

Serenity Birthing – Your Birth and
Beyond, The Way that Resonates With You



Module 7 – The Fourth Trimester



Module 7 – The fourth trimester

- ♥ What to expect as new parents
- ♥ Common issues with newborns
- ♥ Things to be aware of in the fourth trimester



The fourth Trimester – what to expect

- 💖 Both you and your baby are adapting to a new way of life
- 💖 Your baby does not know that you exist when they cannot see or touch you – you **cannot** spoil a baby so hold them and cuddle them and love them as much as you want
- 💖 A baby does not know that they can make things happen and all sensations are new for them – a lot of reassurance and watching and learning your baby's cues will really help you to decipher what they are trying to say



5 Secrets to help your baby feel happy



1. Skin to skin



Your smell and touch and warmth and soothing voice help to calm your baby and make them feel reassured



Your body automatically adapts to provide the right temperature for your baby



Skin to skin, especially with the baby on your chest helps to stimulate Oxytocin production, making you both feel calmer and happier



2. Bed-sharing

- ♥ Your baby will sleep better with you close because they will feel safe
- ♥ You will sleep better because you know your baby is safe and close
- ♥ You will automatically notice your baby stirring when they need a feed and so can begin before they become too hungry
- ♥ Over 60% of parents will share a bed with their baby in the UK, in the rest of the world, the majority of families do
- ♥ Remember to follow safe sleeping guidelines – see Basis online or the lullaby trust (links on my website www.thesernitydoula.co.uk/clients)



Safe Baby Sleeping – Reducing risk of SIDS

- ♥ Lay your baby on their back
- ♥ The safest place for your baby to sleep is in the room with you, even during the day or when you are not sleeping
- ♥ Try to keep the room temperature between 16-20°C
- ♥ Do not smoke or use e-cigarettes near or around your baby
- ♥ Firm, flat, waterproof covered mattresses are safest
- ♥ Breastfeeding significantly reduces the chances of SIDS
- ♥ A clear cot free of toys or bumper guards is safest



Safe Baby Sleeping – Co-Sleeping Guidelines

- ♥ Keep pillows, sheets, blankets away from your baby or any other items that could obstruct your baby's breathing or cause them to overheat
- ♥ Avoid letting pets or other children in the bed
- ♥ Make sure the baby won't fall out of bed or get trapped between the mattress and the wall
- ♥ NEVER sleep with your baby if:
 - ♥ You or your partner smoke
 - ♥ You or your partner has drunk alcohol or taken drugs (including medications that may make you drowsy)
 - ♥ You are Extremely tired
 - ♥ Your baby was born premature (37 weeks or less)
 - ♥ Your baby was born at a low weight (2.5kg or 5½ lbs or less)
- ♥ Never sleep on a sofa or armchair with your baby, this can increase the risk of SIDS by 50 times



3. Sucking/nursing at the breast

- ♥ Sucking helps the baby's skull bones to settle into the correct, comfortable position
- ♥ Nursing at the breast releases oxytocin for you and the baby, helps to calm them when they are stressed as well as providing nourishment and immune support
- ♥ Responsively feed according to your baby, not the clock or strict rules – some days they may be more thirsty or more hungry or need more comfort than others



4. Baby Wearing

- 💖 Babies feel safe close to you and benefit from being upright as their digestive systems are developing
- 💖 Choose your sling or carrier carefully and make sure it supports the baby from knee to knee and that it feels comfortable for you. Stretchy wraps are brilliant for this
- 💖 Follow the TICKS safety guidelines for baby wearing



TICKS Guidelines

- T** – Tight - slings and carriers should be tight enough to hug your baby close to you as this will be most comfortable for you both. Any slack/loose fabric will allow your baby to slump down in the carrier which can hinder their breathing and pull on your back.
- I** – In View at all times - you should always be able to see your baby's face by simply glancing down. The fabric of a sling or carrier should not close around them so you have to open it to check on them. In a cradle position your baby should face upwards not be turned in towards your body.
- C** – Close enough to kiss - your baby's head should be as close to your chin as is comfortable. By tipping your head forward you should be able to kiss your baby on the head or forehead
- K** – Keep Chin off the chest - a baby should never be curled so their chin is forced onto their chest as this can restrict their breathing. Ensure there is always a space of at least a finger width under your baby's chin
- S** – Supported back - in an upright carry a baby should be held comfortably close to the wearer so their back is supported in its natural position and their tummy and chest are against you. If a sling is too loose they can slump which can partially close their airway. (This can be tested by placing a hand on your baby's back and pressing gently - they should not uncurl or move closer to you.) A baby in a cradle carry in a pouch or ring sling should be positioned carefully with their bottom in the deepest part so the sling does not fold them in half pressing their chin to their chest.

5. Swaddling

- 💖 Swaddling can remind the baby of being in the womb so if they seem distressed it can help them to feel cosy and safe
- 💖 Swaddling is best done in the early days
- 💖 Some babies love it, some prefer the freedom of movement and they may always change their mind
- 💖 Make sure you swaddle safely and follow safe swaddling guidelines (see links on www.theserenitydoula.co.uk/clients)



Safe Swaddling Guidelines

If you decide to adopt swaddling, this should be done for each day and night time sleep as part of a regular routine beginning early:

- ♥ Use thin materials
- ♥ Do not swaddle above the shoulders
- ♥ Never put a swaddled baby to sleep on their front
- ♥ Wrap firmly but not too tightly
- ♥ Check the baby's temperature to ensure they do not get too hot
- ♥ The baby's legs & feet must be able to move freely & bend at the hip
- ♥ Leave arms free for babies over 3 months for self-soothing
- ♥ Keep the baby's head uncovered
- ♥ Remove swaddling if you bring your baby into bed with you
- ♥ Always place baby to sleep on their back
- ♥ Swaddling is safest from birth, don't suddenly start when SIDS risk is highest (2-3 months old)



"Normal baby behaviour"

- ♥ Feeding - 8-12 times in 24 hours, cluster feeding in the evenings
- ♥ Sleeping – 18 to 20 hours a day, not through the night
- ♥ Crying – your baby's way of communicating, not because s/he is necessarily sad or in pain. It may be because they are hot or cold or over tired or have a wet or dirty nappy or they can feel their digestion moving

Everything is new to them! The world is big and can be scary but being with you and having you reassure them makes them feel safe and calm and more settled



"Normal baby behaviours"

- ♥️ Gagging – if milk comes too quickly
- ♥️ Hiccupping – usually after a feed
- ♥️ Startling – the Moro response when babies throw their arms and legs up and shake them in response to a loud noise
- ♥️ Rooting – turning mouth to one side and trying to suck



Common Newborn Issues – Jaundice

- ♥♥♥ Appears around day 2 to 4 – disappears by 1 to 2 weeks
- ♥♥♥ Newborns make more bilirubin than adults - more turnover of red blood cells
- ♥♥♥ A newborn baby's still-developing liver might not be able to remove enough bilirubin from the blood
- ♥♥♥ A baby's intestines absorb bilirubin that would normally leave the body in the stool (poop)
- ♥♥♥ Keep feeding them plenty of breast milk and get them out in the sunshine if you can



Common Newborn Issues – Sticky Eyes

- 💖 Tear ducts are very small and not fully developed at birth
- 💖 Eyes can become watery and sticky, particularly after a sleep
- 💖 Don't worry, just wipe away with cotton wool moistened with sterile water



Common Newborn Issues – Baby Acne and spotty skin

- ♥ Mum's hormones causes spots on baby's face, neck, back and upper chest
- ♥ The pores in a baby's skin are not yet fully developed
- ♥ Tiny whiteheads called milia
- ♥ Treatment – washing, watching and waiting



Common Newborn Issues – Cradle Cap

- ♥ Likely to appear during your baby's first two months
- ♥ Area on your newborn's scalp, covered with greasy, yellow, scaly patches
- ♥ Happens as a result of hormones left in your baby's body from pregnancy
- ♥ Treatment: Regularly wash your baby's hair with a baby shampoo, and then loosen the flakes using a soft brush



Common Newborn Issues – Nappy Rash

- ♥ A red puffy rash around your baby's genitals, bottom, and the folds of their thighs
- ♥ Can sometimes look pimply, and may be either dry or moist
- ♥ Keep your baby dry and clean, use water wipes, pat skin dry, apply barrier cream, nappy-free time!
- ♥ NOTE! Ensure it's not thrush



If in doubt always speak to your GP, Health
Visitor or Midwife



Three normal experiences for a new Mum

1. Sleep deprivation
2. Feeling tearful and overwhelmed at times
3. Clashing parenting styles



Strategies to cope with lack of sleep

- ♥ Try sleeping when your baby sleeps – Housework can wait
- ♥ Lie down, even if you can't sleep
- ♥ Keep your baby close at night
- ♥ Remind yourself – the sleepless nights won't last forever
- ♥ Get help so you can rest during the day



Strategies to cope with feeling tearful

- 💖 A natural drop in Progesterone levels can cause low mood
- 💖 "Baby blues" affect as many as 80 percent of new mums
- 💖 Adoptive parents are also affected – this is a BIG life change
- 💖 You don't have to be perfect!
- 💖 Be kind to yourself. This is all new for everyone!



Strategies to help with clashing parenting styles

- ♥ Openly discuss your parenting views with your partner
- ♥ Avoid any conflicts festering and building – deal with them before they turn to resentment and anger
- ♥ Exchange that used to come naturally might require some work - you are all sleep deprived and doing something brand new
- ♥ Find a few minutes each day to touch base over a hot drink or snack



Remember you are a new family team

Work together, don't keep score



How often should your baby feed - 1 week old

- ♥ Your baby should feed at least 10-12 times in 24 hours
- ♥ Feed your baby at first signs of hunger
- ♥ Allow your baby unlimited time at your breast if sucking actively
- ♥ Always offer the second breast
- ♥ Some babies might be very sleepy so wake every two hours during the day and every four hours in the night to feed



Signs to show they are getting enough

- 🌈 Normal for babies to lose weight after birth – it is expected that your baby will be back to birth weight when two weeks old
- 🌈 One wet nappy for each day – after your milk comes in, 5-6+ wet nappies per day
- 🌈 Yellow colour by day four – stools loose and may be seedy or curdy



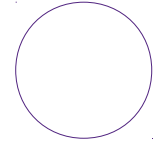
How often should your baby feed 2-6 weeks

- 🤍 Your baby should feed at least 8-12 times in 24 hours
- 🤍 Feed your baby at first signs of hunger
- 🤍 Always offer the second breast
- 🤍 Some babies might be very sleepy so wake every two hours during the day and every four hours in the night to feed
- 🤍 Once your baby has established a good weight gain pattern, you can stop waking your baby to feed them

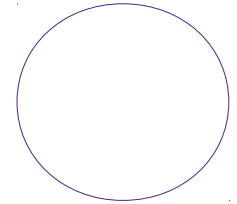


How big/tiny is your baby's stomach

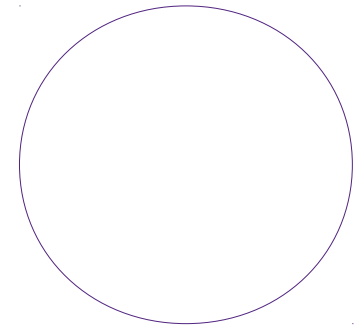
💖 Stomach Capacity of a newborn = 5 – 7 mls



💖 Stomach Capacity at 3-5 days = 22 - 27 mls



💖 Stomach Capacity at 10-12 days = 60 - 85 mls



What to expect in the first few weeks of breastfeeding

- ♥ Frequent and/or long feeds
- ♥ Varying nursing pattern from day to day
- ♥ Cluster nursing (very frequent to constant nursing) for several hours—usually evenings—each day
- ♥ Growth spurts, where baby nurses more often than usual for several days and may act very fussy
- ♥ Common growth spurt times in the early weeks are the first few days at home, 7 – 10 days, 2 – 3 weeks and 4 – 6 weeks



You cannot breastfeed a baby too much but
you can feed them too little



Early feeding cues

Smacking or licking lips

Opening and closing mouth

Sucking on lips, tongue, hands, fingers, toes, toys, or clothing



Active feeding cues

Rooting around on the chest of whoever is carrying him

Trying to position for nursing, either by lying back or pulling on your clothes

Fidgeting or squirming around a lot

Hitting you on the arm or chest repeatedly

Fussing or breathing fast



Late feeding cues

Moving head frantically from side to side

Crying

If your baby shows late cues it can be helpful to calm them before offering the breast



Crying is the last cue your baby will give
when they are hungry



How to latch a baby on to the breast

C – Close Bring your baby in close to your body so that he doesn't have to stretch to reach your breast

H – Head free Support his neck, shoulders and back but make sure his head is free to be able to tilt back

I – In line Check his head and body are in a straight line facing the same way as he will be uncomfortable if he is twisted when feeding

N – Nose to nipple Move your baby so that he starts the feed with his nose pointing to your nipple.

Starting 'nose to nipple' like this allows him to reach up and get a mouthful of breast from underneath your nipple



What to do if your baby doesn't want to latch

Skin-to-skin is magical! Spend a day in bed!

Have the “restaurant” ready by expressing a few drops and “painting the nipple”

Encourage neonatal reflexes bringing the nipple up and down across the top and bottom lip, or dragging the nipple down from your baby’s nose to lips, or opposite corners of your baby’s mouth

Consider body therapies for your baby – cranial treatment



Changes in your breasts

Your milk should start to “come in” between days 2 and 5

Nurse often, don't skip any feeds and ensure good latch/positioning, and let baby finish the first breast before offering the other side

To decrease discomfort from engorgement, use cold and/or cabbage leaf compresses between feedings

If baby is having trouble latching due to engorgement, use reverse pressure softening or express milk until the nipple is soft, then try latching again



Breast milk vs Formula

Formula milk for babies three day old is the same as formula milk for three month old infants

Breast milk is ingeniously different every single day; adapted to the changing needs of the baby

Formula milk powder is not produced in a sterile environment

Breast milk contains antibacterial properties



Breast milk vs Formula

Cows milk is designed to support functions, like constant grazing

Human milk is designed to support the development of large brains, capable of processing and storing lots of information

Formula milk does not contain any antibodies

The moment you get in contact with germs, your milk starts making antibodies for you baby



Breast feeding mission!

Breastfeeding takes 6-8 weeks to establish

It gets easier and it is easier in the end!

The sooner you get help – the more likely you are to carry on

A supportive partner will make all the difference

Formula and breast milk are not even close to being the same!



WHO recommendations

Exclusive breast feeding for six months

Introduce complimentary foods at six months with continued breastfeeding - food before one is just for fun

Optimum to breastfeed for two years and beyond – the world average is 6 years



Practical Exercise

- ♥ Take some time to consider what feels right and what feels important for you
- ♥ Make sure your partner understands your wishes and is aware of what they can do to help support your choice
- ♥ Make sure that any decision you make about how you choose to feed your baby is fully informed and a choice that you are making for you and your family's benefit, not one you feel you are being forced in to
- ♥ Look up local support networks and meetings
- ♥ Continue to write in your diary and thoughts and feelings and any questions that have come up from this module

