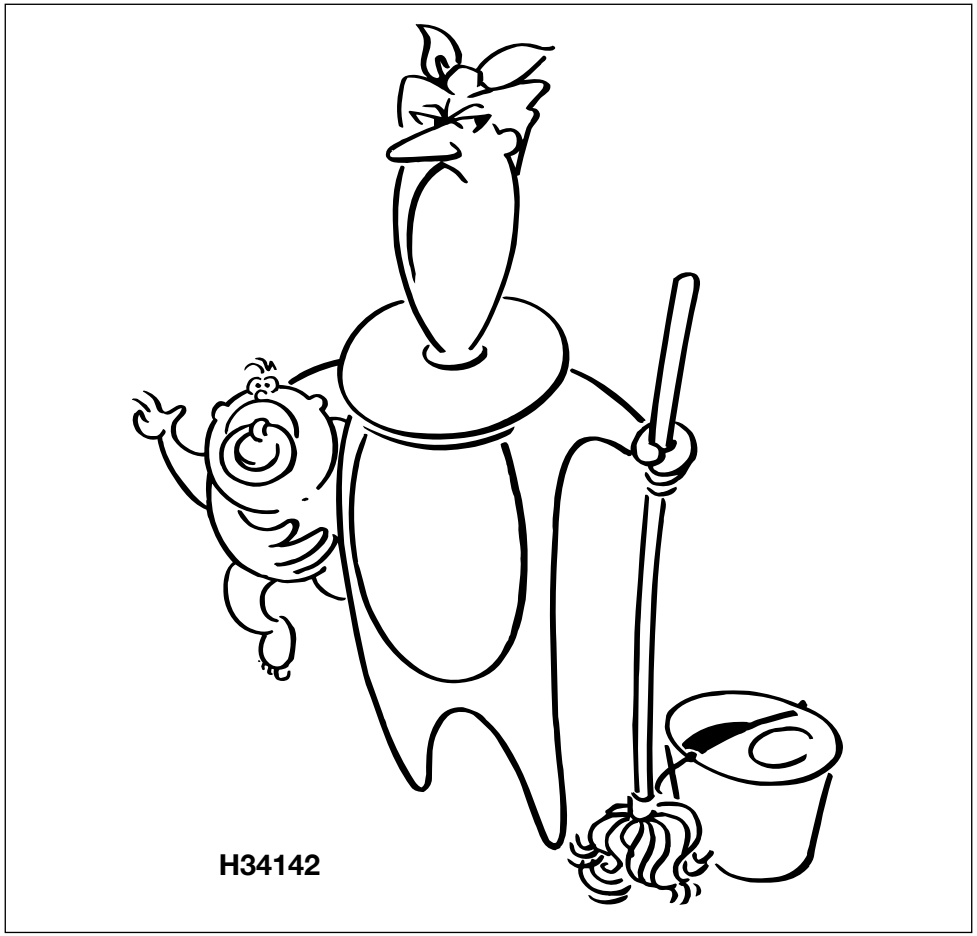
Bonding

Dads are people who give great hugs but are a bit short on the goodies, especially when it comes to breastfeeding. Babies have relatively little contact with their father in the early days. Awareness of there being two important people in their lives arrives slowly with time. Dads are usually waiting in the wings. Children become aware of their fathers gradually and some dads do the same thing with regard to their new baby. It is a reflection of just how powerful a simple show of affection can be that as the child grows they are prepared, occasionally, to leave the arms of their source of food, their breastfeeding mother, for those of their father.



Common changes

There are a number of changes which never cease to alarm parents. It is helpful if you are aware of the more common conditions.

Peculiar shape head

Most babies' heads are a strange shape when born. This is because the head is squeezed out of shape in passing through the birth canal.

Soft spots in the skull (fontanelles)

There are two soft spots on the skull which have no bone beneath the skin. They can be useful for checking if the baby is dehydrated as they will sink down with lack of water. If they are ever very taut or raised like small mounds, it can be a sign of illness.

Scurf on the scalp (cradle cap)

This is normal. It is not caused by a lack of hygiene. Remove it by gently rubbing with olive oil.

Hair

Any amount of hair on the head, from baldness to long flowing hair, is normal. Most of it will be lost soon after birth anyway.

Eyes

Most babies' eyes are blue at birth and change colour gradually.

Skin

A new baby's skin has a delightful fragrance and softness. Unfortunately it is easily damaged by urine, causing a nappy rash, and tight clothing or nappies which can tear the skin.

Spots and patches

The most common type of spots seen on new babies are red spots with yellow centres called neonatal urticaria. No treatment is required and they will disappear after the first couple of weeks.

Ear wax and smelly discharge

All babies will have wax in their ears. A smelly discharge, often yellow in colour, may indicate an infection.

Vomiting

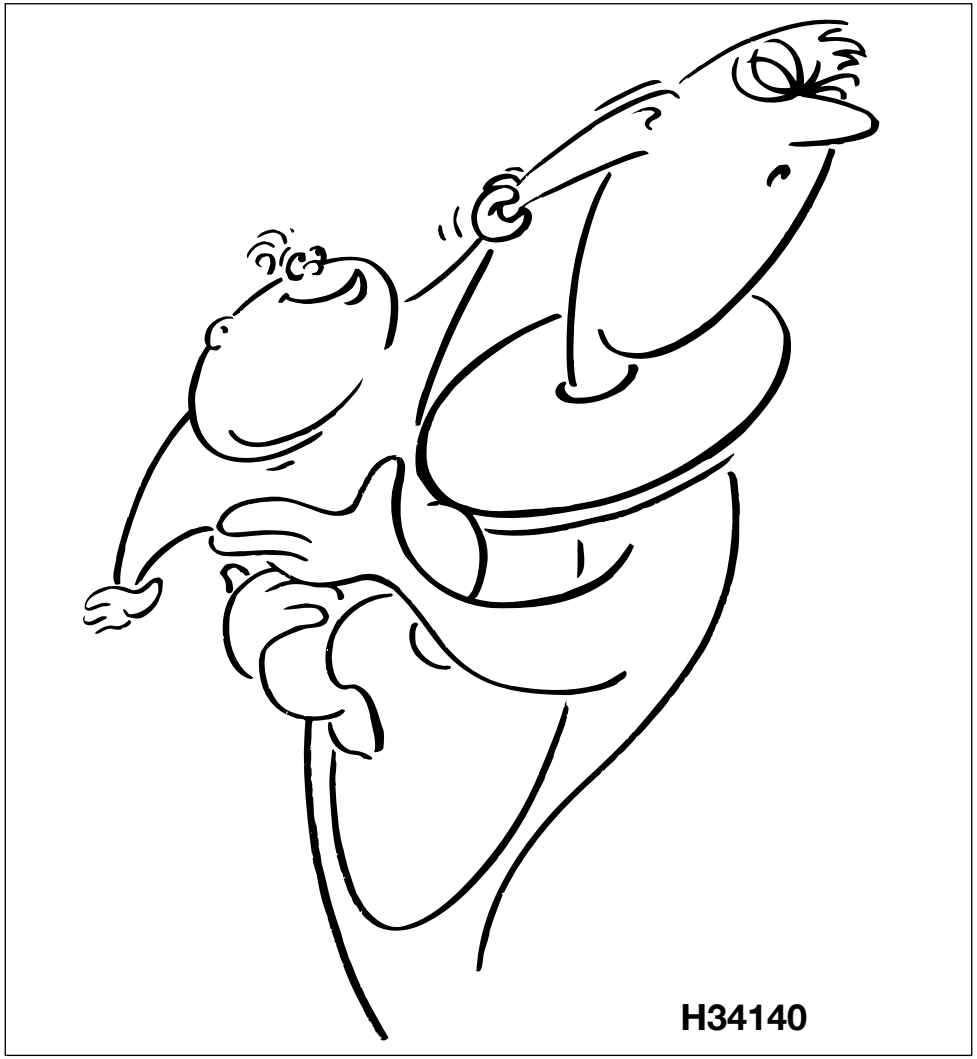
Posseting of a little milk after feeds is normal. Repeated vomiting, particularly if the vomit travels a half metre or so (projectile vomiting) needs the attention of your doctor.

Crying

Most parents can interpret a cry as being minor, important or requiring urgent action. Generally speaking, if it is possible to distract them with a cuddle or play, then it is not serious. If they continue to cry then it may be because of:

- A dirty nappy.
- Lack of food.
- Windy stomach or colic.
- Hot, cold, lonely, sleepy, fed up.

Child development



There is no such thing as 'normal development'. In terms of weight gain, behavioural changes, speech and walking there are only averages and all children develop at different rates, attaining skills at different ages.

Newly born

Movement and posture.
- Running your finger across the palms causes a 'grasp' reaction.
- Lifting the baby up, the head lags behind.
- When held face down, the head droops and the legs hang down.

Eyes and responses.
- The baby's pupils react to light.

One month

Movement and posture.
- When the sole of the foot is tickled, the baby bends its leg up at the knee.
- When lying on its back, the baby turns its head to one side and stretches out its arm and leg on that side.
- When active, both arms and legs make large jerky movements.
- If the corner of its mouth is touched the baby turns its head towards that side to suck.
- The baby makes 'walking' movements when held over a surface.

Eyes and responses.
- Eyes will follow its mother's face.
- May blink on sudden movement.
- Shows interest by staring at bright colours.
- Turns its head towards light.

Play.
- Moves arms and legs while being dressed and bathed.
- Begins to smile at around six weeks.

Six months

Movement and posture.
- Tries to sit when hands are held.
- Seeks being picked up and holds arms out for cuddles.
- Can lift legs and grasp them.
- Will stand if held on a hard surface.

Eyes and responses.
- Can hold a toy and move it from hand to hand.
- Will respond to objects seen out of the corner of its eye.
- If toy falls out of sight, forgets it.

Play.
- Will put everything to its mouth.
- Will examine objects attentively.
- Becoming reserved with strangers.

Speech.
- Recognises mother's voice, makes singing noises when content.
- Laughs and squeals loudly when pleased, screams when annoyed.
- Can understand different tones of mother's voice.

One year

Movement and posture.
- May stand alone for a few seconds and walk with assistance.
- Can sit up from lying down.
- Crawls on hands and knees.

Eyes and responses.
- Holds an object in each hand, knocking them together.
- Drops and throws deliberately to see what happens.
- Often recognises known faces on the other side of the room.

Play.
- Finds toys hidden while it is watching.
- Prefers toys that make a sound.
- Plays pat-a-cake and waves bye-bye.

Speech.
- Sounds taking inflection and form.
- Parents will recognise from 2 to 6 words.
- Can understand simple instructions.
- Knows and responds to own name.
- Understands words such as ball, cup and spoon.

Accidents

Most accidents to children under 5 happen in the home. They are more likely when adults are under stress, in a rush or when their usual routine is changed. Because you know your own home, you are in the best position to look out for possible dangers.

The kinds of accidents children have are related to their age or developmental stage so there are particular things to watch out for depending on the age of your child.

Babies 0 to 1 year old

Babies are able to wriggle, grasp, suck and roll over. There are a number of possible accidents that are common in this age group.

Suffocation and choking in babies

Babies can swallow, inhale or choke on items such as small toys, peanuts and marbles. Choose toys appropriate to the age of your baby.

Falls

Particularly likely if you leave your baby on a raised surface. Be sure, when you are changing nappies, that you avoid the baby rolling off a bed or sofa.

Burns and scalds

Avoid hot or warm objects such as ovens, light bulbs, radiators, hair straighteners, hairdryers, irons and fires. Place hot drinks out of your baby's reach. Fit short power leads on kettles and heaters.

Poisoning

Babies' natural instincts are to suck anything which comes into contact with their mouths. Many ordinary household substances can be poisonous, even salt. Young brothers or sisters should be supervised to stop them feeding tablets or other poisonous substances to baby just to see what happens.

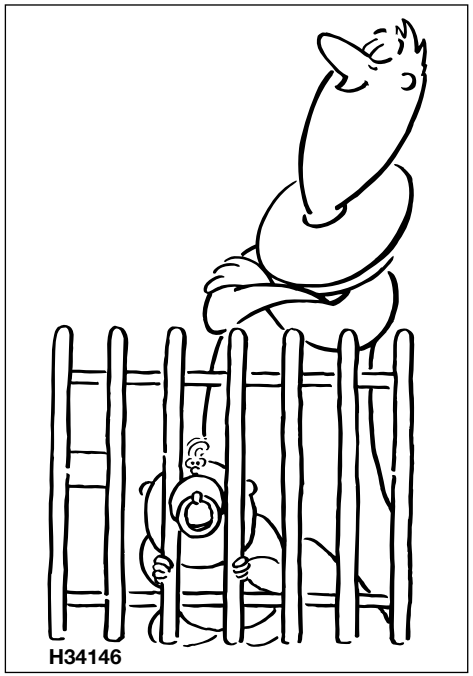
Children 1 to 4 years old

Toddlers can move very quickly, so accidents often happen in seconds. Unfortunately coordination comes later.

Falls

Small children can squeeze their bodies through a gap of only 100mm (less than the length of a teaspoon).

- Check the width between railings, banisters and balconies and board them up if necessary. Fit window locks or safety catches that stop windows opening wide.
- Move furniture away from windows to prevent children climbing up and falling out.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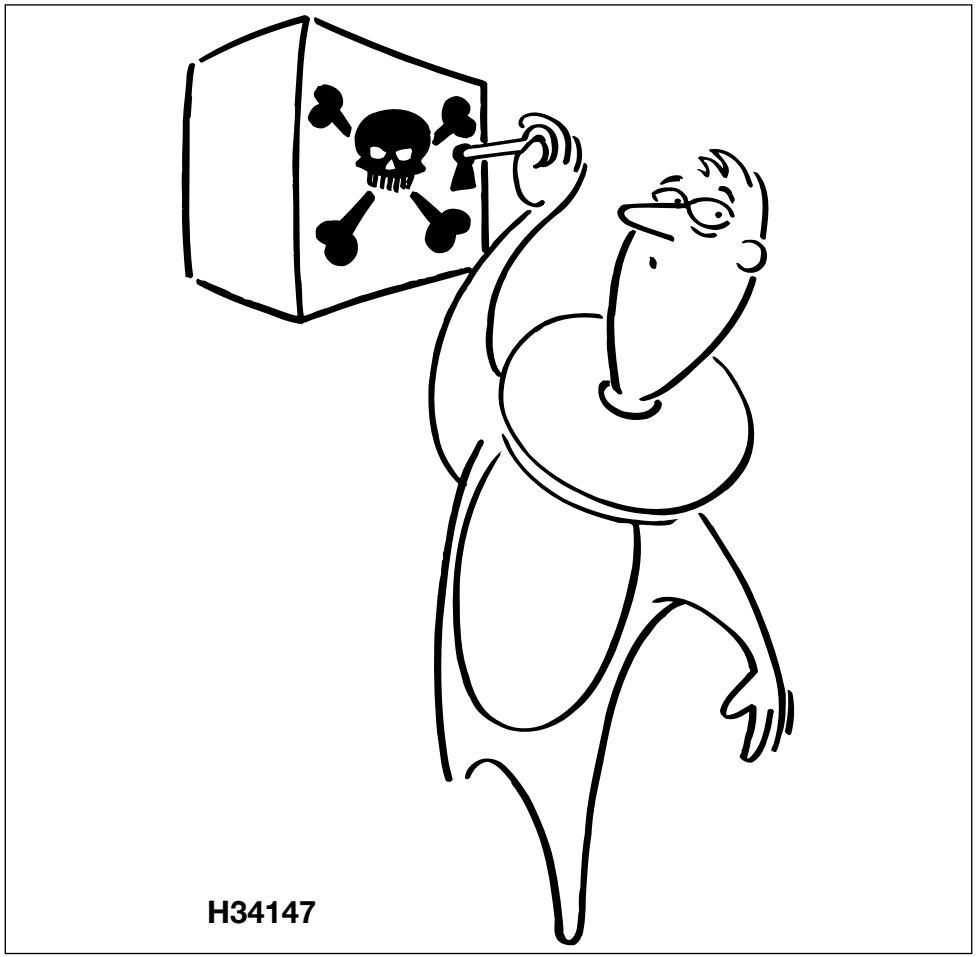
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- Fit safety gates (top and bottom) on the stairs.

Burns and scalds

Avoid hot or warm objects such as ovens, light bulbs, radiators, hair straighteners, hairdryers, irons and fires. Place hot drinks out of your baby's reach. Fit short power leads on kettles and heaters.

Poisoning

By the age of 18 months many children can open containers and by 3 years they may also be able to open child resistant tops and cupboard safety catches – next stop the Rubik's cube. So always keep them out of reach and in a locked cupboard.

Keep household chemicals, medicines, alcohol and even cosmetics out of children's reach, preferably in a locked cupboard. Locks are cheap and easy to fit, and could save your toddler's life.

In an emergency

Most accidental injuries are minor and can be treated using simple first aid measures, but in the unlikely event of a serious accident or sudden illness, knowledge of first aid techniques could help you to save your child's life. You should get professional training rather than waiting for it to happen first. Check out your local college to see what courses are available.

The key things to remember in any emergency situation are:

- Remain calm and confident.
- Do all you can to help but don't put yourself in danger.
- Do not give the injured child anything to eat or drink.

Emergencies

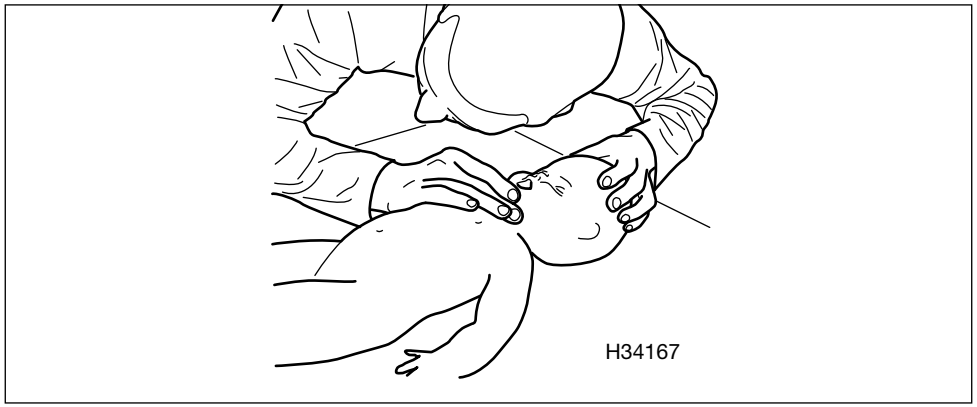
Seek **URGENT** medical attention for:

- Head injury with bleeding from eyes, ears or nose, drowsiness or vomiting.
- Loss of consciousness.
- Broken bone or dislocation.
- Severe chest pain or breathlessness.
- Sudden severe abdominal pain that won't go away.
- Unresolved choking and difficulty breathing.
- Severe bleeding.

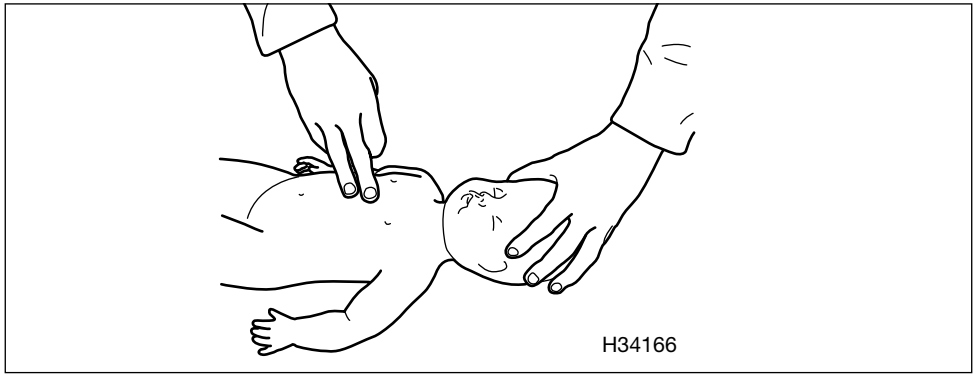
Getting help

Sometimes, the quickest way of getting medical help is to take the child directly to the accident department of your local hospital. But call an ambulance and do not move the child if:

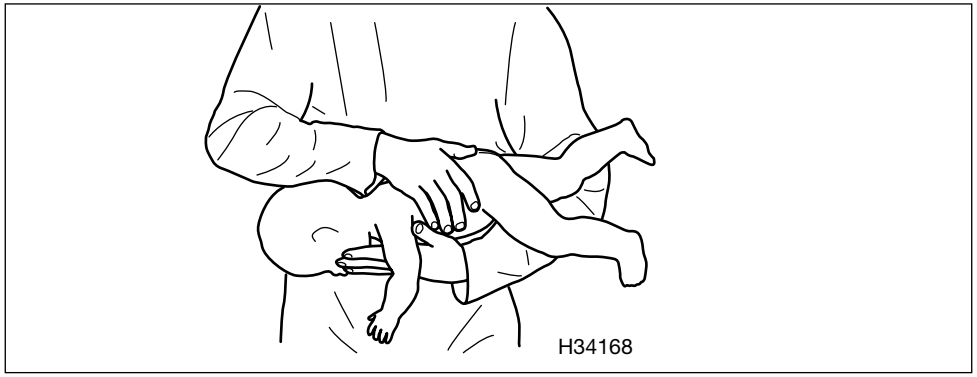
- You think they have a back or neck injury, or any other injury that could be made worse by movement.
- The child is unconscious or has stopped breathing, and needs your constant attention.



Tilt back the head and lift the chin to open the air passages



CPR point for babies. Only use two fingers, not the whole hand



Recovery position for babies

Is your baby really ill?

Parents are usually good at noticing when something is wrong with their baby, but it is common not to be sure whether there is something really wrong.

Look out for these important signs and call your doctor or NHS Direct (0845 46 47).

Something is wrong with the baby's response to you such as:

- When awake, baby seems unusually drowsy.
- Not interested in feeding.
- When cuddled, baby feels floppy or limp.
- Crying seems different (perhaps moaning, whimpering or shrill), and soothing doesn't help.

Other signs of illness

If you notice other problems too (like those in the list below), call your doctor or NHS Direct (0845 46 47).

- Is your baby very pale?
- Is your baby irritable and does not like being touched?
- Is there a new rash starting to appear?
- Is there bruised or discoloured look to the skin?
- Is there a fever?
- Is there difficulty with breathing?
- Is your baby being sick?

Support for Parents in Northern Ireland

All families experience difficulties from time to time. Sometimes these may seem small, but cause a lot of worry. Sometimes they are major crises. In many cases, it is helpful to speak to someone outside the family. Parents Advice Centre will help you to do this.

Parents Advice Centre assists families throughout Northern Ireland, and provides support, training and information on family issues, as well as influencing policy, service provision and practice at all levels.

There are three main areas of work within Parents Advice Centre. These are…

Parents Helpline

Provides free and confidential support and guidance to parents and family members. Parents Helpline offers a Regional Freephone Helpline and appointment service from 2 central branches (Belfast and Derry) and various outreach locations across Northern Ireland. This unique service offers parents and other family members support with all family issues including; bullying, separation, aggression and behavioural problems.

Parenting Education

Provides a range of generic and specialist parenting programmes to groups of parents and practitioners across Northern Ireland. The programmes are based on the principles of empowerment and positive parenting, and are flexible to meet the needs of the participants.

Parenting Forum NI

Parenting Forum NI acts as the voice of parents across Northern Ireland and consults with parents to identify their needs in order to influence policy, planning, practice and the quality of service delivery.

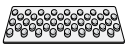
To access Parents Advice Centre's services, please…

- ☐ Contact our Freephone Helpline on **0808 8010722** – for support with any family difficulty.
- ☐ Phone our Belfast Office at **02890 310891** – to find out more about our parenting programmes, and the work of the Parenting Forum NI.
- ☐ Visit our website at **www.parentsadvicecentre.org** – to hear more about our work, find links to other family support organisations, access fact-sheets and resources, and email requests for help or information.

Contraception chart

CONTRACEPTIVE METHODS WITH POSSIBILITY OF USER FAILURE

The methods in this table must be used correctly to achieve the effectiveness stated.

	 H34183 **Combined pill**	 H34182 **Progestogen-only pill**	 H34186 **Male condom**	 H34185 **Female condom**	 H34184 **Diaphragm or cap**	 H34180 **Natural family planning (NFP)**
How it works	Contains two hormones, oestrogen and progestogen, which stop ovulation.	Contains the hormone progestogen, which thickens the cervical mucus, and stops sperm getting near the egg.	Barrier method. The condom covers the penis and stops sperm entering the vagina.	Barrier method. The condom lines the vagina and stops sperm entering.	Barrier method. A rubber or silicone cap covers the cervix to keep sperm out of the womb. Used with spermicidal cream or jelly.	Fertile and infertile times in the menstrual cycle are identified.
Pros	Can reduce PMS, period pain and bleeding. Protects against cancer of the womb and ovary.	Can be used when breast-feeding.More suitable for older smokers than the combined pill.	Wide choice and easy availability. Provides some protection against sexually transmitted infections. Under male control.	Can be put in before sex. Provides some protection against sexually transmitted infections.	Can be put in before sex. Provides some protection against sexually transmitted infections.	Freedom from side-effects. Awareness of fertile times can be used for planning pregnancies as well as avoiding them.
Cons†	Increased risk of breast and cervical cancer. Increased risk of thrombosis (blood clots).	May produce irregular periods with bleeding in between. May be less effective in women weighing over 70 kg (11 stone).	Need to stop to put it on. Can split or come off if not used correctly. Need to withdraw while still erect.	If not inserted in advance, need to stop to put it in. Need to make sure that the penis enters correctly.	If not inserted in advance, need to stop to put it in. Can provoke cystitis in some users.	Method must be taught by a qualified teacher. Users must abstain from sex, or use a barrier method, during the fertile period.
Remarks	Smokers over 35 should not use it (risk of thrombosis).	Must be taken at exactly the same time each day (to within 3 hours).	Do not re-use. Must be put on before genital contact occurs. Do not use oil-based lubricants on latex condoms.	Do not re-use. Must be put in before genital contact occurs. Expensive to buy, but can be obtained free at some family planning clinics.	Must be correctly fitted, and fit must be checked every 12 months. Must be put in before genital contact occurs.	There are various different methods of indicating fertility. Effectiveness is highest when using several indicators.
Effectiveness*	Over 99%	99%	98%	95%	92% to 96%	Up to 98%

** Effectiveness is expressed as the percentage of women who will not get pregnant with each year of correct use of a particular contraceptive method. So if the effectiveness is 99%, 1 woman in 100 will get pregnant in a year. Using no contraception at all, 80 to 90 women out of 100 will get pregnant in a year.*

† The only method of contraception that will protect you against sexually transmitted infections is condoms when used correctly.