

Preface

This booklet has been produced in response to the need for more standardized information to pregnant women and their families throughout pregnancy, labour/delivery and the postnatal period. This booklet has been designed for easy reading and it is intended to complement the maternal health record (antenatal booklet) for a comprehensive information package to pregnant women seeking care.

It contains information about the progress of pregnancy, how to protect yourself from diseases which can affect you and your unborn baby. Since the pregnancy period is a time when the body goes through certain changes, some of the common discomforts and how to cope have been included. There is a portion on the components of the care you should expect from your midwife or doctor.

The section on labour and delivery provides information on how to recognize labour. In order to encourage early care seeking, signals that suggest there is a problem have been included. A special portion has been devoted to why caesarian sections are performed to help allay the fear that accompanies the decision to perform obstetric surgery. Early care seeking is stressed during the postnatal period and some tips are provided on practical baby care, including breastfeeding. Information is also provided on family planning and birth registration.



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What Every Pregnant Woman Should Know

Pregnancy is a special period in your life. This booklet will help you take care of yourself during the time of pregnancy, delivery and a few weeks after you deliver. Pregnancy lasts between 9 and 10 months and to enable your midwife or doctor take care of you, this period is divided into three sets of months. The first three months is known as the first trimester, the next three months following is the second trimester while the last three months is known as the third trimester.

Pregnancy's Progress: Nine Months of Change

FIRST TRIMESTER (1-12 weeks)

1. Your breasts become bigger/and tingly.
2. You may urinate more frequently.
3. You may have saliva in your mouth more often.
4. You may feel like vomiting.
5. You may like or dislike certain foods.
6. You may feel tired easily and sometimes feel faint.



SECOND TRIMESTER (13-26 weeks)

1. You may have more appetite/will gain weight.
2. Your tummy begins to show.
3. You may have slight pain in your lower abdomen.
4. A dark line will appear in the middle of your tummy.
5. You will begin to feel your baby move after five months (kicking).
6. Digestion will slow down with some constipation and heart burn.



THIRD TRIMESTER (27-40 weeks)

1. You can feel your baby stronger.
2. You can feel more tightening of your abdomen with slight pain.
3. You may have stretch marks on your abdomen.
4. Your breasts become heavier and contain slightly yellow fluid.
5. You may have shortness of breath as abdomen gets bigger.
6. You may feel more tired/have sleeping difficulty.
7. You may gain more weight.
8. In the last week, the head of baby descends into the pelvis (lightening).



Keeping Healthy During Pregnancy

Your food

Eating nourishing foods is important for a healthy body. It becomes even more important when you are pregnant because your unborn baby also needs the good food from your body to grow well. A pregnant woman generally requires more nutrients than a non-pregnant woman, especially in the second half of pregnancy. Give your baby the best gift of all, which is a healthy start in life by making wise choices in food.

It is better to eat a variety of foods as this is more likely to let you get the nutrients you require. Protein from animal sources like meat, fish and eggs is very good if you can afford it. You can also obtain protein from plant sources such as beans and nuts, especially when eaten with whole grain cereals, for example: waakye, groundnut soup with omu tuo or whole grain porridge with koose. Eat fresh fruits with your meals and iron-rich foods such as dark green leafy vegetables to increase the absorption of iron. This will help to prevent anaemia, which has been found to be common among women in their child-bearing years in Ghana.

To prevent constipation, eat foods rich in fibre. Foods like brown rice, vegetables and fruits have good fibre content and should be regularly included in the diet of a pregnant woman. Remember to take a lot of water and fruit drinks everyday, at least 6-8 glasses are enough.

Below are some examples of foods that you can combine from all the three groups to prepare your meals.

Group 1



Group 2



Group 3



Protecting Yourself From.....

Malaria

Malaria is common in our part of the world and it is an important cause of ill health, especially among pregnant women and children. It can lead to complications like miscarriage, stillbirth and very small unhealthy babies, whose chances of survival can be threatened. Protecting yourself from mosquito bites is one way you can avoid getting malaria. It is important to sleep under an insecticide-treated bed net to avoid mosquito bites. Some people complain that they feel too warm when they use the mosquito nets. You may find wearing a cotton dress or a night gown made of light cotton comfortable. When the pregnancy goes beyond four months you will be given special tablets at the clinic which will continue to protect you from getting malaria.

Sexually transmitted infections

These are infections that you get during sexual intercourse. In pregnancy, untreated sexually transmitted infections can affect the growing baby. If you have any reason to believe that you are at risk of sexually transmitted infections, make sure that your partner uses a condom. Report any unusual discharge from the vagina or itching to your midwife for prompt treatment.

Harmful Substances

According to experts, the placenta is not the barrier that it was once thought to be. They say that many drugs and environmental agents can pass through the placenta to the unborn baby. The following are some of the areas of concern during pregnancy:

- All medicines should be avoided except what is prescribed by a midwife or a doctor who knows you are pregnant. If any health personnel other than your midwife or doctor wishes to prescribe any medicine for you, let him/her know you are pregnant. Always make sure that you ask about the effect of any medicine or herbal preparations you are taking on pregnancy.
- Alcohol quickly crosses the placenta to your baby. The greatest damage is caused in the first three months of pregnancy and the damage can continue throughout pregnancy and during breast-feeding. Pregnant women who drink excessively can give birth to children with defects known as Fetal Alcohol Syndrome (FAS). These defects appear as small brains, defects of the face, poor attention and co-ordination skills and behavioural problems. It is recommended that any woman who is pregnant or trying to become pregnant, avoids alcohol. Smoking and the use of hard drugs should be avoided totally.
- X-rays can affect the unborn baby and women in the early pregnancy period should inform physicians requiring them to take X-ray.

Discomforts of Pregnancy- How to Cope

Some discomforts during pregnancy are normal. The most common discomforts experienced in the first trimester are fatigue, breast-tenderness, nausea and/or vomiting, excessive salivation and urinary frequency. Additionally, some common discomforts which may occur are fainting, heart-burn and low-back ache. Below are some ideas on how to cope with them.

Tiredness begins shortly after the first missed period and lasts until the 14th to 20th week. Late in pregnancy, sleep is usually lighter. Inability to find a comfortable resting position and urinary frequency contribute to shorter periods of sleep. At least 8-10 hours of rest per day is suggested throughout pregnancy. Try to get a mid-day rest or shortly after you return home from work. During the last trimester, try to avoid sleeping on your back. This is because when you are on your back, blood flow to the womb and to the brain is slowed down and you may faint.

Breast tenderness and tingling of the breasts begin early in pregnancy. Tenderness reduces by the end of the 1st trimester but the breasts continue to grow bigger throughout pregnancy. Wearing a well-fitted braziere with wide shoulder straps will provide good support for the breasts. If the breasts are tender or become pendulous, it may be more comfortable to wear a braziere at night.

Nausea is often one of the earliest feelings you might experience in pregnancy. It varies from a slight loss of appetite to vomiting but it usually disappears after the first trimester. You will find the following suggestions helpful:

- about 30 minutes before rising in the morning, eat some plain, dry biscuit such as cream crackers or toasted bread which you should have by your bedside
- get up slowly, avoiding sudden movements
- eat small amounts of food at a time
- avoid spicy foods such as pepper and ginger
- drink small amounts of fluids frequently between meals
- avoid foods with too much fat or oil
- if you have severe, prolonged and persistent vomiting, consult your doctor in order to avoid dehydration and other complications.

Excessive salivation is experienced by some women more often than others. Since much saliva is produced in the mouth, some women feel the urge to spit it out. Although not much can be done about excessive saliva the following measures can help:

- take frequent little snacks, avoiding very starchy foods
- take frequent small sips of water throughout the day to prevent dehydration
- some women find the use of chewing stick beneficial
- keep a covered container that you can spit into whenever you need to and dispose of the contents frequently.

Urinary frequency can be problematic and the cause is not known. Sometimes a small amount of urine may escape when you cough, sneeze or strain when lifting or carrying heavy objects. This is due to sudden increase in abdominal pressure. Reducing fluids after 8 pm may help to reduce the number of times you wake up in the night to urinate. An exercise like tightening the muscles around your vagina and anus (as if you are holding back urine) is helpful. Using panty liners may be of benefit.

Feeling faint is common during pregnancy and a few women actually faint. Fainting usually occurs when the pregnant woman either stands or sits in one position for a long time, slowing down blood circulation and limiting its normal supply to the brain. The problem is solved when the woman lies flat and normal blood supply is restored especially to the brain. Fainting can be prevented by the woman moving or exercising her feet and legs to promote return of blood to the heart. It is also important for the woman to sit or lie down any time she feels tired. Women should find it reassuring to know that fainting is not normally harmful to the baby.

Heart burn is a burning sensation which occurs as a result of slow backward flow of food from the stomach and it is felt in the chest region. The backward flow of food is caused by the hormone progesterone, which relaxes the upper part of the stomach and the upward push of the growing womb on the stomach. The burning sensation can be reduced by avoiding fatty and spicy foods and large meals. It is also helpful to avoid bending down or lying flat for one or two hours after a meal or eating too fast.

Low-back ache is caused by the size of the womb and relaxing of the supporting ligaments due to the action of the hormone progesterone. This ache usually goes away within a week or two following childbirth. The following measures can prevent the occurrence of low-back ache:

- avoid wearing high-heeled shoes, especially in the 2nd and 3rd trimesters; shoes with broad heels, not more than an inch are better than those with thinner heels
- do not bend from the waist but rather from the knees and do not maintain one position for a long time
- use a firm mattress
- lie on your side with your knees drawn up
- when sitting, flex the knees and hips or whenever possible use a footstool
- avoid lifting heavy objects and when lifting any object bend both knees, and hold heavy objects close to the body.

Varicose veins develop from the weak areas in the walls of your blood vessels. They are caused by the pressure of the weight of the baby and your womb. Here are some suggestions that you will find helpful

- avoid sitting with your legs crossed, as this decreases blood circulation in your legs
- avoid standing or sitting in one place for long periods of time if possible. If you need to sit for a long time, get up occasionally and walk around
- put your feet on a footstool when sitting
- lie down with your feet elevated above the level of your heart several times during the day.

Haemorrhoids (Piles) are varicose veins in the rectal area. They may itch or burn during bowel movements and sometimes bleed slightly. Constipation can make hemorrhoids worse as a result of straining when using the toilet. Try to avoid becoming constipated by eating foods with high fibre content (refer to section under eating for you and your baby). An ice pack applied to haemorrhoids may bring some relief. If you do not find relief, consult your doctor to get the appropriate prescription which will not be harmful to your baby.

Leg cramps (aches/pain in the leg) are common during pregnancy and experts think causes include calcium imbalance and decreased blood circulation in your legs. Dark green vegetables and milk are good sources of calcium that should be part of your diet. In addition, regular exercise will help to improve circulation in your legs (see fitness for pregnancy section).

Stretch marks form when the skin is overstretched during pregnancy and the most common cause is excessive weight gain in pregnancy. Stretch marks occur most often on the abdomen, but some women also develop them on their thighs, upper arms and breasts. Although stretch marks may not disappear entirely after delivery, those that remain usually fade to a lighter, silvery color. Itching of the skin is also caused by stretching of the growing abdomen and can be especially troublesome for women with dry skin. You may find using natural moisturizers like shea butter helpful to prevent your skin from drying.

Visiting Your Midwife or Doctor

It is important to visit your midwife or doctor for regular checks when you become pregnant. Your first visit should be as soon as you realize or suspect you are pregnant. This first visit will provide the opportunity to confirm you are indeed pregnant and to check on your general health. The health check on you at this early stage is very helpful for detecting if you may be having problems later in the course of your pregnancy.

Schedule for Antenatal Visits

The midwife will tell you how often you should visit. If you have health problems you may require more visits. Always keep your appointments with the midwife but in case you feel unwell, see your midwife or doctor even if it is not time for your next visit.

What is your Maternal Health Record?

When you go to the antenatal clinic, your midwife will give you a personal maternal health record, a booklet which is usually referred to as “antenatal card”. You need to take this booklet with you anytime you are given an ap-

pointment to see your midwife. You will also need this booklet when you are in labour. Take the booklet with you anywhere, anytime, even if you have to travel to another part of the country. If you have to visit the hospital at anytime you feel unwell during your pregnancy, you need to take this booklet with you because it will provide the one taking care of you with helpful information. Your record tells your midwife and doctor exactly how your pregnancy is progressing. The fact that you keep it means you have access to exactly the same information as they do.

Why the Following Checks are Done

Blood Pressure (BP): Some women develop high blood pressure, which can become dangerous to both them and their babies.

Urine Test: Your urine is tested for glucose to detect the possibility of diabetes and also for protein to detect the possibility of a condition known as pre-eclampsia, both of which can put your baby at risk.

Stool Test: Your stool is checked to see if you have parasites that can prevent your body from receiving proper nourishment from the food you eat.

Weight: Your weight is checked regularly to ensure that you are okay and your baby is growing well. Too much weight gain may be a sign of a complication that needs to be treated. Normally, the weight gain throughout pregnancy is about 10-12 kg.

Blood Tests: Your blood is checked for haemoglobin content, sickling status, blood group, G6PD deficiency, malaria parasites and other infectious agents which may have a bad effect on you and your unborn baby.

Feeling Your Tummy: Your midwife will feel your tummy to check how your baby is growing. The way your baby is lying in your tummy and the heart beat are also checked and these are all important signs in preparation for childbirth. The size of your abdomen normally corresponds to the number of months of pregnancy.

Ultrasonic Scan: This will help to further monitor growth and wellbeing and conditions that may put your baby at risk.

Why You are Given these Medicines/Injections

Iron and Folic Acid: Iron and folic acid are required for the formation of blood, for brain development and for many other processes in the body. During pregnancy, the quantities of iron and folic acid required by the body cannot be provided by the diet alone. At every antenatal visit you will be given iron and folic acid tablets. These are tablets which when you take daily will help increase your blood level and prevent anaemia. For this reason, pregnant women need to take iron and folic acid supplements daily for at least six months during pregnancy and continue into the first few weeks after delivery. When a pregnant woman does not take in enough of these nutrients, she becomes anaemic. Anaemia is common during pregnancy and can lead to low birth weight and still birth. Both baby and mother can die during delivery if the pregnant woman has anaemia and she bleeds too much. You may experience side effects like nausea, diarrhea, constipation and darkened stools. These side effects are not serious and may disappear in a few days; taking the tablets at night may minimize the side effects. If after all these the side effects do not disappear, report to your midwife or the nearest health facility.

Malaria Tablets: Most pregnant women are at risk of getting malaria, especially if they are pregnant for the first or second time. The effects of uncontrolled malaria in pregnancy may include anaemia, miscarriage, preterm delivery and delivery of a small unhealthy baby. As some tablets may be dangerous to take, especially in early pregnancy (first three months), you will only be given malaria tablets by your midwife later in pregnancy after you start feeling your baby's movement. You will be asked to take the tablets at antenatal clinic so it is important to eat well before visiting your midwife.

Tetanus Injection: Your midwife will give you an injection once or twice during your antenatal period. This injection is to protect you and your baby from getting tetanus. You may be given a yellow card for any tetanus injection you take whether you are pregnant or not. It is important if you have this yellow card to show it to your midwife because it will guide her to know your level of protection against tetanus and also to know how many more times you will need to take the injection.

Fitness for Pregnancy

Whether you exercise regularly or not, pregnancy is a special time for taking care of yourself. The fitter you are, the better you will feel and cope with the normal discomforts of pregnancy. Exercise is good for your posture, especially at this time and your fitness level is important for your recovery process after childbirth. Continue with your normal physical activities as long as you feel comfortable and can breathe easily while you perform them. You will probably have to slow down a bit as you get to the last weeks of pregnancy. An activity like walking is recommended but jerky movements and jumps should be avoided. Additional exercises such as those illustrated below are helpful.



Pelvic Rock (Helps relieve backache and pressure in the abdomen and strengthens muscles in abdomen)



Head and shoulder lift (Strengthens muscles in abdomen)



Squat (Strengthens legs muscles)



Rib cage lift (Strengthens legs muscles and makes it easier to breathe)

Preparing For Delivery

Labour can start anytime so every pregnant woman must prepare for this time. Leaving preparations to when the pain and discomfort start is not helpful. Your midwife will discuss with you the preparations you should make for your delivery. These include:

- How you will get to the health facility (even during the night).
- Who will go with you to the hospital or clinic.
- Who will take care of any younger children.
- Who will donate blood in case of an emergency.
- Items to take along with you to the hospital for you and baby.

Danger Signs in Pregnancy (See or call your midwife/doctor immediately)

1. Pale colour of the inside of eyelids
2. Severe headache
3. Bleeding from vagina
4. Excessive vomiting
5. Severe lower abdominal pain
6. Swelling of the hands and face

LABOUR AND BIRTH GUIDE

The last few weeks/days of pregnancy can be considered as a pre-labour period. Pre-labour and labour occur as a gradual continuum/process and it is sometimes difficult to distinctly separate. The mother in the pre-labour period experiences lightening ie the abdomen appears to descend and become smaller. She has frequent painless contractions known as Braxton-Hicks. She has increased desire to urinate more frequently because the baby's head which has descended into the pelvis presses on the bladder. This is the time to ensure that your pack is ready and your support person can easily be reached. Normally, your midwife or doctor would have calculated a date for which to expect your baby. Most women will deliver up to 2 weeks before or after this date.

When Labour Starts

The tightening or contractions that you feel in the third trimester will now become more painful and more frequent. This will continue until the baby comes out. Other signs of labour you may notice are blood-stained mucus in your pant (known as Show), and loss of fluid from the vagina (when the waters break). When you see any of these signs, it is time to go to the clinic to see your midwife.

The Stages of Labour

Although labour is a continuous process, it is divided into four stages so that caregivers can provide specific care at certain periods during the process.

First Stage Labour

During this phase, the mouth of the womb (cervix) shortens and gradually opens until it is fully opened (10cm). You will experience repeated contractions that may increase up to five every ten minutes, each lasting about twenty to forty seconds. In many women the waters break with a gush during this time. You will begin to feel a strong urge to push as your cervix becomes fully opened. You may find the following activities helpful at this time: taking short walks, changing positions frequently if you are lying down, massaging of the lower back, relaxing and taking slow deep breaths during the painful contractions. It is important to keep clean by changing soaked pads, having a warm bath/shower. You need energy during this time so take in fluids frequently and light energy-rich foods that you can tolerate. In the clinic, the midwife during this period will check on your health and your baby's health by listening to your baby's heartbeat regularly, counting your contractions and examining you through your vagina to determine how far your cervix is opening. She will record these on a sheet called a partograph. You can be given medicine for your pain during this time. The first stage of labour lasts normally between eight to fifteen hours.

Second Stage Labour

This is the time when the baby slips out of the womb and is born. The con-

tractions now occur more frequently, about every two minutes and last about sixty seconds and are accompanied by a strong urge to push. The baby's head descends gradually until it becomes visible as you push. If you have already discussed the position you would like for your birth, your midwife will help you to get into this position. The following positions are generally more comfortable and effective: semi-sitting, side lying and squatting. You should hold your breath and push only during contractions and take deep relaxing breaths in between the contractions until baby is eventually born. Your midwife will stay with you during this second stage, check on the baby more frequently and assist you to deliver the baby. She will cut the cord to separate you from your baby. Sometimes a cut (epi-siotomy) will be given during this time to prevent you from tearing your vagina which will be repaired later. Your baby will normally cry soon after it is born and the midwife will hand her over to you to keep warm if he/she is well and does not need any help to breathe.

Third Stage

This is the period during which the placenta or afterbirth is delivered. Your midwife will give you an injection or tablet to help your womb to contract to separate the placenta from the womb. The contractions you experience at this time may be mildly painful. The midwife will remove the placenta by applying a gentle pull on the cord whilst placing a firm hand on your abdomen. You may feel a small gush of blood with delivery of the placenta. Your womb should remain contracted and very firm after delivery of your placenta; this is important to prevent any further bleeding. Your midwife will check your vagina for any cut or tear and repair it. She will also check your placenta to ensure that it is complete. You can continue to give attention to your baby and start breastfeeding at this time.

Fourth Stage

This period is the first six hours after your baby has been born. It is a critical period during which complications such as bleeding can occur. You may feel emotional, tired, hungry and elated at the same time. If you were given an episiotomy and it has been repaired you may feel uncomfortable. Your baby may open his/her eyes, be very alert and attentive. Your midwife will check on you and your baby frequently and she will instruct you on what to eat during this period. She will check your blood pressure, pulse (heart rate), how firm your womb is and your pad to see if there is abnormal

bleeding. She will also check your baby's breathing and activity and help you to breastfeed if you are unable to do so. The breastmilk will be scanty and yellowish but this is all your baby needs at this time so it is important to frequently feed your baby. You can also help take care of yourself by checking every fifteen minutes to see if your womb is firm; if it is not firm you can rub it to keep it firm. Do not hesitate to call if you experience the following signs which may be dangerous: heavy bleeding, headache, dizziness, blurred vision or if your baby is not breathing well or his/her colour changes to blue or ash. You may be discharged after the fourth stage if you have had a normal labour and delivery.

Danger Signs in Labour (See or call your midwife/doctor immediately)

1. Bleeding from Vagina
2. Fluid from vagina (greenish, brownish or foul-smelling)
3. Persistent and severe abdominal pain which is tender to touch
4. No movements of your baby
5. Fever
6. Baby not born after 24 hours in labour

Now Your Baby is Here

Having a baby is a great experience that most mothers never forget. Most babies will cry immediately they are born. Your midwife will show you the sex of the baby soon after it is born and will place the baby on your abdomen with an identity bracelet. The midwife will dry the baby, place her between your breasts and cover you both to keep your baby warm. Remember that keeping babies warm is an important aspect of their care. Remember that the baby must be kept warm during the first few weeks of life. Put baby to breast immediately after birth. Additional care that your midwife will provide during the few hours of your baby's life include: instilling eye drops into your baby's eye and injecting your baby with vitamin K. This will help protect the baby's eye and prevent the baby from getting bleeding problems.

Caesarian Births

Most babies enter the world through the birth canal (vagina). However in some cases, a baby is born by caesarian delivery. This means the baby is delivered through a cut (incision) in the mother's abdomen and womb. There are many reasons why a caesarian birth may be used to deliver your baby. A caesarian delivery may be planned in advance when certain conditions are known. Other problems may occur before or during labour that will require caesarian birth and these are discussed below:

Failure of labour to progress

In some instances, labour slows down or stops. In such cases, contractions may not open the neck of the womb (cervix) enough for the baby to move into the vagina. The doctor may start or speed up labour with medication if labour is moving slowly. It may take several hours before the doctor decides that a caesarian birth is needed.

Concern for the baby

During labour, problems may be found and the baby may need to be delivered by a caesarian birth. For instance, the umbilical cord may be swept down and will be positioned ahead of the baby's head and this can cause it to become compressed or pinched. This can be detected by an abnormal fetal heart rate and a caesarian birth will be necessary to save the life of the baby.

Problems with the placenta

Sometimes the placenta is positioned below the baby, covering part or all of the neck of the womb (placenta praevia), blocking the baby's exit from the womb. Another problem that may occur is when the placenta separates from the womb before the baby is born (placental abruption), slowing down the flow of oxygen to the baby. Both of these conditions can cause heavy bleeding and require a caesarian birth.

Previous Caesarian Birth

Having had a caesarian birth before plays a part in whether you will need to have one again. Women who have had a caesarian birth before may be able to give birth through the vagina but the benefits and the risks will be carefully considered before the decision to have a caesarian birth is taken. It is important to talk to your doctor about this.

Other possible reasons for a caesarian birth include a large baby, a baby that comes with the buttocks first (breech) and conditions that a mother may have such as high blood pressure or diabetes.

It is your right to understand why you will need to have a caesarian birth and it would be useful to ask any information that you require from your doctor.

Breastfeeding Your Baby

Starting breastfeeding early, especially within the first 30 minutes is a good practice. Breast milk provides all the food and water a baby needs in the first six months of life. Remember that at first only some yellow liquid will come from your breast. This liquid protects your baby and it is all that baby needs. In about two days your milk will become whiter; the more your baby suckles, the more your milk will flow. Your baby should be breastfed as often as he/she needs it both day and night. Once baby learns to suckle very well at the breast you may sometimes experience some pain in your abdomen as baby feeds, this is a sign that your womb is getting back into shape. You may take some paracetamol if you find this pain unbearable.

Nine Great Reasons to Breastfeed

1. Your milk is specifically made for your baby and it has the right amount of nutrients.
2. The first milk (colostrum) protects your baby against infections and allergies.
3. Breastmilk is safe, fresh and exactly the right temperature and is always with you.
4. Breastfeeding is natural and automatic and does not depend on the size of your breast.
5. Breastfeeding continues the secure and loving relationship between mother and baby.
6. It is available and all that your baby needs for six months.
7. It is easy on the family budget.
8. It is an enriching experience.
9. Works even for working mothers because milk can be expressed and stored when mother is away.

Postnatal Checks

Once your midwife is sure that you are okay, you may be discharged from the hospital and this may be a day after baby is born. The midwife will need to check on your health and that of baby two days after your discharge and a few days after that. Be sure to call or see your midwife if you have any concerns. Below are some signals that show your baby is unwell and needs immediate medical attention.

Danger Signals in Baby

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|---|-----------------------------------|
| 1. Breathing difficulty | 9. Eyes swollen and draining pus |
| 2. Blue colour | 10. Umbilicus draining pus |
| 3. No urine or stool passed since birth | 11. Fever/Cold to touch |
| 4. Lack/less than normal movement | 12. Pale or yellow skin and eyes |
| 5. Twitching or convulsion | 13. Skin rashes and draining pus |
| 6. Not feeding or poor feeding | 14. Persistent vomiting |
| 7. Diarrhoea | 15. Crying weakly or inconsolably |
| 8. Bleeding spots/patches in skin | 16. Swollen joints or limbs |

General Baby Care

Babies are such a delight to watch and they are also delicate. They need to be kept warm during the cold weather and to be dressed in light cotton clothing when the weather is hot. Baby's cord should be kept dry and only wiped with cotton wool soaked lightly in methylated spirit. Your baby may only need one bath a day and it is advisable to use very mild soap and a fine sponge to prevent bruises to baby's delicate skin. Massaging baby's head with hot water will not help to close the gaps in the front and back of the head (fontanelles) any earlier than when they should close; your baby might get injured instead. Care must be taken not to expose baby for too long during bath time.

Babies do not need so much to stay comfortable and crying is only a sign that baby is uncomfortable, hungry or in pain. Once you are sure that baby is not hungry or not wet, crying may be a sign of discomfort or pain. Rub-

bing baby's back gently between and after feeds, helps to remove excess air from baby's stomach. This is a good practice as it prevents baby from having pain that comes with excess air in the stomach.

Vaccinations

Babies are vaccinated to protect them from common diseases that affect very young children. When you give birth in a health facility, a booklet will be provided for you so that all records of vaccinations and your baby's growth will be kept. Your baby may be given an injection in the right arm and a few drops of liquid in the mouth soon after birth or within a few days following delivery. Other vaccinations start from the time baby is six weeks. Be sure not to miss any of these vaccination appointments.

Birth Registration

Registering your child's birth is important and it is free until your child is one year old. Birth registration officers are attached to some child vaccination and weighing posts and you can register your child's birth at these places. You can get further information about where to register your child at the health facility where you delivered your baby. Remember that after your baby is one year old you will pay a fee for birth registration.

Caring for Yourself

The first few weeks following the birth of your baby is an important time for paying attention not only to your baby but to yourself. You will find your baby needing your attention very often, including night times. During the day it is advisable to sleep while your baby is asleep so you can feel rested when baby wakes and needs your attention. Getting someone to help with house chores is a necessity because attempting to do these chores yourself will result in chronic fatigue, which can affect your recovery.

Resuming sexual relations following childbirth depends on some factors. Your comfort is the most important thing to consider and this is the time that your partner needs to give you all the support to ensure that there is harmony in the home environment. Some women prefer to resume sexual

relations after bleeding completely stops while others do not follow that rule. If you were given a cut during childbirth, you will probably find that delaying sexual intercourse until your wound is healed is more comfortable; this may take between two to three weeks.

Family Planning following childbirth is important to ensure that you do not find yourself surprisingly pregnant. Breastfeeding, when it is done exclusively; that is the baby feeds as often as he/she wants, including night times, and no other drinks are given is one sure way of preventing an unwanted pregnancy in the first six months after childbirth. If this practice is not followed, there is a risk of becoming pregnant even before your menses return. If for some reason you cannot practice exclusive breastfeeding up to the recommended period of six months, it is important for you to seek family planning counsel for you to choose a method that you will find appropriate.