The postnatal programme will give you the support you need in the first few weeks of your baby’s life. This can be a really challenging time but we can help you get the skills to feel more confident in looking after your baby and yourself.

We will start by visiting you at home and then when you and your baby are more settled we will introduce you to other people, like the Children Centre, who can provide you with ongoing support.

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<th>Week 1:</th>
<th>Primary Birth Visit</th>
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<td>Week 6:</td>
<td>Your Baby’s Health &amp; Next Steps</td>
</tr>
</tbody>
</table>
Week 1: The Contract

What do we want to achieve?

How often will we meet?

Where will we meet?

How long will each session last?

What will you do?  What will I do?

What session do you want to focus on first?
Week 1: Primary Birth Visit

Remember...

Your baby is going to need parents who believe in themselves. Believing in yourself will help you to enjoy the good times more and cope with the bad times better. It will also help you to be a confident and capable mum (and dad).

✔️ The most important thing to remember is, you may need help and support along the way but you can do this.

✔️ Believe in yourself, you will need to learn how to be a parent but all first time parents feel like this at first. You can do this as well as they can!

✔️ Don’t try to do this on your own- ask for advice and support from the people here to help you.

Remind yourself about the skills you have to be a good parent
Week 1: Primary Birth Visit

My hopes & wishes for our future are:

My worries for the future are:
Week 1: Primary Birth Visit

The people most important to our baby are...

Babys Name
Week 1: Primary Birth Visit

What is our baby like?

Did you guess right?

Our baby is

 cm long

Our baby weighs

 kg

I think our baby takes after


Why don't you stick a picture of your baby in here?

Our baby has

 Colour hair

I like it when our baby


I don't like it when our baby


Our baby is


Feeding Choices

As a new mum you have to make a lot of decisions about your baby. Breastfeeding is what your body is expecting to do when your baby is born, and it's important for your baby as he or she continues to grow.

Breastfeeding your baby is an amazing achievement because every day that you breastfeed makes a difference to your baby's health. There are also lots of benefits for you as a mum.

Breastfeeding is the healthiest way to feed your baby. Only giving your baby breast milk is recommended for around the first six months (26 weeks) of your baby's life. After that, giving your baby breast milk alongside other food will help them continue to grow and develop.

Remember the reasons to be proud of breastfeeding

✓ Breastfeeding provides a lot of nutrition to the baby and helps reduce the risk of infections.

✓ Breastfeeding reduces the risk of cot death.

✓ It's available whenever and wherever your baby needs a feed.

✓ It's the right temperature.

✓ It can help to build a strong bond between you and your baby.

✓ It naturally uses up to 500 calories a day (you may be able get into those jeans again earlier)
Any amount of breastfeeding has a positive effect. The longer you breastfeed, the longer the protection lasts and the greater the benefits.

**Feeding when you’re out and about**

Breastfeeding is just like any other new skill – it takes a little bit of practice. Most people won’t even notice when you breastfeed in public places and many women find it easier to sit quietly and feed their baby than struggle with a baby who is hungry and upset. Once you and your baby are good at breastfeeding, you’ll feel more confident about doing it wherever you are.

**Frequently Asked Questions**

**How do I know when to feed my baby?**

Your baby will make little signals, sometimes known as feeding cues, such as sucking her fists, licking their lips or wriggling round and opening their mouth searching for your breast. Looking out for and responding to these cues is important because the sooner you can respond to them, the less likely your baby is to cry. Crying is stressful for a baby and a baby feeds best when calm.
How long does a breastfeed last?
Every baby is different so feeds will vary in length. It’s best to be guided by your baby’s behaviour. Your baby will normally let you know when they have had enough milk by taking themselves off the breast. Feeds can vary a lot; sometimes your baby might only need a quick feed and sometimes a much longer one. As your baby feeds from your breast, the milk changes slightly and becomes more creamy (higher in fat) and filling. Letting your baby finish feeding on one breast before switching to the second helps her put on weight and stay fuller for longer.

How do I know if I’m feeding her properly?
Pain is a sign that something is wrong; it is usually caused by the way that your baby is feeding at the breast (the attachment). The way you hold your baby so that they can attach effectively at your breast is called positioning.

Top Tips for Checking Attachment & Position is Correct

How do I know when to feed my baby?

1. Your baby is tucked in as close to you as possible.
2. The baby’s head is tilted back and chin pressed against your breast, rather than tucked down.
3. Before they take your breast, your baby’s mouth is wide open.
4. Your baby’s nose is not pressed into your breast.
5. You see deep jaw movements.
6. Some of the areola (the coloured part around your nipple) is showing, & there is more above the top lip than below the bottom lip.
7. You hear sounds of your baby swallowing milk.
8. You might have a feeling of being ‘firmly gripped’.
Most infant formula is made from cow’s milk that has been treated to make it suitable for babies. Cow’s-milk-based infant formula is the only infant formula your baby needs. You should not feed your baby other formulas unless your midwife, health visitor or GP recommends you to. If you think a particular brand of infant formula disagrees with your baby, ask your GP, midwife or health visitor for advice.

**Formula Feeding**

Some mums decide not to breastfeed and choose to use formula. If you use a bottle to feed your baby, you can still feel close and share special time together when feeding.

When using formula it is important to have a sterilized bottle and teat. Boil the water, allow it to cool to about 70°C and then add the powder. Make sure you follow the instructions on preparing the formula (as they all differ) to help you feed your baby properly.

Whichever method you choose you should wait until your baby is six months until introducing solids.

**What is Infant Formula?**

Most infant formula is made from cow’s milk that has been treated to make it suitable for babies. Cow’s-milk-based infant formula is the only infant formula your baby needs. You should not feed your baby other formulas unless your midwife, health visitor or GP recommends you to. If you think a particular brand of infant formula disagrees with your baby, ask your GP, midwife or health visitor for advice.

Infant formula is available in two forms:

• Ready-to-feed liquid infant formula, sold in cartons, which is sterile; and
• Powdered infant formula, which is not sterile.
How to Formula Feed

Hold your baby in your arms, across your body, and close to you, well supported. Babies shouldn’t be flat on their backs to feed. Support your baby so they are slightly raised, and able to look at you. Never feed your baby by propping the bottle up.

What you need for Formula Feeding

You need to make sure you clean and sterilise the equipment to prevent your baby from getting infections and stomach upsets. You’ll need:

- Bottles with teats & bottle covers
- Formula milk powder, or sterile ready-to-feed liquid formula
- Bottle brush, teat brush
- Sterilising equipment (such as a cold-water steriliser, microwave or steam steriliser)
Skin-to-skin is holding your baby bare chest to your bare chest. This is your special time with your baby, to get to know him, and to let him get to know you. It will help your baby to adjust to being outside the womb.

It is ideally done immediately after the birth and as much as you can during the first few days of life. Skin-to-skin can be done by both you and Dad.

Skin to skin helps regulate the baby's temperature, breathing, heart rate and sugar levels. It also calms the baby so that they don't get stressed out or cry a lot. It is easier for many babies to latch on to the breast when held skin-to-skin but no matter how you are going to feed your baby, you will both benefit from this special time together.

It is good for both full term and premature babies.

How did you feel when you tried skin-to-skin?
Dealing with a newborn’s dirty nappies can be a bit of a shock, especially if it’s your first baby; however, you will soon get used to it and nappy changing will become part of your daily routine.

**What should a baby’s poo look like?**
The first dirty nappy will be filled with something known as meconium; this is the baby’s first stool and it will usually have a green and slightly blackish appearance.

After a few days, you will notice that the colour of the poo changes and become more yellow. The colour and consistency of baby’s poo usually depends on what they are being fed; breast-fed babies often have slightly runny poo, which doesn’t really smell, while formula fed babies have firmer, darker poo, which will usually smell quite unpleasant. Sometimes, formula milk can make baby’s poo a dark green colour.

**How often should my baby be pooping?**
Every baby is different and some babies produce a lot more dirty nappies than others. Generally, formula fed babies poo more often than breastfed babies. It is completely normal for a baby to poo after each feed; however, it is also normal for babies to go for a few days without doing a poo, especially if they are being breast-fed.

You will probably start to notice when your baby is doing a poo; often, they puff their cheeks and go red as they are straining their facial muscles; this is normal and very common.
Should I be worried about changes in my baby’s nappies?

It is normal for your baby’s nappies to change slightly from day to day but there are some symptoms and signs to look out for; these include:

- Pale poo: if your baby’s poo is paler than usual this may indicate that they have jaundice; if you are worried, talk to your midwife, health visitor or GP.

- Runny poo: this is often a symptom of diarrhoea. Other possible symptoms include soiling the nappy more frequently and producing more poo than usual.

- Constipation: constipation can be very uncomfortable for babies. Signs of constipation include dry poo, straining and crying when soiling the nappy, spots of blood on the poo and abdominal pain.

- Blood in the poo: this may be a symptom of constipation but you should always get this checked out by your GP.

- Green poo: green poo may indicate that your baby is taking in too much lactose; it may also be a symptom of a tummy bug. You should arrange to see your GP if symptoms persist for more than 24 hours.
How do you Feel Today?

Write down some of the emotions you are feeling this week, for example, tired, confused, happy, sad, frustrated...

Notes

To do list...
### My Diary - First Two Weeks

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What is the longest time I have slept for? 

What is the longest time I have been awake?

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**This is how you know I’m happy:**

When I am satisfied, this is how it looks:

When I’m hungry I do this:

Usually I will fuss for this long:

When I cry, this is how it looks:

I am most likely to cry when:

When I am wet I do this:

When I am cross I do this:
Week 2: Attachment & Bonding

Toxic Stress

Calm parents = calm baby
When parents are stressed it can sometimes rub off on babies and children.

If there's too much stress and emotional upheaval in a baby's life over a long period of time it can actually change how a child's brain develops.

We all need some stress in our lives and some stress is good as the baby or child experiences a surge in heart rate and changes in hormone levels, and if the baby is comforted and supported at the time of the stress they learn how to manage, cope and overcome stress. And that's an essential life skill.

Top Tips for Keeping Calm

- Take big breaths when you are starting to feel stressed
- Be realistic, expect that you will have sleepless nights and feel frustrated sometimes
- Don't put your self under pressure by trying to do too much
- Remember that the baby is developing through phases and it will get easier
- Make sure you are eating well and drinking enough fluid, some times it is better to eat lots of snacks (but try to make them healthy!)
- Try to make time for doing something small that you enjoy
- Have a laugh
- Talk with others about how you are feelings
- Ask for professional help when needed
Do you Remember Why Babies Cry?

Remember all babies are genetically programmed to call out for comfort when they are distressed about something. Crying is a way of telling you that they need help.

Babies do not cry to exercise their lungs, to annoy and control you or for the fun of it!

They cry when they are unhappy and need to alert you that something is bothering them i.e. they are hungry, thirsty, uncomfortable or tired. They are asking for your help!

At first it can be hard to work out what the crying means but as you get to know your baby you will be able to read their cries more and more accurately. For example, you will learn to tell a hungry cry from a tired cry.

Revisiting Baby Cues

Remember, crying is also a very important part of your baby's language and the main way of communicating their needs before talking begins. Answering your baby's cries as soon as possible helps them to feel secure.

Good listening is one of the most vital skills in your growing relationship with your baby. In the early days, it's about listening to their cries and gradually working out which one means "I'm hungry", and which means "I'm lonely and want a cuddle". Later on, it'll become the basis of a good relationship and a key part of meeting your baby's needs.
Soon you may be able to recognise a pattern in your baby's daily behaviour, and you'll begin to understand their wants and needs. Learning to read his cues has many benefits for your baby:

- **It helps your baby relax.** If you respond to your baby's signals quickly, they will feel understood, and their stress levels will reduce.

- **It helps you to respond to your baby the right way.** By watching your baby you'll get to know what they need.

- **It helps your baby build trust** in the people looking after them.

- **It teaches your baby about emotions.** Your baby learns about feelings through the way you communicate with and look after them.

Learning to read your baby's signals has benefits for you, too. You'll feel much more confident as a parent if you can interpret what they want. By observing your baby, you'll also learn how your baby shows emotions.
What are the signs that I want something?

I want to be fed?
Babies often have a special sound or cry they make when they’re hungry and you’ll soon learn to identify it. Some babies suck on their hands, fingers or fists. You may also notice your baby turns their head strongly to one side while opening their mouth. This is called rooting, and they are looking for your nipple!

I’m tired and needs to sleep?
Many babies fuss or cry when they need to sleep. Some babies will stare, with glazed eyes, before drifting off. Or your baby may suddenly look quite pale. They might stop being interested in being played with or looking at something, and stop responding to you and what’s happening around them.

I’m bored or lonely?
Babies don’t have to be entertained constantly, because they usually find things to look at. Your baby may well enjoy short quiet times to explore their surroundings. If your baby feels lonely, you may notice them looking around for something interesting to stare at. If they are in a calm state with a wide-eyed look, they may be ready for some company or to learn something new.

I’ve got wind?
If your baby has wind, they may cry or fuss, and pull their knees up to their stomach. They may look as though they are in pain. Your baby may screw up their face too and seem agitated.
I want to play?
Your baby will be interested in playing with you from birth. He will tell you by becoming calm and alert, and looking at you with wide eyes and raised eyebrows. They may open his mouth into an "oo" shape or make noises as if to call you.

I'm too hot or too cold?
Your baby needs to wear the same amount of clothes that you do, depending on the temperature. Feel the back of his neck to find out if your baby is hot or cold. Look at their skin colour, too. If it's mottled with patches of red and blue, it could mean your baby's body is trying to adjust to the right temperature.

I'm over stimulated?
Some babies are easily overwhelmed, and can only cope with short bursts of play. Your baby may show you they have had enough by sneezing, yawning, looking pale or very red, or looking away. They may shut down, and look as if he's going to sleep. Or they may start to fuss or cry, or push you away. Your baby may need you to help them settle down, as some babies find it hard to unwind after a lot of stimulation. Holding your baby calmly in your arms or over your shoulder may help. Or, try putting them down in a quiet place, with your hand resting gently on their belly.
I want to be soothed?

Babies are born with the ability to self-soothe. In fact, when he was curled up in your uterus (womb), your baby may have found it easy to suck his hands or fingers. After he’s born, however, it may not be as easy for him to reach them! Your baby may fuss, cry, frown or start to kick and wriggle if they want your help to calm down. By watching your baby's movements, you can tell if they like to put his fist, hand or fingers near or into his mouth.

I Know My Baby...

I know my baby is tired when...

I know my baby is hungry when...

I know my baby is too hot when...

I know my baby has a dirty nappy when...

I know my baby has wind when...

I know my baby wants to play when...
Starting to Play with your Baby

Playing games with your baby is very important for their social, emotional, physical, and cognitive development. Play also brings you and your baby closer and makes your time together that much more enjoyable.

Remember, the more your baby laughs, the less they cry!

- Your face is your baby's favourite toy.
- Cradle your baby in your arms or in a sitting position on your lap (with head well supported).
- Talk to your baby - watch their reaction and wait for their response. Watch what your baby is doing - every movement of arms or legs waving is part of your baby's response to you.
- Don't feel silly when playing with your baby, even when they are very young, laugh, sing, even read a story.

Tell us how feel when you play with your baby.
Week 2: Attachment & Bonding

How do you Feel Today?

Write down some of the emotions you are feeling this week, for example, tired, confused, happy, sad, frustrated...

Notes

To do list...
## Week 2: Attachment & Bonding

### My Diary - First Two Weeks

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What is the longest time I have slept for? 
What is the longest time I have been awake?

This is how you know I'm happy:

When I am satisfied, this is how it looks:

When I'm hungry I do this:

Usually I will fuss for this long:

When I cry, this is how it looks:

I am most likely to cry when:

When I am wet I do this:

When I am cross I do this:
Routines

Since your baby was born, life has probably been really chaotic and you probably haven’t got into a routine yet. Don’t worry this is completely normal and totally expected in the first few weeks.

You may feel that you don’t even have the time to get yourself washed and dressed or eat your meals to start with. This will get easier and you will start to notice a pattern when your baby is more likely to sleep during the day or when they are most alert.

Feeding and sleeping are the two things your newborn baby will do most of the time – usually in that order. Trying to balance the two and work out which one your baby needs, is how you’ll spend most of your time in the first few weeks as a new mum. But when it comes to developing a routine for your newborn, they make the rules, eating and sleeping whenever they need to.

Top Tips for Keeping Calm

- Watch for your baby’s natural routine. When do they wake, eat, sleep?
- Create lead-ins that signal what is coming next, such as a bath before bedtime, a nappy change before a feed, etc.
- Make sure that you share the routine with other your partner, family members and friends who are helping you look after your baby. They can help you to make sure the routine is carried out each day.
Day & Night

Teaching your baby the difference between day and night is one of the first things you need to do if you're trying to establish some kind of routine. Do this by making sure that night-time sleep and daytime sleep look completely different.

- During the day, do not try to block out light or make the house completely quiet.

- To establish night-time sleep, try a bedtime routine that includes a bath or wash, perhaps a quick massage and a story for example. Close the curtains to block out light and make sure the house is quiet.

Whilst it may be too early for your newborn to settle into a bedtime routine, getting into the habit of doing it now will help you establish a bedtime routine later on.
24 Hours

This picture represents a 24 hour clock, with each segment being 1 hour. Fill in the clock to show what your baby does in a 24 hour period. You can either write on the chart or colour it in. Show when your baby is feeding, sleeping, playing or crying.
24 Hours

Next fill in the second clock what you have been doing over a 24 hour period. Fill in when you have managed to sleep or rest, get something to eat, get washed or showered, had friends or relatives to see you.

It may be helpful to repeat this exercise in a few weeks time to show yourself, how your baby's routine changes over time.
Reducing the Risk of Cot Death

Place your baby on its back to sleep in a cot, in a room with you.

Try to do this from the very beginning as all the evidence says that when babies sleep on their backs they are less likely to have a cot death, babies who sleep on their tummies or their sides have an increased risk.

The safest place for your baby is to sleep in the same room as you for the first six months. Try not to let your baby sleep in a car seat for long periods.

You can put your baby on its tummy to play which will help prevent them getting a flat head and help with their development! We call this tummy time.

Back to sleep, front to play.
Reducing the Risk of Cot Death Quiz

1. Why shouldn't you let anyone smoke around your baby?

2. Why shouldn't you sleep in the same bed as your baby, especially if you have been drinking alcohol, taking drugs or smoking?

3. Why should you avoid falling to sleep with your baby on a sofa or armchair?

4. Why shouldn't you lay your baby down to sleep on the sofa?

5. How should you lay your baby down to sleep in the cot?

6. Why shouldn't you let your baby get too hot?

Remember cot death is very rare, so don’t let worrying about it stop you enjoying your baby’s first few months. Just follow the advice to reduce your risk.
Smoke Alarms and Carbon Monoxide Monitors

It is really important to have a smoke alarm and a carbon monoxide monitor fitted as they are essential devices for the keeping you and your baby safe. It should let you know immediately if there is smoke or carbon monoxide in your home.

✅ A basic smoke alarm and a carbon monoxide monitor are cheap to buy.

✅ Best place to fit a smoke alarm is at the top of the stairs, hallways and landings.

✅ Best place to fit a carbon monoxide monitor is at head height, or place it on a table or bookshelf.

✅ Don’t fit a smoke alarm next to a cooking area where smoke from burning the toast will set off the alarm.

✅ Remember to test alarms monthly by pushing the test button to make sure they are operating correctly and replace the batteries every year. An alarm is no good if the battery is flat!
How do you Feel Today?

Write down some of the emotions you are feeling this week, for example, tired, confused, happy, sad, frustrated...

Notes

To do list...
# Week 3: Getting into a Routine & Safety

## My Diary - First Two Weeks

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What is the **longest time I have slept** for? 
What is the **longest time I have been awake**?

### This is how you know I’m happy:

When I am satisfied, this is how it looks:

When I am hungry I do this:

Usually I will fuss for this long:

When I cry, this is how it looks:

I am most likely to cry when:

When I am wet I do this:

When I am cross I do this:
Your Mental Health

Having a baby is usually thought of as a happy time. However, as a new Mum, you may not necessarily feel this straight away.

You may go through a brief period of feeling emotional and tearful – known as the 'baby blues'. It usually starts 3-10 days after giving birth and affects around 85 per cent of new mothers. It is so common that it is considered normal. New fathers may also feel it. And, although having the baby blues may be distressing, it’s important to be aware that it doesn’t last long – usually only a few days – and is generally quite manageable.

However, around 10-15 per cent of new mothers develop a much deeper and longer-term depression known as postnatal depression (PND). It usually develops within six weeks of giving birth and can come on gradually or all of a sudden. It can range from being relatively mild to very severe.

Common signs of postnatal depression

You may experience one or more of the following symptoms. However, it is unlikely that you will go through all of them.

How you may feel:

- sad and low
- tearful for no apparent reason
- worthless
- hopeless about the future
- tired
- unable to cope
- irritable and angry
- guilty
- hostile or indifferent to your partner
- hostile or indifferent to your baby.
You may find that you:

- lose concentration
- have disturbed sleep
- find it hard to sleep – even when you have the opportunity
- have a reduced appetite
- lack interest in sex
- have thoughts about death.

As babies need care and attention frequently, including during the night, it is common to feel tired in the months following the birth of a child. And lack of sleep can make you feel both low and irritable. This is normal, and it is important not to confuse this with PND. However, one indication that you are going through PND is if you find it hard to sleep even when you’re tired and have the opportunity to do so.

When your baby is about 12 weeks old, or before if you show any signs of feeling low, we will talk about your mental health.

It is really important that you talk to someone about how you feel.
Having Sex Again After having a Baby

It is not unusual for new mothers to go off sex. Soreness and bruising as a result of the birth, as well as dryness because of hormonal changes, tiredness, not feeling like sex (sometimes as a result of being occupied with the baby) and tender breasts (especially if they are breastfeeding) are all common.

It is also not unusual for new fathers to go off sex. Many fathers may be put off having been at the birth. Others are concerned about hurting their partner. Tiredness, of course, and even having the baby sleeping in the same room, may put off many fathers. The best advice is to wait until you are both ready, especially if you want to have penetrative sex.

Remember, if you don't feel ready for penetrative sex you can still have fun! It is still really important for you and your partner to express your feelings doing stuff like:

- Kissing
- Massaging each other
- Snuggling on the sofa
- Cuddling
- Holding hands

The list is endless!
It is just really important that you talk to each other about how you feel.
Did you know?

You can get pregnant as early as 28 days after you have had your baby even if you are breastfeeding or haven't started your period again, so don't forget to sort out what contraception you are going to use before you start having sex again.

You don't need to wait for your periods to return to start contraception after you've had your baby. Here are some of the choices you have:

<table>
<thead>
<tr>
<th>Type</th>
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<tr>
<td>Implant</td>
<td>The implant is a small flexible rod that is put under the skin of the upper arm. The implant works for up to three years and be put in 3 to 4 weeks after giving birth. It can be used whether you are breastfeeding or bottle feeding.</td>
</tr>
<tr>
<td>Injection</td>
<td>Contraceptive injections contain a progestogen hormone which is similar to the natural progesterone that women produce in their ovaries. Depo-Provera protects you from pregnancy for 12 weeks. It is a very effective hormonal method of contraception. If you are breastfeeding, you should wait till 6 weeks after giving birth to have your first injection. If you are bottle feeding you can have the injection within 5 days of giving birth.</td>
</tr>
<tr>
<td>IUD &amp; IUS</td>
<td>An IUD is a small plastic and copper device that is put into your uterus (womb). It has one or two soft threads on the end. These thin threads hang through the opening at the entrance of your uterus (cervix) into the top of your vagina. There are different types and sizes of IUD to suit different women. An IUD can stay in for 5-10 years, depending on type. It should only be fitted by a trained doctor or nurse. An IUD is sometimes called a ‘coil’. An IUS is a small T-shaped plastic device which releases a progestogen hormone. This is similar to the natural progesterone that women produce in their ovaries. A trained doctor or nurse will put the IUS into your uterus. The IUS has two soft threads at one end which hang through the opening at the entrance of your uterus – cervix – into the top of your vagina. It works for up to five years</td>
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### Week 4: Your Health

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<td>Progestrogen Only Pill</td>
<td>The progestogen only pill can be started any time after birth and can be used if you're breastfeeding or not. The progestogen only pill is a pill you take every day without a break. Progestogen only methods of contraception do not affect breast milk production or the growth of your baby.</td>
</tr>
<tr>
<td>The Combined Pill</td>
<td>The combined pill which contains two hormones – estrogen and progestogen. These are similar to the natural hormones women produce in their ovaries. If you are breastfeeding it is not recommended that you take the combined pill as it can interfere with the flow of milk but it is ok to take the progestogen only pill.</td>
</tr>
<tr>
<td>Contraceptive patch</td>
<td>The contraceptive patch is a small, thin, beige coloured patch, nearly 5cm x 5cm in size. You stick it on your skin and it releases two hormones – estrogen and progestogen. These are similar to the natural hormones that women produce in their ovaries and like those used in the combined pill again you will not be able to use this type of contraception if you breastfeed.</td>
</tr>
<tr>
<td>Condom</td>
<td>Male and female condoms are barrier methods of contraception. They stop sperm meeting an egg. A male condom fits over a man's erect penis and is made of very thin latex (rubber) or polyurethane (plastic). A female condom is made of very thin polyurethane. It is put in the vagina and loosely lines it.</td>
</tr>
<tr>
<td>Diaphragms and caps</td>
<td>Diaphragms and caps are barrier methods of contraception. They fit inside your vagina and cover your cervix (entrance to the uterus – womb). They come in different shapes and sizes. Vaginal diaphragms are circular domes made of thin, soft latex (rubber) or silicone with a flexible rim. Cervical caps are smaller and are made of latex or silicone. To be effective, diaphragms and caps need to be used with a spermicide. Spermicides are chemicals that kill sperm.</td>
</tr>
</tbody>
</table>
### Emergency contraception

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
</table>
| Emergency contraception     | If you have had unprotected sex, that is, sex without using contraception, or think your contraception might have failed, you can use emergency contraception.  
There are two different types of emergency contraception:  
  - the emergency contraceptive pill, Levonelle  
  - the emergency intrauterine device (IUD).  

Emergency contraception can be very effective especially if you have an IUD fitted or if the emergency contraceptive pill is taken soon after sex.  
You don't need to use emergency contraception for the first 21 days after giving birth.  
You can take the emergency contraceptive pill up to 120 hours after you have had unprotected sex but it is more effective the sooner it is taken.  

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**Top tips**

- Have you have used a particular method before and did it suit you?

- Are you likely to forget to take it- if so the proestrogen pill is probably not your best choice?

- How do you feel about having periods?

- Do you need to be protected against sexually transmitted infection (STI)- if so always use a condom as well as contraception?
How do you Feel Today?
Write down some of the emotions you are feeling this week, for example, tired, confused, happy, sad, frustrated...

Notes
To do list...
### My Diary - First Two Weeks

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>My weight is:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Write down all the times I sleep in the next 24 hours</td>
</tr>
<tr>
<td>My length is:</td>
<td></td>
</tr>
<tr>
<td>I feed every:</td>
<td></td>
</tr>
</tbody>
</table>

**What is the longest time I have slept for?**

**What is the longest time I have been awake?**

**This is how you know I’m happy:**

**When I am satisfied, this is how it looks:**

**When I am hungry I do this:**

**Usually I will fuss for this long:**

**When I cry, this is how it looks:**

**I am most likely to cry when:**

**When I am wet I do this:**

**When I am cross I do this:**

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**Young Parents**

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42
When your baby is ready for their first solid food

Every baby is an individual, but there are clear signs which, together, show your baby is ready for solid foods. It is very rare for these signs to appear together before your baby is six months old.

The signs that your baby is ready to wean

✅ They can stay in a sitting position and hold their head steady.

✅ They can co-ordinate their eyes, hands and mouth so that they can look at the food, pick it up and put it in their mouth, all by themselves.

❌ They can swallow food. Babies who are not ready will push their food back out, so they get more round their face than they do in their mouths.

❌ They have started chewing their fist.

❌ They are watching you when you are eating.

❌ They have started waking in the night when they have previously slept through.

❌ They are wanting extra milk feeds.
Where the answer is **False** these are stages that every baby will go through but is not necessarily a sign of hunger, or a sign of being ready to start solid food. Starting solid foods won’t make your baby any more likely to sleep through the night. Extra feeds are usually enough until they’re ready for other food.

**Getting Started**

- *Always* stay with your baby when they are eating in case they start to choke.
- Let your baby enjoy touching and holding the food.
- *Allow* your baby to feed themselves, using their fingers, as soon as they show an interest.
- Don’t force your baby, wait until the next time if they are not interested this time.
- If you are using a spoon, wait for your baby to open their mouth before you offer the food. Your baby may like to hold a spoon too.
- Start by offering just a few pieces or teaspoons of food, once a day.
- Cool hot food and test it before giving it to your baby.
- Don’t add salt, sugar or stock cubes to your baby’s food or cooking water.
### Week 5: Weaning & Healthy Eating

#### Tips on what foods to give your baby as they grow

**Step 1 - From 6 months**

<table>
<thead>
<tr>
<th>Cooked, mashed &amp; cooled fruit &amp; vegetables</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parsnip</td>
</tr>
<tr>
<td>Potato</td>
</tr>
<tr>
<td>Sweet Potato</td>
</tr>
<tr>
<td>Carrot</td>
</tr>
<tr>
<td>Apple</td>
</tr>
<tr>
<td>Pear</td>
</tr>
<tr>
<td>Soft fruit - finger foods or mashed</td>
</tr>
<tr>
<td>Peach</td>
</tr>
<tr>
<td>Melon</td>
</tr>
<tr>
<td>Soft Ripe</td>
</tr>
<tr>
<td>Banana</td>
</tr>
<tr>
<td>Avocado</td>
</tr>
</tbody>
</table>

Whole cows’ milk can be used in cooking or mixed with food from six months but keep feeding them breast milk or infant formula as well but don’t give them whole cows’ milk as a drink until they are a year old.
### Step 2

**Cooked, mashed & cooled fruit & vegetables**

- Soft cooked meat such as Chicken
- Mashed Fish (Check for bones!)
- Pasta
- Noodles
- Toast
- Lentils
- Rice
- Mashed hard Boiled Eggs
- Full-Fat Yoghurt
- Full-Fat Fromage-Frais
- Custard (Choose products with no added sugar or less sugar)
Week 5: Weaning & Healthy Eating

Cups
Introduce a cup from around six months and offer sips of water with meals. Using an open cup or a free flow cup without a valve will help your baby learn to sip and is better for your baby’s teeth.

From 8-9 Months
Gradually, in this time your baby will move toward eating three meals a day. Try to give your baby a mixture of soft finger foods, mashed and chopped foods.

Your baby’s diet should consist of a variety of the following types of food:

- Fruit & Vegetables
- Bread, Rice & Pasta
- Meat
- Potatoes & other starchy foods
- Fish
- Eggs
- Milk & Dairy Products
- Beans & other non-dairy sources of protein
What to do if your baby starts choking?

One of the things that most parents worry about when they are thinking about starting to wean their baby is what to do if their baby starts choking. Remember this is very rare and is another reason for waiting until your baby is ready to wean.

First Aid

Lay your baby face down along your forearm with the head lower than the bottom. Support the head and shoulders. Give up to five back blows between the shoulder blades with the heel of your hand.

Check your baby's mouth quickly after each one and remove any obvious obstruction. If the obstruction is still present:
Give up to five chest thrusts, with two fingers in the middle of your baby's chest push inwards and upwards. Check your baby's mouth quickly after each one. If the obstruction does not clear after three cycles of back blows and chest thrusts dial 999 for an ambulance.

Continue until help arrives and resuscitate if necessary.

Remember:

- Never shake a baby.
- Do not feel blindly down a child or baby's throat to clear the obstruction.
- Any child or baby that has been given chest thrusts must be checked over by a doctor, as there is a small risk of internal damage.
Family Mealtimes

We all seem to be busy these days and we often don't make time for eating healthy meals together as a family. Rushing, 'making do' and grabbing food on the go all lead to unhealthy eating habits such as snacking, skipping meals, eating fast food, TV meals and fussy eating.

It is a really good idea to get into the habit now of making time for regular, healthy family meals part of your daily routine. Here's a few things you could try:

**Regular meal times**
Sticking to regular meal times really helps keep you and your family happier and healthier. Try to organise the day around three regular meal times. It's easier to stop kids from pestering for snacks if they know when their next meal is coming.

**Eat together**
Children like to copy their parents, brothers, sisters and friends. So if you can get them to eat with others (ideally with you), they can see and copy other people eating a variety of foods. Plus, the kids enjoy it and it can save a bit of time too.

**Make mealtimes fun!**
Get the kids involved and make a real occasion out of your meals so they look forward to sitting down together and eating.

**Make a date**
If you don't have time to eat as a family all the time, try setting aside a particular day that suits everybody, and make it a time you all keep free. So whether it's Sunday lunch, a relaxed Saturday morning breakfast or teatime on a Friday, get everyone involved and start having a special meal every week with family or friends.

**Turn off the telly!**
Try and use family meal times to get everyone talking. If the TV is on, you can guarantee they'll watch it instead of having a conversation - so try and get them into the habit of TV-free dinners.
How do you Feel Today?

Write down some of the emotions you are feeling this week, for example, tired, confused, happy, sad, frustrated...

Notes

To do list...
## Week 5: Weaning & Healthy Eating

### My Diary - First Two Weeks

<table>
<thead>
<tr>
<th>My weight is:</th>
<th>Write down all the times I sleep in the next 24 hours</th>
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</table>

What is the **longest time I have slept for?**

What is the **longest time I have been awake?**

**This is how you know I'm happy:**

*When I am satisfied, this is how it looks:*

*When I'm hungry I do this:*

*Usually I will fuss for this **long:***

*When I cry, this is how it looks:*

*I am most likely to cry when:*

*When I am wet I do this:*

*When I am cross I do this:*
Common Childhood Illnesses

When your baby is unwell it can be a very worrying time and every parent wants to know what they should do.

Nearly all babies, toddlers and children do get most of the common childhood illnesses in the first five years such as chicken pox, coughs and colds or ear infections and most of these illnesses can be treated at home, with advice and support from your GP or Health visitor. As you spend the most time with your baby you will become very good at noticing when they are not feeling well. Trust your instincts.

Here is a short guide on the common illnesses that may affect your baby and some of the actions you can take.

Being Sick

It is really common for babies to be sick in the first few weeks. This is called possetting, when babies bring up a small amount of milk. You can tell when your baby vomits as they bring larger amounts up and are more likely to cry.

Colic

If your baby cries a lot and suddenly, particularly in the late afternoon or evening, this may be due to colic. Colic is very common and is not serious, although may be uncomfortable.

Other signs are bringing their legs up to their chest, passing wind. Try massaging your babies back or tummy and always remember to wind your baby after they have had a feed.
### Coughs & Colds
This is very common and is caused by a virus. Make sure you give your baby lots to drink (if you are breast feeding your baby way want to feed more). If your baby is over three months old you could give them Paracetamol to reduce their temperature and relieve a sore throat.

### Cradle Cap
This is a scaly, greasy patch that appears on the scalp and is very common. You can treat this by applying a small amount of natural oil (like olive oil or vegetable oil) on your baby's scalp and wash off after at least 15 minutes. You may need to do this a few times before the cradle cap disappears.

### Dry Skins
Babies have very delicate skin and it is common for babies to have dry areas. Try to limit the amount of skin products that you use and if your baby's skin becomes dry and flaky, talk to your Health Visitor about what creams you could use.

### High Temperature (Fever)
Babies find it difficult to regulate their own body temperature and can easily get too hot. A temperature over 38 °C (100.4°F) is classed as a fever. Make sure you give your baby lots to drink (if you are breast feeding your baby way want to feed more). If your baby is over three months old you could give them Paracetamol.

**Contact your GP:**
- If your baby's temperature goes above 38°C
- Your baby is being sick
- Has a rash as well as a fever
- Is drinking less and has less wet nappies
- They are unusually sleepy
Nappy Rash

This is usually caused by your baby's skin coming into contact with dirty nappies. With mild nappy rash you can treat by changing your baby more often, occasionally leaving your baby's nappy off to let air get to their skin and using a thin application of barriers cream (don't use too much).

Rashes

If your baby looks well but has a rash that you are worried about tell your Health Visitor. It is common for babies to get heat rash, which are tiny red spots that often appear on their head or neck. Try to dress your baby in cotton clothing and keep your baby warm but not too hot.

If your baby has a rash that does not disappear when you press a glass to it or has a high temperature or vomiting seek medical help immediately. This can be a sign of meningitis.

Sickness & Diarrhoea

Sickness & Diarrhoea are very common and easily spread in places where there are lots of children. Make sure that you wash your hands regularly, after changing your baby's nappy and before feeding.

Make sure you give your baby lots to drink (if you are breastfeeding your baby may want to feed more).

Contact your GP:
- Has less wet nappies
- The soft spot on their head (fontanelle) is more sunken
- They are more sleepy than usual
Sticky Eyes

This is very common in young babies while their tear ducts are developing. It normally clears up on its own but you may have to clean your baby's eyes with cotton wool and clean, cooled boiled water. Use a clean piece of cotton wool for each time you wipe and wipe from the corner by the nose out to the ear. If the sticky stuff is yellow or green, contact your Health Visitor or GP as they may have conjunctivitis. This is very contagious so remember to use separate towels and wash your hands.

A Guide to Services

GP
You can contact your GP if you are worried about your baby’s health. You will normally need to make an appointment but most GP’s will see a baby quite quickly if you are worried. Outside of normal surgery hours you can still phone your GP, but you will usually be directed to an out-of-hours service.

Health Visitor
Your Health Visitor can offer you advice and support for minor childhood illnesses. Please remember that they may not be able to get back to you the same day if you leave a message, so if you are worried about your baby contact your GP.

NHS 111 Service
You can call 111 when you need medical help fast but it’s not a 999 emergency. You should use the NHS 111 service if you urgently need medical help or advice but it’s not a life-threatening situation.
Minor Injury Unit / NHS Walk-in Centres
Less severe injuries can be treated in Minor Injuries services and NHS walk-in centres, which can treat patients without an appointment.

Accident & Emergency Department
This is for injuries or if you are very worried about your baby's health. Major A&E departments offer access 24 hours a day, 365 days a year, although not all hospitals have an A&E department. You do not need to make an appointment but you may need to wait.

999 Services
If an ambulance is needed, call 999, the emergency phone number in the UK.

Immunisation
Immunisations will help to protect your baby from serious diseases. They work by causing your baby's immune system to make antibodies. If your baby comes into contact with the disease, the antibodies will recognise it and be ready to fight off the infection. All childhood immunisations are free.

How?
- You will receive an appointment for your baby through the post over the couple of weeks (so it is important to tell your Health Visitor or GP Surgery if you change address).
- Most GP surgeries or health centres run special immunisation clinics.
- If you can't get to the appointment, contact your doctor's surgery to make another appointment.
It is important that your baby has the immunisations at the right age. Your baby’s first injection will be when they are approximately 8 weeks old. The table below tells you what injections your baby will have and when.

<table>
<thead>
<tr>
<th>Age of your baby</th>
<th>Disease protected against</th>
<th>Injection</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 months old</td>
<td>Diptheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenza type b (Hib) Pneumococcal disease Rotavirus</td>
<td>2 injections in the muscle of the thigh or upper arm Oral vaccine</td>
</tr>
<tr>
<td>3 months old</td>
<td>Diptheria, tetanus, pertussis, polio and Hib Meningococcal group C disease (Men C) Rotavirus</td>
<td>2 injections in the muscle of the thigh or upper arm Oral vaccine</td>
</tr>
<tr>
<td>4 months old</td>
<td>Diptheria, tetanus, pertussis, polio and Hib Pneumococcal disease</td>
<td>2 injections in the muscle of the thigh or upper arm</td>
</tr>
<tr>
<td>Within a month of your baby’s first Birthday</td>
<td>Hib, Men C Pneumococcal disease Measles, mumps and rubella (German measles)</td>
<td>3 injections in the muscle of the thigh or upper arm</td>
</tr>
<tr>
<td>3 years and 4 months</td>
<td>Diptheria, tetanus, pertussis, polio Measles, mumps and rubella</td>
<td>3 injections in the muscle of the thigh or upper arm</td>
</tr>
</tbody>
</table>
What Happens?

- The person giving the injection (usually the Practice Nurse or GP) will talk through the injection with you and discuss any questions you may have.

- The injection is usually given into the muscle of the thigh or upper arm.

- You may want to take someone with you to hold your baby while they have their injection.

- After the injection your baby may cry for a few minutes but they usually settle down after a cuddle.

- Sometimes babies get a temperature and the site where they had the injection may be a bit red, swollen or tender.

- If they do, you can give a dose of Paracetamol or Ibuprofen liquid but also keep your baby cool and give them plenty to drink.
How do you Feel Today?

Write down some of the emotions you are feeling this week, for example, tired, confused, happy, sad, frustrated...

Notes

To do list...
Week 6: Your Baby’s Health & Next Steps

My Diary - First Two Weeks

My weight is: [ ] Write down all the times I sleep in the next 24 hours

My length is: [ ]

I feed every: [ ]

What is the longest time I have slept for? [ ]

What is the longest time I have been awake? [ ]

This is how you know I’m happy:

When I am satisfied, this is how it looks:

When I’m hungry I do this:

Usually I will fuss for this long:

When I cry, this is how it looks:

I am most likely to cry when:

When I am wet I do this:

When I am cross I do this:
What can I Do Next?

We hope that you have enjoyed the sessions over the past few weeks and that we have given you the support you need in the first few weeks of your baby's life and helped you get the skills to feel more confident in looking after your baby and yourself.

We also hope that we have introduced you to other people or places that can also offer you help and support in the future and maybe you have made some friends along the way.

We will now discuss the support that you may need in the future.

What support will you need in the future?

Who will provide you with the support you need?

What will you do?  What will I do?