

# THE EARLY WEEKS: YOU



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Your first few weeks at home can be an exciting but anxious time for parents as you get used to caring for your new baby.

If you have been in hospital or a midwifery unit, you may feel apprehensive about being on your own without staff on call to help you. The more you handle your baby, the more your confidence will increase. And your community midwife, health visitor and GP are there to support you if you have any worries or problems. Ask your midwife or health visitor for a copy of the book *Birth to Five*, which has advice on looking after your child up to the age of five.

## PARTNERS

As the mother's partner, you can get involved in caring for your baby from day one. In the first weeks, you can:

- help your baby's mother to breastfeed by:
  - spending time with her while the baby is feeding
  - bringing your baby to their mother when they need feeding in the night
    - helping to wind your baby
  - getting specialist help and information on breastfeeding if the mother has any concerns
- provide emotional support and encouragement
- make nutritious meals and snacks for your baby's mother
- change your baby's nappies
- bathe and dress your baby
- cuddle and play with your baby
- clean the house, go shopping and do other household chores.



You may feel quite nervous about handling the baby at first but you will get more confident. Don't be embarrassed to ask for help or encouragement.



## HELP AND SUPPORT

You will probably need a lot of practical help, as well as emotional support. You are bound to feel up and down and to get tired easily in the first few weeks. Many women want to have their partner around so that you get to know the baby together and have help with the work. Being together at this time helps you to start to adjust to the changes in your life. If you are on your own, or your partner cannot be with you, ask your mother or a close friend to be there.

Even with help, you will probably feel tired. Here are some things you could try:

- Cut down on cleaning – a bit of dust will not hurt.
- Keep meals simple but healthy. You need to eat well but this need not involve a great deal of preparation and cooking.
- Try to space visitors out and say no to visitors if you feel too tired or need some time with your baby.



Too many visitors in a short time can be very tiring. If visitors do come, don't feel you have to tidy up or lay on a meal. Let them do things for you, like the washing up, making a meal or bringing some groceries.

- If you need extra help, ask. Friends or neighbours will probably be very willing to help you by doing things like shopping.

## LOOKING AFTER YOURSELF

Although you may feel like your every waking hour is spent caring for your baby, it's important to look after yourself as well.

### Rest

While you are feeding your baby at night and your body is recovering from childbirth, it is essential to catch up on rest.

It's tempting to use your baby's sleep times to catch up on chores, but try to have a sleep or a proper rest at least once during the day.

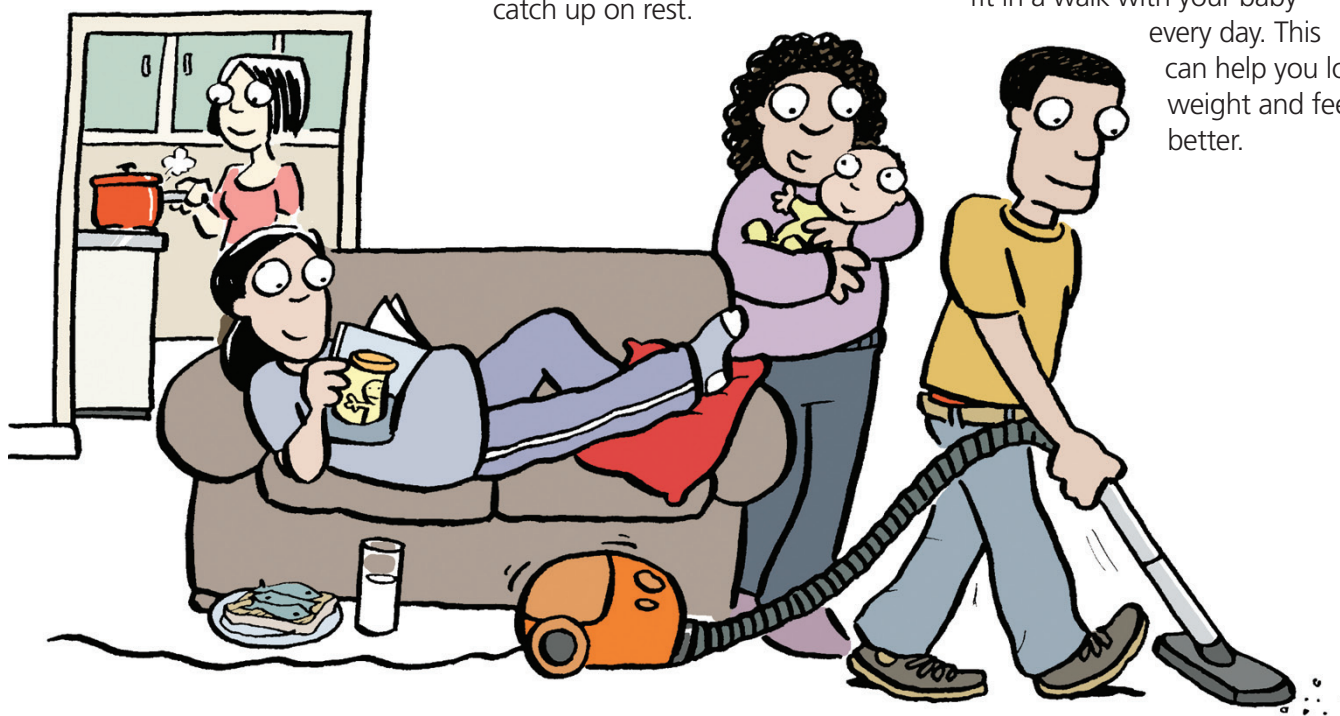
### Exercise

Continue with any postnatal exercises you have been shown by your midwife. You can also do this deep stomach exercise when you feel well enough.

- 1 Lie on your side with your knees slightly bent.
- 2 Let your tummy relax and breathe in gently.
- 3 As you breathe out, gently draw in the lower part of your stomach like a corset, narrowing your waistline.
- 4 Squeeze your pelvic floor.
- 5 Hold for a count of 10 then gently release.
- 6 Repeat 10 times.

You should not move your back at any time. After six weeks, progress to the box position (see page 34).

Besides these exercises, try to fit in a walk with your baby every day. This can help you lose weight and feel better.





## Eating properly

It's very important to eat properly (see Chapter 3). If you want to lose weight, don't rush it. A varied diet without too many fatty foods will help you lose weight gradually. Try to make time to sit down, relax and enjoy your food so that you digest it properly. It doesn't have to be complicated. Try food like baked potatoes with baked beans and cheese, salads, pasta, French bread pizza, scrambled eggs or sardines on toast, followed by fruit mixed with yoghurt or fromage frais.

A healthy diet is especially important if you are breastfeeding. Breastfeeding can help mothers to lose weight. Some of the fat you put on in pregnancy will be used to help produce milk, but the rest of the nutrients will come from your diet. This means that you may be hungrier than usual. If you do need a snack, try having beans on toast, sandwiches, bowls of cereal or fruit (see page 29).

Sure Start Centres give advice about healthy eating plans for mothers, as well as support for breastfeeding. You can find out more about the services offered in your area by visiting [www.dcf.gov.uk](http://www.dcf.gov.uk)

## YOUR RELATIONSHIPS

After you have had a baby, the relationships around you can change. Many women find that they turn to their own mother for help and support. But your mother may not be sure about how much to get involved. You may find that she is trying to take over or that she is so anxious not to interfere that she doesn't help at all. Try to let her and others know what help and support you want from them.

Your relationship with your partner will also change. It is very easy in those exhausting early weeks just to leave things to sort themselves out. You may wake up six months later to find that you have not spent an hour alone together and have lost the knack of easily talking your problems through. You both need time alone, without the baby, to recharge your own batteries. You also need time together, without the baby, to keep in touch with each other.



Your relationship with your baby may not be easy either, particularly if you are not getting much sleep. Don't feel guilty if you sometimes feel resentful at the demands your baby makes, or if your feelings are not what you expected them to be. Talk to your midwife or health visitor if you are upset or worried. But remember, many mothers find their babies difficult at first and come to love them gradually over some weeks.

If you are on your own and don't have family to support you, ask a friend to help you in the early weeks.

## Sex and contraception

There are no rules about when to start having sex again. Don't rush into it – if it hurts, it will not be pleasurable. You may want to use a lubricating jelly the first time because hormone changes may make your vagina feel drier than usual.





It might be some time before you want to have sex. Until then, you both may feel happier finding other ways of being loving and close. If you or your partner have any worries, discuss them with your GP or health visitor.

It is possible to get pregnant even if you have not started your periods again or if you are breastfeeding. It is therefore important to use

contraceptives as

soon as you start having sex again.

Your midwife or doctor should

talk to you about contraception before you leave hospital and again when you go for your six-week postnatal check. Alternatively, you could talk to your midwife or health visitor when they visit you at home or go to your GP or community contraceptive clinic (sometimes called family planning clinic).

The FPA (Family Planning Association – see page 182) publishes free leaflets about all methods of contraception.



## Contraceptives

### Short-acting contraceptive methods

Short-acting contraceptive methods rely on you taking them every day or when you have sex.

- **The condom.** This may be the easiest choice for the early weeks after childbirth. Condoms offer the best protection against sexually transmitted infections (STIs) so if you think you or your partner may have been exposed to an STI you should use a condom in addition to your other choice of contraception.
- **The combined pill.** If you are not breastfeeding, you can start taking this pill 21 days after you give birth. If you start it later than the 21st day, it will not be reliable for the first seven days. So for this time you will have to use another contraceptive (like a condom) as well. Don't take this pill if you are breastfeeding as it reduces milk flow.
- **The progestogen-only pill.** If you are breastfeeding, you can take a progestogen-only pill, which will not affect your milk supply. This can also be started 21 days after you give birth. It has to be taken at the same time every day. If you start it later than the 21st day, it will not be reliable for two days. So for this time you will

have to use some other form of contraceptive (like a condom) as well. There is no evidence to suggest that this pill affects your baby in any way. Even so, some women prefer not to take it while they are breastfeeding and use another form of contraception instead.

- **The cap or diaphragm.** These can be used six weeks after you give birth. If you had a cap before, it probably will not be the right size any longer. You can have a new one fitted at your postnatal check-up.

### Long-acting contraceptive methods

Long-acting contraceptive methods last between three months and ten years. They may be suitable if you think you will forget to take or use a short-acting contraceptive.

- **The IUD (intra-uterine device) or IUS (intra-uterine system).** These can be fitted from the fourth week after you give birth. They can be fitted at your postnatal check-up when your uterus is back to its normal size.
- **The contraceptive injection.** It is recommended that you wait until six weeks after you give birth before you are given this. It can be given earlier in some circumstances. The contraceptive injection will not affect your milk supply if you are breastfeeding.
- **The contraceptive implant (Implanon).** This contains a long-lasting progestogen and is effective for three years. It can be fitted 21 days after you give birth or earlier in some circumstances. If it's fitted after 21 days, you will have to use another contraceptive for seven days. The contraceptive implant will not affect your milk supply if you are breastfeeding.

## THE 'BABY BLUES' AND POSTNATAL DEPRESSION

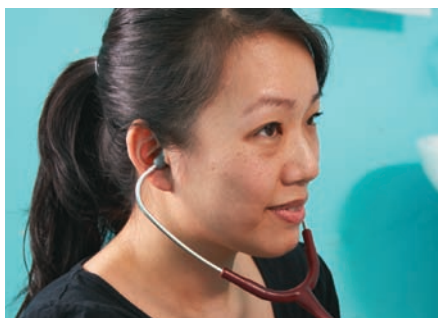
As many as 8 out of 10 mothers get the 'baby blues', often about three to five days after the birth. You might feel upset, mildly depressed, or just keep bursting into tears for no apparent reason. It usually only lasts for a few days.

Around 1 in 10 mothers become depressed. This is usually mild but sometimes can be quite severe. You must get help if you are taken over by a feeling of sadness and hopelessness, you feel irritable and anxious, or you have difficulty sleeping and coping with even the smallest task. See page 82 for more information.

### Help and support

If you think you are depressed, contact your GP or health visitor and explain how you are feeling. Your partner or a friend could contact them for you if you want. You can also contact the Association for Post-Natal Illness (see page 184) for more information.

If you have twins or triplets, you are more likely to experience postnatal and longer-term depression. This is mainly because of the additional stress of caring for more than one baby. Just getting out of the house can be difficult when you have more than one baby, and this can make you feel isolated. Tamba (see page 186) can help you make contact with other mothers of multiples via local twins clubs and through their helpline – Tamba Twinline on 0880 138 0509 – where you can talk to other mothers of multiples. You may also find it helpful to contact the Multiple Births Foundation (see page 181).



## YOUR POSTNATAL CHECK

You should have your postnatal check about six weeks after your baby's birth to make sure that you feel well and are recovering from the birth. You may be offered an appointment to go back to the hospital or midwifery unit where you gave birth, but otherwise you should see your GP. It's time to introduce your baby to your GP as the new member of your family!

It's a good opportunity to ask any questions and sort out any problems that are troubling you. You may like to make a list of questions to take along with you so that you don't forget what you want to ask.

### What usually happens

- You will be weighed and can get weight loss advice if you need it.
- Your urine will be tested to make sure your kidneys are working properly and that there is no infection.
- Your blood pressure will be checked.
- You may be offered an examination to see if:
  - your stitches (if you had any) have healed
  - your uterus is back to its normal size, and
  - all the muscles used during labour and delivery are returning to normal.

Tell the doctor if the examination is uncomfortable.

- Your breasts are unlikely to be examined unless you have a particular concern.
- A cervical smear test may be discussed if you have not had one in the past three years (see page 48). This is usually delayed until three months after delivery.
- If you are not immune to rubella (German measles) and were not given an immunisation before you left hospital, you will be offered one now. You should not become pregnant for one month after this immunisation.
- You will be asked if you still have any vaginal discharge and whether you have had a period yet.
- Tell your doctor if:
  - you are having trouble holding in urine or wind, or you are soiling yourself
  - intercourse is painful
  - you are feeling very tired, low or depressed, or
  - you are worried about anything.

You can also ask your doctor about contraception. You may wish to choose a different method to the one you had previously used (especially if your pregnancy was not planned). The doctor or nurse can help you decide which method is right for you now. See the box on page 135 for some of the different options.

### Your baby's check

Your GP's surgery or health clinic will probably arrange for your baby's six-week check to be done at your postnatal check. If you go to the hospital, the baby's check will usually need to be arranged separately.