

## Going home after birth



Staðfært með leyfi LSH 2017/HÓ  
HVEbæk2

**HVE Akranesi**  
Sími 432 1000, fax 432 1001  
[www.hve.is](http://www.hve.is)

**Heilbrigðisstofnun Vesturlands**  
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**Going home / Home Services:** Before being discharged from the hospital, the mother will receive the name and telephone number of a midwife who will care for and monitor her and the newborn at home. It is recommended that the Home-service midwife is contacted as soon as possible after the family returns home so the first visit can be scheduled, also if any problems or questions come up.

*Home-service midwife:*

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*Phone number:* \_\_\_\_\_

If the family cannot be discharged from the hospital early enough to receive a Home-service midwife, an interview is given by a midwife at the ward before going home. The interview should cover the main aspects of breastfeeding as well as information about what to expect in the first few days and weeks regarding the woman's health and the newborns care.

**Neonatal Examination:** All babies are examined by the duty doctor within the first 24 hours after birth. In addition, parents can have second examination by a pediatrician when the baby is 5-6 days old at Children's Hospital in Reykjavik (Barnaspítali Hringins).  
*Pediatric examination at Hringurinn the Children's Hospital (first floor).*

\_\_\_\_\_ Day - \_\_\_\_\_ / \_\_\_\_\_ time. \_\_\_\_\_

**General recommendation** It is recommend that women take time and consider their own well-being after birth, practice good nutrition habits and rest often with the newborn. That way she is more likely to adapt easily to changes within the family.

**In case of:** Heavy bleeding, fever, abdominal pain, foul-smelling discharge, problems with urination or any other problems that might be considered abnormal or causes a case of concern, please contact the following:

*Problems ≤ 2 weeks after birth*

**Contact your Home-service midwife if still in her care.** If further help or more specific approach is needed, she will give guidance to whom to call or where to go.

An urgent problem that comes up after a midwifery home service ends, or after the stay in the hospital, please contact the Akranes maternity ward at 432 1113.

In acute situations at any time always contact the

**Emergency call response tel. 112.**

For women living in Reykjavik you can come to Landspítalinn at ward 22-B (appointment tel. 543-3253).

**Copy of maternity documents and birth certificate:** If there is a request to get a copy of the maternity file you can do so three to four months after birth at the hospital secretaries in the hospital ground floor or send your request electronically to [laeknaritari@hve.is](mailto:laeknaritari@hve.is) A birth certificate can be requested via [www.thjodskra.is](http://www.thjodskra.is)

**Lend me your ear:** Is a service offered to women and their partners where they can meet up with a midwife after birth to discuss the birth experience.

Appointments can be made at the outpatient maternity ward 22B, tel. 543-3253 between 08:00-16:00 week days. It is important that you bring your maternity record with you to the appointment. You can also request an appointment with a midwife or a doctor to review your birth experience, please contact Akranes birth center to discuss further.

We welcome and comments and feedback regarding the service you received at Akranes birth center by calling us on 4321113 or via the hospital website [hve.is](http://hve.is) under the link "Ertu með ábendingu eða kvörtun" (Do you have a feedback or complaint).

**Finally, the staff at the Maternity ward Akranes hospital, wants to offer their sincerest congratulations at the birth of your baby/babies and wish you all the best in the future.**



**Infant control:** It is recommended that the neighborhood Health Care Clinic is contacted soon after being discharged from the post-partum ward or from the Home-service midwife that is done so that the nurse at the health care clinic can give information about the arrangement of the infant-control. **Infant Audiometry:** Every parent is offered hearing test for their newborn baby. It takes place either before being discharged from the hospital or at the 5 day examination of the newborn at the Children's hospital. If the audiometry test is unsuccessful at the hospital, parents are asked to contact the Heyrnar og talmeinstöð Íslands (Hearing- and speech center) tel. 581-3855.

**Where to seek help if a child becomes ill:**

If a newborn develops *high fever* (>38°C) *before 12 weeks* of age contact the Children's Hospital 543-3700 or your local heilsugæsla (health care clinic). For children *older than 12 weeks* contact the neighborhood Health Care Clinic or the medical helpline, Domus Medica, tel. 563-1010 during weekdays and office hours. After office hours and weekends, it is recommended to call *medical helpline (Læknavaktin) tel. 1770*

**In case of an accident or an emergency, call 112**

**Baby blues and Postpartum depression:** After childbirth women often experience changes in their moods and symptoms like tearfulness, irritability, some mild anxiety and signs of depression. This is a normal process which usually happens in the first 2-10 days postpartum and passes quickly. Postpartum depression usually starts 2-4 weeks postpartum but women can develop postpartum depression anytime in the first year after giving birth. Symptoms of postpartum depression may include: that *daily tasks seem insurmountable, changes in appetite, sleeping problems, hopelessness and unexplained fear or anxiety*. It is important to seek medical assistance at the Health Care Clinic if such symptoms do occur and persist.

**After Cesarean - some notes:** To normalize the digestion, it is important to drink a lot of fluid, up to two liters a day, along with eating regularly. Diet of protein and fiber is recommended. *Non-strenuous exercise* is also recommended after the first two weeks as it can *reduce the risk of various complications* after surgery, such as blood clots as well as stimulate the digestive system. It can be good to start training slowly with light/short walks and then gradually increase the exercise as the strength increases. And avoid lifting objects that are heavier than the newborn. Make sure not over-doing it and rest often. **Pain:** You may feel discomfort and tenderness caused by the incision for the next two to three weeks and the use of pain- relief is helpful. The recommended dosage for non-description pain-medicine is: Ibuprofen 400-600 mg three times a day and two 500 mg Paratabs/Panodil tablets 3-4 times a day, for the first few days. Only a little amount of those medicines excretes in the breast milk and will not affect the newborn. It is recommended to reduce gradually the use of pain-medicines. *Stitches/staples* should be removed from the incision 5-7 days after surgery along with the band-aid covering it, either by your Home-service midwife, at "skiptistofa HVE Akranesi" or your local health care clinic.

**Problems > 2 weeks from birth:**

For any problem regarding breastfeeding or discharge/ bleedings then contact Akranes maternity ward 432 1113. If the baby is unwell then contact health care clinic during day time (8am to 4pm) After that please contact **medical helpline (Læknavaktin) tel. 1770**

**Breastfeeding:** Breastfeeding is important for both mother and baby. It has been shown that the breast milk is full of *antibodies and immunoglobulin's* that are good for the baby's immune system and mothers who breastfeed are less likely to develop postpartum depression. A newborn baby needs *considerable presence* with the mother, to form the basis for good lactation. The baby usually breastfeeds soon after birth and then takes a long rest. The baby has a supply of liquid and sugar which is considered sufficient to cover the first 24-48 hours after birth. *Colostrum*, the initial milk (first milk), comes in small amounts, but is sufficient nutrition in the beginning. Babies' kidneys are at birth, immature and not ready to receive too much liquid at a time. A newborn stomach is the size of a grape, which makes the small amount of colostrum perfect for the newborn. As the days go by, the stomach expands as they drink more and need more nutrition. *To increase* the amount of breast milk it is very important that your baby *breastfeeds often* in the first few days or approximately *8-12 times* a day. In most cases the milk supply increases significantly after 2-4 days. It is normal for your nipples to get sore in the first days after birth, but it is **not** considered normal to have a *cracked nipple*. That can happen if the baby is not latching onto the breast properly. In order to prevent this happening it is important that the baby's position and nipple-grip is observed. Seek assistance if you experience pain that does not recede when you breastfeed or lesions start to appear. Wetting the nipples before and after breastfeeding can reduce tenderness.

**Engorgement:** Engorgement is caused by increased blood flow and fluid retention in the breast tissue that can cause pressure on the mammary glands. This is a normal physiological change in the breast that follows an increase in milk production. The breasts become sensitive and warm to the touch and nipple circle and nipple surface can become stiff. Treatment of engorgement: It is important to make the child breastfeed regularly up to 8-12 times a day as well as massage the breast gently at the same time, until the breast softens up. If a large swelling appears in the nipple you may need to massage the breast for a while, and use hand expression to soften the nipple before breastfeeding. A cold pack on the breast after breastfeeding can help to reduce discomfort as well as pain medicine and anti-inflammatory drugs like Paratabs (1gramm 3-4 times per day) and Ibuprofen(400mg 3-4 times a day. *Hand expressing:* Start by massaging the whole breast in a circular motion. The thumb is positioned above the nipple and the parallel fingers below the nipple. Fingers are pressed gently back to the chest and then forward and compressed together. See documentary film: <http://newborns.stanford.edu/Breastfeeding/HandExpression.html>

**Clogged milk duct:** *Causes/risk factors:* Fatigue, stress, changes in the breastfeeding pattern, irregular feeding, cold, tight clothing/bra. *Symptoms:* Sore breast, perhaps heat and redness of partial part of the breast and/or isolated lump/nodes. *Tips for preventing clogged milk ducts/inflammation:* Let the baby suck until the breast is soft/drained and be sure that the baby latches onto the nipple properly. Avoid stress and tight clothing such as breast headbands in brassieres and narrow tops. *Tips to work on clogged milk duct:* Frequent breastfeeding and using different breastfeeding positions, putting a warm pack on the affected area of the breast and massage it lightly before breastfeeding. When the baby is placed on the affected breast it is good to continue the massage of the inflamed area with fingertips and gently wipe towards the nipple while the baby sucks. It is recommended to face the baby's chin toward the affected area. It can also be helpful to use a cold pack on the breast after breastfeeding for 5-15 minutes as it alleviates inflammation. If the baby cannot breastfeed for some reason it is recommended to use a breast-pump or express the milk out manually (hand expressing). If this is done with each feeding the problem should disappear in 2-4 days or even sooner.

**Where to seek help:** The Home-service midwife should assist with problems regarding breastfeeding *during the first days*. She can also guide and give information where to seek further help, if necessary. For example, if the woman experiences *fever, flu-like symptoms, muscle pain, fatigue, redness and heat in limited area of the breast*. Women, who do not have midwife service or your midwife is not available please contact Akranes birth center (phone number 437-1113) to get further advice on your symptoms and concerns.

If your problem persists, you can have 2 visits from breast feeding advisor within 14 days of birth in cooperation with your Home-service midwife or contact directly at <http://www.ljosmaedrafelag.is/thjonusta/brjostagjafaradgjof> once your Home-service midwife has discharged you. Currently there is no breastfeeding advisor operating in Vesturland, and women living outside of Reykjavik can seek advice from breastfeeding advisor in Reykjavik.

If acute problems arise evenings or weekends, call medical helpline(Læknavaktin) tel. 1770

**Neonatal urine and stools:** It is normal for the newborn to *urinate* only once the first day after birth and as he/she drinks more the urination increases, 4-6 times per day on day 4-5 after delivery. *Minerals* from the kidneys that appear as orange/copper red colored stain in the diaper can be seen in the urine the first few days. With girls, a *bloody and / or mucous vaginal discharge* can also be seen, both are harmless. *The first stools* from the newborn are called *meconium/barnabik*. They are tar-like and dark in color and come in the first 4-5 days. After that the color, *texture, quantity and frequency of bowel movements*, can vary depending on how often he/she breastfeeds. *The color and texture of the stools changes from black to yellow* and become more fluid-like, with small formations in it (like cottage cheese). Ingredients of the colostrum stimulate peristalsis and laxation which can lead to stomach discomfort in the newborn the first few days during digestion. *Nausea in the neonate:* Upset stomach and retching in the newborn the first 1-2 days after birth is very common as the digestive system is starting to work. At birth, the newborn often swallows mucus and/or amniotic fluid which can induce vomiting in him/her. During this time, the newborns' interest in latching onto the breast is reduced. The newborn might also vomit a bit of blood during breastfeeding which is normally caused by a lesion or wound on the mothers' nipple that bleeds from, also harmless to the newborn.

**Attention:** It is recommended that a good *general hygiene is practiced* in the closest environment of the newborn. All visitors should *wash* their hands and/or *use hand disinfectant* before coming close to the newborn. Normally, bathing the baby straight after birth or in the first few days, is not considered necessary. *However*, it is recommended to wash your child's hands daily with water as the newborn is constantly putting his/her hands in the mouth or touching his/her face. *There are few things to consider before bathing the newborn:* It is important making sure that the environment is safe and that the bath and the changing mat are close to each other as newborns are very slippery. The recommendations for the water temperature is about 37°C or body temperature and soap is not considered good for the newborn as his/her skin is very sensitive and more likely to dry out. *Caring for the umbilical cord:* The aim is to keep the umbilical cord clean and dry and for that a quick tip well dampened with water can be used to clean the bottom of the cord and then use a *dry one* afterwards. The cord should fall off after 5-15 days. If a heavy redness around the stump is seen or there is a foul smell, the *Home-service midwife* or the Health Care clinic should be contacted. Newborns often sneeze quite a bit in the first few days *which is* normal and does not indicate cold/flu. This is the way for them to clean dirt from their nostrils. Nasal saline solution can be helpful if there is an indication that their breathing is interrupted.