

14

The early weeks: your baby



In the first few weeks, you will be learning how to look after your baby. You will start to understand them and will learn what is normal and what may be a sign that something is wrong. But the most important thing to do in the first few weeks is to enjoy your baby. Spending time with them is the best way to help them feel safe and loved.

Getting to know your baby

Keeping your baby warm, fed and safe will be your first priority in the first weeks. Every second that your baby is awake, they are learning from you. Learning about what it feels like to be touched gently, the sound of your voice and your very special smell.

They are learning about what the world is like and, above all,

what it feels like to love and be loved.

Talking to your baby

It is very important to talk to your baby. You can talk to them about anything and everything. Talking to young children, even very young babies helps them become good communicators later in life. It will also help your baby build their early bond with you. If you or your family speak another language, use it to

talk to your baby. It is quite amazing how babies and small children pick up and respond to two different languages.

See chapter 4 for more on Getting to know your baby.

Registering the birth

Your baby's birth must be registered within six weeks from when they were born. This will take place at the registration office in the district where they were born. You can find details online at pha.site/register-baby

If you live in a different district from the one where your baby was born, you can go to your nearest registration office. The registrar will take details from you and then send them to the district where your baby was born. You will then be sent the birth certificate. You cannot





claim benefits, such as Child Benefit, until you have a birth certificate.

Many parents choose to purchase a 'long' birth certificate as this may be necessary in the future, such as for passport applications.

Who can register a birth

Opposite-sex couples

Married parents

Either parent can register the birth on their own. They can include both parents' details if they were married when the baby was born or conceived.

Unmarried parents

The details of both parents can be included on the birth certificate if one of the following happens:

- they sign the birth register together;
- one parent completes a statutory declaration of parentage form and the

other takes the signed form to register the birth;

- one parent goes to register the birth with a document from the court (for example a court order) giving the father parental responsibility.

The mother can choose to register the birth on her own if she isn't married to the child's father. The father's details won't be included on the birth certificate.

It might be possible to add the father's details at a later date by completing an application for the re-registration of a child's birth.

Same-sex female couples

Female couples can include both their names on their child's birth certificate when registering the birth.

Married or civil-partner parents

Either parent can register the birth on her own if all of the following are true:

- the mother has a child by

donor insemination or fertility treatment;

- she was married or in a civil partnership at the time of the treatment.

Unmarried, non-civil-partner parents

When a mother isn't married or in a civil partnership, her partner can be seen as the child's second parent if both women:

- are treated together in the UK by a licensed clinic;
- have made a 'parenthood agreement'.

However, for both parents' details to be recorded on the birth certificate, they must do one of the following:

- register the birth jointly;
- complete a 'Statutory declaration of acknowledgement of parentage' form and one parent takes the signed form when she registers the birth;
- get a document from the court (for example a court order) giving the second female parent parental responsibility and one parent shows the document when she registers the birth.

Same-sex male couples

Male couples must get a parental order from the court before they can be registered as parents.



Other people who can register a birth

If the parents can't register the birth (for example for medical reasons), certain other people can do it:

- someone who was present at the birth;
- someone who is responsible for the child;
- a member of the administrative staff at the hospital where the child was born.

Crying

All babies cry. It's their way of communicating. Most often you will be able to find the reason for your baby's crying and deal with it. If it's not obvious why your baby is crying, think of possible reasons.

Are they:

- Hungry?
- Hot, cold or uncomfortable?
- Feeling tired and unable to sleep?
- Lonely and wanting company?
- Bored and wanting to play?

Do they have:

- A wet or dirty nappy?
- Wind?
- Colic? (see page 166)



When crying gets too much

Some babies do cry more than others and it's not really clear why. Don't blame yourself, your partner or your baby if they cry a lot. It can be very exhausting so try to get rest when you can. Share soothing your baby with your partner. You could ask a friend or relative to take over for an hour from time to time, just to give you a break. If there is no one to turn to and you feel your patience is running out, leave your baby in the cot and go into another room for a few minutes. Put on some soothing music, take some deep breaths, make yourself a cup of tea. If you are

very angry or upset, telephone someone who will be able to help.

Never shake a baby! It doesn't matter how upset, stressed, tired or angry you feel. You must never, ever grab or shake the baby. This will not stop the crying. It can cause severe injury or even death.

Play gently with your baby. You should avoid:

- Tossing your baby into the air.
- Jogging with your baby on your back or shoulders.
- Bouncing your baby roughly.



- Swing your baby on your leg.
- Swinging your baby around by the ankles.
- Spinning your baby around.

Getting help

If you feel you are having difficulties coping with your baby's crying, talk to your midwife or health visitor. Or contact Cry-sis on 08451 228669 – they will put you in touch with other parents who have been in the same situation. If you have twins or more, the crying can seem relentless – Twinline, Tamba's helpline 0800 138 0509, can offer support.

If your baby's crying sounds different or unusual, it may be the first sign of illness, particularly if they are not feeding well or will not be comforted. If you think your baby is ill or in pain, contact

your doctor immediately. If you cannot contact your doctor and it's an emergency, take your baby to the nearest hospital emergency department.

Comforting your baby

Holding your baby close and talking in a soothing voice or singing softly will reassure them.

Movement often helps to calm down crying. Gently sway or rock your baby or take them for a walk or for a ride in a car. Sucking can also be comforting. You can put your baby to your breast or give them a dummy, as long as breastfeeding is well established.

Make sure the dummy is sterilised and don't dip it in honey or sugar to make your baby suck. They will suck anyway. Using sugar will only encourage a craving for sweet things, which are bad for their teeth.

Importance of a warm home

A warm home is important for a child's health and comfort. The World Health Organization recommends a minimum household temperature of 18°C for adults and minimum of 20°C for children.

Living in cold, damp homes can be damaging to the health and development of children in various ways. Baby weight gain can be affected as a baby will need to burn more calories to keep warm.

- Research shows infants living in a cold home are more likely to be admitted to hospital.
- Children in cold homes are more likely to suffer from a variety of respiratory problems, such as asthma and bronchitis.
- Children in cold homes have more severe colds and flus.

High levels of insulation will ensure your home stays warm.

For more information

Households in Northern Ireland may be eligible for financial support towards the cost of energy saving measures. You can find out more at pha.site/energy-wise

THE LETTERS IN PURPLE STAND FOR

P	U	R	P	L	E
PEAK OF CRYING	UNEXPECTED	RESISTS SOOTHING	PAIN-LIKE FACE	LONG LASTING	EVENING
Your baby may cry more each week, the most in month 2, then less in months 3-5	Crying can come and go and you don't know why.	Your baby may not stop crying no matter what you try.	A crying baby may look like they are in pain, even when they are not.	Crying can last as much as 5 hours a day, or more.	Your baby may cry more in the late afternoon and evening.

THE WORD PERIOD MEANS THAT THE CRYING HAS A BEGINNING AND AN END

The Period of PURPLE Crying begins at about 2 weeks of age and continues until about 3-4 months of age. There are other common characteristics of this phase, or period, which are better described by the acronym PURPLE. All babies go through this period. It is during this time that some babies can cry a lot and some far less, but they all go through it.



If you are breastfeeding keep a food diary to see if anything in particular that you are eating is upsetting your baby.

Although it may appear that your baby is in distress, colic is not harmful. Your baby will continue to feed and gain weight normally. There is no evidence that colic has any long-term effects.

Colic can be very upsetting for parents. You may feel like you are letting your baby down or that you are doing something wrong.

Although colic can be distressing at the time, it is a common phase that should last only a few weeks at the most. It may help to remind yourself that you are not causing the crying and it is not under your control.

If you are concerned, talk to your health visitor or GP.

Sleep

The amount that babies sleep, even when they are very small, varies a lot. During the early

weeks some babies sleep for most of the time between feeds. Others will be wide awake. As they grow older, they begin to develop a pattern of waking and sleeping. Some babies need more sleep than others and at different times. Try not to compare what your baby does with other people's babies. All babies are different, and their routines will change as they grow.

Routines

Babies respond well to routines. Just before or after the last feed try bathing your baby before bedtime. Dim the lights, put on some soft music, read to your baby or sing a lullaby. Put the baby to bed at the same time each night. Try putting the baby to bed before they are asleep so that they get used to being awake in their cot.

You will gradually begin to recognise when your baby is ready for sleep and is likely to settle. Some babies settle better after a warm bath. Most sleep after a good feed. A baby who wants to sleep is not likely to be

disturbed by ordinary household noises, so there is no need to keep your whole home quiet while your baby sleeps. It will help you if your baby gets used to sleeping through a certain amount of noise.

Twins, triplets or more can have specific sleeping issues and it may be difficult for you to get them into a routine. They can sleep in the same cot – there is information from Tamba (www.tamba.org.uk) on how you can do this safely.

Reducing the risk of sudden infant death

Sadly, we don't know why some babies die suddenly and for no apparent reason. We do know that placing a baby to sleep on their back reduces the risk, and that exposing a baby to cigarette smoke or overheating a baby increases the risk.

Sharing a bed with your baby can be risky, especially if you have been smoking, drinking or taking drugs, including prescription medication. You should never sleep with your baby on a sofa or armchair.

The risks of co-sleeping

The safest place for your baby to sleep for the first six months is on their back in a Moses basket or cot in your room.

Co-sleeping with your baby is associated with a higher risk of sudden infant death. If you bring your baby into bed to feed, put them back to sleep in their cot after feeding.

Speak to your midwife, health

visitor, family nurse or GP for advice if you feel strongly that you wish your baby to sleep with you instead of in a cot or Moses basket. They can help you understand the increased risks.

If you decide to take a baby

into your bed, make sure you or your partner have not taken any medicine, drugs or alcohol that may make you sleep more heavily than usual.

You should never sleep with your baby on an armchair or sofa. If you are feeling tired or sleepy put the baby back in their cot in case you fall asleep.



To reduce the risk of sudden infant death:

Do: ✓

- always place your baby on their back to sleep;
- place your baby in the “feet to foot” position (with their feet touching the end of the cot, Moses basket, or pram);
- keep your baby's head uncovered - use a light blanket firmly tucked no higher than the baby's shoulders;
- put your baby to sleep in a cot or Moses basket in the same room as you for the first six months;
- make sure, if using a baby sleeping bag, it is fitted with neck and armholes, and no hood;
- use a mattress that's firm, flat, waterproof and in good condition;
- breastfeed your baby (if you can) and put your baby back to sleep in their cot after feeding.

Do not: ✗

- smoke during pregnancy or let anyone smoke in the same room as your baby (both before and after birth);
- sleep on a sofa or armchair with your baby;
- allow your baby to sleep alone in an adult bed;
- allow your baby to share a bed with anyone who has been smoking, drinking alcohol, taking drugs or is feeling overly tired;
- let your baby get overheated, light bedding or a lightweight baby sleeping bag, will provide a comfortable sleeping environment for your baby;
- leave your baby sleeping in a car seat for long periods or when not travelling in the car;
- put pillows, loose blankets, cot bumpers or sleep positioners in your baby's cot.

Place your baby on their back to sleep

Place your baby on their back to sleep from the very beginning for both day and night sleeps. This will reduce the risk of sudden infant death. Side sleeping is not as safe as sleeping on the back. Healthy babies placed on their backs are not more likely to choke. When your baby is old enough to roll over, they should not be prevented from doing so.

Babies may get flattening of the part of the head they lie on (plagiocephaly). This will become rounder again as they grow, particularly if they are encouraged to lie on their tummies to play when they are awake and being supervised. Experiencing a range of different positions and a variety of movement while awake is also good for a baby's development.

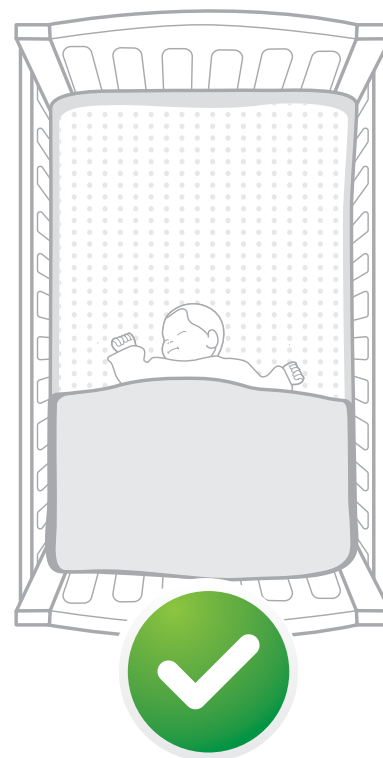
Don't let your baby get too hot (or too cold)

Overheating can be dangerous. Babies can overheat because of too much bedding or clothing, or because the room is too hot. Remember, a folded blanket counts as two blankets. When you check your baby, make sure they are not too hot. If your baby is sweating or their tummy feels hot to the touch, take off some of the bedding. Don't worry if your baby's hands or feet feel cool – this is normal.

- It is easier to adjust the temperature with changes of lightweight blankets. A folded blanket counts as two blankets.
- Babies do not need hot rooms; all-night heating is rarely necessary. Keep the room at a temperature that is comfortable for you at night. About 18°C (65°F) is comfortable.
- If it is very warm, your baby may not need any bedclothes other than a sheet.
- Even in winter, most babies who are unwell or feverish do not need extra clothes.
- Babies should never sleep with a hot-water bottle or electric blanket, next to a radiator, heater or fire, or in direct sunshine.
- Babies lose excess heat from their heads, so make sure their heads cannot be covered by bedclothes during sleep periods.

More information

Buy a simple room thermometer for your baby to help you monitor the room temperature. For more information on reducing the risk of sudden infant death, visit the Lullaby Trust at www.lullabytrust.org.uk



Don't let your baby's head become covered

Babies whose heads are covered with bedding are at an increased risk of suffocation..

To prevent your baby wriggling down under the covers, place your baby on their back, feet to foot in the crib, cot or pram.

Make the covers up so that they reach no higher than the shoulders.

Covers should be securely tucked in so they cannot slip over your baby's head. Use one or more layers of lightweight blankets.

Sleep your baby on a mattress that is firm, flat, well-fitting and clean. The outside of the mattress should be waterproof. Cover the mattress with a single sheet.

Remember, do not use duvets, quilts, baby nests, wedges, bedding rolls or pillows.

Don't let your baby overheat.

Remove hats and extra clothing as soon as you come indoors or enter a warm car, bus or train, even if it means waking your baby.

Feeding

Breastfeeding your baby reduces the risk of sudden infant death. See chapter 10 for everything you need to know about breastfeeding.

It is possible that using a dummy at the start of any sleep period reduces the risk of sudden infant death. Do not begin to give a dummy until breastfeeding is well established, usually when your baby is around one month old. Stop giving the dummy when your baby is between six and 12 months old. If possible remove the dummy when the baby falls asleep.

Continuous sucking on a dummy for long periods may affect tooth development or speech later on.

Immunisation reduces the risk of sudden infant death. For more information about immunisation, visit pha.site/immunisation-and-vaccinations

Monitors

Normal healthy babies do not need a breathing monitor. Some parents find that using a breathing monitor reassures them. However,

there is no evidence that monitors prevent sudden infant death. If you have any worries about your baby, ask your doctor about the best steps to take.

If your baby is unwell, seek medical advice promptly

Babies often have minor illnesses that you do not need to worry about.

Make sure your baby drinks plenty of fluids and is not too hot. If your baby sleeps a lot, wake them regularly for a drink.

It can be difficult to judge whether an illness is more serious and requires prompt medical attention. See the section on illnesses on page 173 for guidance on when you should get help.

Changing your baby

Babies need their nappies changed fairly often, otherwise they become sore. Unless your baby is sleeping peacefully, always change a wet or dirty

nappy and change your baby before or after each feed.

Organise the place where you change your baby so that everything you need is handy (see page 150). The best place to change a nappy is on a changing mat or towel on the floor, particularly if you have more than one baby. That way, if you take your eye off your baby for a moment to look after another child, your baby cannot fall and hurt themselves.

Try to sit down, so you don't hurt your back. If you are using a changing table, keep an eye on your baby at all times.

How to change a nappy

You need to clean your baby's bottom carefully each time you change a nappy to help prevent soreness and nappy rash.

Step 1

- Take off the nappy. If it's dirty, wipe away the mess from your baby's bottom with white cotton wool.





up the nappy and re-tape it securely. Put it into a plastic bag. Don't put anything but nappies in this bag. Fasten the bag and put it outside in your bin each day.

Cloth nappies

- If the nappy is dirty, flush the contents down the toilet. Biodegradable, flushable nappy liners are available to make it easy.
- Have a lidded bucket ready to store the dirty nappies. You can soak them in a nappy cleanser (follow the instructions on the packet) or just store them here until you have a load ready for washing.

- Wash nappies as soon as possible. Follow the care instructions on your nappies, but a 60°C wash is usually OK. If you did not soak the nappies before, add an antibacterial nappy cleanser to your normal washing detergent (follow the instructions on the packet). Don't use enzyme (bio) washing powders or fabric

- Wash your baby's bottom and genitals with cotton wool and warm water and dry thoroughly. For girls, wipe the bottom from front to back, away from the vagina, so that germs will not infect the vagina or bladder. For boys, gently clean the foreskin of the penis (it can be pulled back very gently). Clean under the penis and the scrotum. If the baby's skin is intact you do not need to use any cream.
- If their bottom is red use a cream, such as zinc and castor oil cream which can help by forming a waterproof coating to protect the skin. Cream may prevent the nappy from absorbing urine as well, so use it sparingly. Don't use baby powder as it can cause choking.
- If you are using a cloth nappy, place it in a waterproof cover (if needed) and put a nappy liner inside. Lay your baby carefully on the nappy, bring the centre of the nappy between your baby's legs and then fasten the poppers or Velcro. Check

that it fits snugly around the waist and legs.

Step 2

- If you are using a disposable nappy, put the side with the sticky tapes under your baby's bottom.

Step 3

- Fasten the tapes at the front. Be very careful not to get cream on the tabs or they will not stick.
- Wash your hands before and after nappy changes.

Nappy hygiene

Disposable nappies

If the nappy is dirty, flush the contents down the toilet. Roll



conditioner as these may irritate your baby's skin – and the conditioner may make the nappy less absorbent.

Make sure you use the correct amount of detergent and rinse thoroughly. Always keep nappy sacks, other plastic bags and wrapping away from babies and burn in a roll if possible.

Nappy rash

Most babies get a sore bottom or have nappy rash at some time, but some have extra-sensitive skin. Nappy rashes are caused by contact between sensitive skin and soiled nappies. If you notice redness or spots, clean your baby very carefully and change their nappies more frequently. Better still, give your baby time without a nappy and let the air get to their skin. Keep

a spare nappy handy to mop up any accidents. You will soon see the rash start to get better.

If your baby does have a rash, ask your midwife or health visitor about it. They may advise you to use a protective cream. If the rash seems to be painful and will not go away, see your health visitor or GP.

Babies' poo (stools)

Immediately after birth and for the first few days, your baby is likely to pass a sticky, greenish-black substance. This is called meconium and it is the waste that has collected in your baby's bowels while they were in your womb.

As your baby begins to digest milk, the stools will change. They will become more yellow or

orange and can be quite bright in colour. Breastfed babies have quite runny stools. Formula-fed babies' stools are firmer and smell more.

Babies vary a lot in how often they pass stools. Some have a bowel movement at or around each feed; some can go for several days without having a movement. Either can be normal, but most breastfed babies produce at least one stool a day for the first six weeks.

When to get help

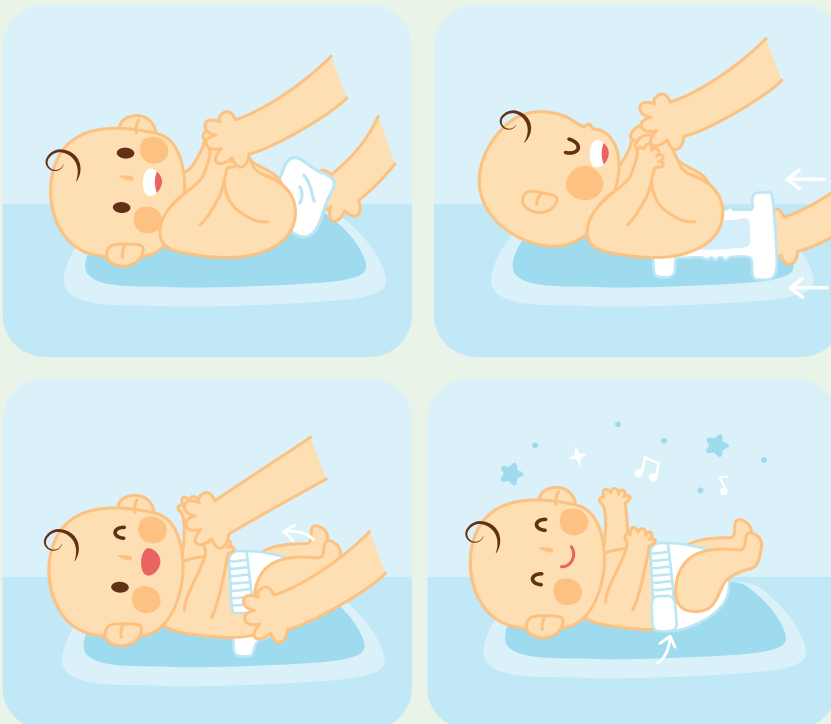
Most small babies strain and go red in the face, or even cry, when passing a stool. This is normal and doesn't mean they are constipated as long as the stools are soft. If you are worried that your baby may be constipated, mention this to your midwife or health visitor.

What you find in your baby's nappies will probably vary from day to day, and usually there is no need to worry. Ask your doctor, midwife or health visitor if you notice any big changes, such as stools:

- becoming very frequent and watery;
- being very smelly;
- changing colour to become green, white or creamy or if you notice any blood.

See 'Babies with jaundice after two weeks' on page 177.

Putting on a disposable nappy





Washing and bathing

Washing

You don't need to bath your baby every day, but you should wash their face, neck, hands and bottom carefully each day. You can do this on a changing mat. Choose a time when your baby is awake and contented, and make sure the room is warm. You will need a bowl of warm water, some cotton wool, a towel and a fresh nappy. You do not need to use soap on a new baby.

1. Take off your baby's clothes except for the vest and nappy. Wrap your baby in a towel.
2. Gently wipe round each eye, from the nose side outwards. Use a fresh piece of cotton wool for each eye, so you don't transfer any stickiness or infection.
3. Using fresh, moist cotton wool, wipe out each ear – but don't clean inside their ears. Never use cotton buds inside the ear canal.

4. Wash the rest of your baby's face and neck with moist cotton wool and dry gently. Wash and dry your baby's hands in the same way.
5. Take off the nappy and wash your baby's bottom and genitals with fresh cotton wool and warm water. Dry your baby very carefully, including in skin folds, and put on a clean nappy. See page 147 on keeping your baby's umbilical cord clean and dry.

Bathing

Bath your baby two or three times a week, or more often if they enjoy it. Don't bath them straight after a feed or when they are hungry or sleepy. Make sure the room is warm and that you have everything you need ready in advance.

1. Check that the water is not too hot. Test it with your wrist or elbow. It should be just comfortably warm.



2. Undress your baby except for their nappy, and wrap them snugly in a towel. Wash your baby's face with cotton wool and water as described above. There is no need to use any soap.
3. Wash your baby's hair with mild unscented baby shampoo, supporting their head over the baby bath or basin. Rinse carefully. You don't need to use shampoo every time.
4. Take the nappy off at the last minute.
5. Put your baby gently into the water. Using one hand for support, gently swish the water to wash your baby without splashing their face. You should never leave your baby alone in the water even



for a few seconds. For boys, gently clean the top of the foreskin of the penis. The foreskin can be pulled back very gently to clean.

6. Lift your baby out and pat them dry with a warm towel. Dry carefully in all the creases. If your baby's skin is dry, gently massage in some baby oil or cream (not aqueous cream). Your baby will probably enjoy this.
7. Never leave the baby unattended on a changing station as they could roll over and fall off it.

If your baby seems frightened of the bath and cries, it will help to talk in a low voice.

Illness

It's sometimes difficult to tell at first when a baby is ill, but you may have a funny feeling that things are not quite right. If you are at all worried, ask for help. You are not fussing.

It's far better to be on the safe side, particularly with a very small baby. Trust your own judgement. You know your baby best.

Very urgent problems

Sometimes there are obvious signs that your baby is not well. Seek urgent medical attention if your baby:

- turns blue or very pale;



- has quick, difficult or grunting breathing, or unusual periods of breathing, for example breathing with pauses of over 20 seconds between breaths;
- is very hard to wake, unusually drowsy or doesn't seem to know you;
- develops a rash of red spots that do not fade and lose colour (blanch) when they are pressed (see the 'glass test' on the next page). This may be the rash of meningococcal disease and meningitis, which causes infection in the blood. There may not be any other symptoms.
- If your baby is unusually hot, cold or floppy.
- If your baby cries in an unusual way or for an unusually long time or seems to be in pain.
- If you notice any bleeding from the stump of the umbilical cord or from the nose, or any bruising.
- If your baby keeps refusing feeds.
- If your baby keeps vomiting a substantial part of feeds or has frequent watery offensive/smelly diarrhoea. Vomiting and diarrhoea together may mean your baby is losing too much fluid, and this may need prompt treatment.
- If your baby develops jaundice (looks yellow) when they are over a week old, or has jaundice that continues for over two weeks after birth (see page 177).

Your baby may need treatment very quickly. Dial 999 for an ambulance or take your baby to the nearest hospital emergency department.

Problems that could be serious

- Take your baby to your GP if your baby has a hoarse cough with noisy breathing, is wheezing, or cannot breathe through the nose.
- If jaundice develops in the first 24 hours after birth urgent medical treatment is required.

If you are worried about your baby:

- Phone your midwife or health visitor for advice. Keep their phone numbers where they can be reached easily.
- Phone your GP who may be able to advise you over the phone or may suggest that you bring your baby along to the surgery. Most GPs will try to see a young baby without an appointment, although it may mean a wait in the surgery.
- If you are really worried about your baby, you should always phone your GP for help immediately, whatever the time of day or night. There will always be a doctor on duty, even if it is not your own GP.

If you have already seen your GP and your baby is not getting better or seems to be getting worse, contact your GP again. If you become very worried and cannot get hold of your GP, dial 999 for an ambulance or take your baby to the nearest hospital emergency department. Minor injuries units are not suitable for assessing and treating sick babies.



The 'glass test'

The 'glass test' can help you to tell if a rash is a symptom of meningitis. Press the side or bottom of a glass tumbler firmly against the rash. You will be

able to see if the rash fades and loses colour under the pressure (see photo). If it doesn't change colour, contact your GP, phone 999 or take your baby to the emergency department immediately.

Group B streptococcal infection

Group B streptococcal infection is a life-threatening infection in babies. Most babies who are infected show symptoms within 12 hours of birth, but there are some who get it later. The symptoms include:

- being floppy and unresponsive;



- not feeding well;
- grunting;
- high or low temperature;
- fast or slow heart rate;
- fast or slow breathing rate;
- irritability.

These symptoms may be indicative of Group B streptococcal infection or other conditions. If your baby shows any of these symptoms contact your GP immediately. If you cannot get hold of your GP or midwife at once, dial 999 for an ambulance or take your baby to the nearest hospital emergency department. For more information, see www.gbss.org.uk



It's always better to ask for help than to worry on your own. Do talk to your midwife or health visitor. As you grow more confident, you will begin to trust your own judgement more. You will be able to decide which action to take to keep your baby safe and well.

You will also want to talk to friends, relations or other mothers in a similar situation. You will meet other mothers when you start taking your baby to the child health clinic or Sure Start. Your health visitor will explain where these are and when you should go.

Your health visitor can tell you about any mother and baby groups in the area.

Getting support

Everyone needs advice or reassurance at some time when they are caring for a young

baby, even if it's just to make sure that they are doing the right thing. Some problems just need talking over with someone.

