

MEDICLINIC baby

# YOUR HOSPITAL STAY

MEDICLINIC BABY PROVIDES EXPERT CARE  
AND ADVICE EVERY STEP OF THE WAY.





# WELCOME TO OUR OBSTETRIC UNIT

This booklet provides a brief overview of what you can expect in the hospital and how to care for your baby. We wish you a pleasant stay.

## WHAT SHOULD I BRING TO HOSPITAL?

**You will need the following items:**

- Cool pyjamas, with buttons in front for breastfeeding
- Dressing gown and slippers
- Underwear (not tight-fitting pairs) and feeding bras
- Personal toiletries including two dark face cloths
- Sanitary towels (two packs)
- Nipple cream and breast pads
- Identity document, medical aid card and a black pen

**Please leave valuable items such as jewellery and large sums of money at home.**

## VISITOR INFORMATION

Flexible visiting hours will apply in all Mediclinic hospitals and will be managed by the nursing practitioners in charge of the nursing units, to ensure effective implementation.

## WILL MY BABY BE SAFE IN THE HOSPITAL?

We are committed to the safety of every mother and baby; therefore, access to the Obstetric Unit is strictly controlled. In addition, we ask that you:

- Do not leave your baby alone when you exit your room
- Please notify the nursing staff if you notice someone acting strange or suspicious
- Please ask the nursing staff to introduce you to any new staff that will assist in the event that your baby needs to leave the unit for a procedure or tests. If possible, you will be allowed to accompany your baby



**SKIN-TO-SKIN CONTACT IS GOOD FOR A BABY'S HEALTH IN GENERAL. IT HELPS WITH STABILISING THE HEARTBEAT AND BREATHING.**

### **WHAT WILL HAPPEN ONCE MY BABY IS BORN (VAGINAL DELIVERY/ CAESAREAN SECTION)?**

Only your husband or partner will be allowed in the Labour Unit or Theatre. Birth photographs are allowed, but if you want to use a video camera, please arrange this in advance with the doctor and unit manager. Immediately after the delivery, your baby will be placed on your chest so that you can hold him or her for a while. In your presence, the nursing practitioner will attach two name tags to your baby's ankles or one arm and one ankle. If your baby requires admission to the Neonatal Unit, he or she will be identified with a sticker, on a protective skin strip, covered by an adhesive plaster. This is done for identification and security purposes.

#### **VAGINAL DELIVERY**

In case of a vaginal delivery, breastfeeding will be initiated as soon as possible if you choose to do so. After your baby has been weighed and measured, the nursing staff will observe you and your baby for an hour, after which you will be given a bath and return to the unit. To further support you and your baby's health needs, rooming-in time is recommended. This is a wonderful time to get to know and connect with your new baby.

#### **CAESAREAN SECTION**

In case of a caesarean section, the paediatrician will examine your baby immediately after birth. The nursing practitioner will take your baby to the nursery, accompanied by the father, to be measured and weighed. In the meantime, you will be taken to the recovery room for observation. Once you are cleared, you will be moved to your room for the rest of your hospital stay.

Your husband or partner will enjoy skin-to-skin contact with your baby while waiting for your return, if he chooses to do so. Skin-to-skin contact is good for a baby's health in general. It helps with stabilising the heartbeat and breathing. Alternatively, the baby will be observed in the nursery until your arrival in the unit, when breastfeeding will be initiated and you can continue with skin-to-skin care.

You will have an intravenous drip in your arm and a urinary catheter in your bladder for approximately 12 to 24 hours, which will be removed within 12 to 18 hours. You will be assisted and encouraged to start moving around as soon as possible.



### **WHEN MUST I BATH MY BABY?**

Your baby will be gently wiped directly after birth, but may only be bathed the next day and/or once prior to discharge. Bathing a newborn for the first time may be overwhelming, but a nursing practitioner will demonstrate how it is done.

### **HOW MUST I TREAT THE NAVAL STUMP?**

It will be cleaned once (directly after birth) with an antiseptic solution or clean tap water to remove debris; thereafter, it will be thoroughly dried to remove excess moisture. Keep the diaper folded down and away from the cord stump to prevent contamination with urine or stool. If the cord stump becomes soiled with urine or stool, cleanse the area with water and dry thoroughly to remove excess moisture. Clean the cord with each nappy change (natural drying). The stump must be left uncovered to dry. One might also consider using breast milk for umbilical cord care. Always wash hands before handling the cord stump.

### **HOW DO I KNOW IF THE STOOLS ARE NORMAL?**

The first stools (meconium) of newborns are smooth, sticky and greenish-black. After the second day, they change to soft, yellowish-green stools. Breastfed babies may have soft stools which will leave only a few curds in the nappy. Babies can have many dirty nappies as often as after every feed, or none at all for 24 hours. If your baby's milk intake is sufficient, he or she will have six to eight wet nappies within 24 hours. Bottlefed babies have shaped yellow stools.

### **WHAT DOES NEONATAL JAUNDICE MEAN?**

Babies often develop jaundice on the second or third day after birth. This is a normal condition, which indicates that the liver is not yet capable of breaking down the bilirubin (jaundice pigment) in the blood completely. Jaundice does not last long and the paediatrician will monitor it. Depending on your baby's age and weight, treatment under specialty fluorescent lights (phototherapy) will be applied.

### **WHERE MUST I TAKE MY BABY FOR IMMUNISATION?**

In most hospitals, babies will receive the first dose of polio drops and BCG immunisation before discharge. From six weeks onwards, a fixed, legally prescribed immunisation programme will be followed at the clinic. Please remember to keep your Road to Health book safe and take it with you for the visits. We recommend that you visit your local clinic within two weeks of discharge.

### **WHERE MUST MY BABY'S BIRTH BE REGISTERED?**

You must register your baby with the Department of Home Affairs within 30 days of birth. The parents' identity documents or passports must be shown. A birth registration service is available at most hospitals. Please also let the medical aid know as soon as your baby is born so that they have a record; otherwise, claims will not be paid.

### **WHEN CAN I FEED MY BABY FOR THE FIRST TIME AND HOW OFTEN MUST I FEED MY BABY?**

Your baby's suckling instinct is usually strongest during the first hours after birth. However, some babies will not suckle

immediately. Do not be concerned; continue with skin-to-skin contact and try again later. Should your baby not suckle within the first few hours after birth, a little colostrum could be expressed and offered on a teaspoon. A good latch and early frequent suckling will ensure that your baby gets as much colostrum as he or she needs, and facilitates milk supply.

You will feed your baby on demand or every three to four hours, according to his or her needs. A weight loss of 10% of the birth weight may be expected. A regular feeding pattern is important for sufficient milk production. During the first few days, babies may need around eight to 10 feeds in 24 hours. Do not let your baby sleep for more than five hours between feeds. He or she will become drowsy as a result of low blood sugar and exhibit a reluctance to drink.

### **WHAT SHOULD I EAT WHILE BREAST-FEEDING?**

Follow a balanced diet rich in protein, iron and calcium. Smaller, more regular meals are recommended. Drink at least two litres of liquid per day to stimulate milk production. Do take vitamin supplements. Any food should be taken in moderation.



### **MAY I KEEP MY BABY WITH ME?**

Mothers often choose to keep their babies with them in hospital so that they can take care of them themselves (rooming-in). This has several educational and psychological advantages and we encourage it.

### **HOW MUST I TREAT MY EPISIOTOMY/ CAESAREAN WOUND?**

Your episiotomy wound will be sensitive, particularly when you sit. Ice packs and a doughnut cushion will help you to sit more comfortably. The stitches will dissolve after about one to two weeks and the wound will remain uncomfortable for about one week. Three sitz baths per day should be taken for two weeks after discharge. To take a sitz bath, add  $\pm 15$  millilitres of coarse salt to lukewarm water and sit in it for 10 minutes.

Usually, the caesarean wound dressing is replaced with a watertight adhesive dressing after 24 hours or on doctors' prescription. The wound might be cleaned and dressed before discharge. Remove the plaster after 10 days or as directed by your doctor. Staples or stitches (if any) will be removed on day five, either at the doctor's rooms or in hospital if not yet discharged.

### **HOW WILL MY PAIN BE MANAGED?**

Sedative suppositories or tablets are administered six- to 12-hourly during the first few days after a vaginal delivery. Following a caesarean section, stronger painkillers are injected during the first 24 hours, after which you may take tablets according to the doctor's prescription.

### **MY FEET ARE SWOLLEN - IS IT NORMAL?**

It is normal for feet to be swollen five to six days after a delivery. Elevate your legs to relieve them by lifting the lower end of your bed or putting a pillow under your feet.

### **I HAVE THE BLUES - IS IT NORMAL?**

It is normal to feel depressed after the birth of a baby and sufficient rest is the best treatment. Consult your doctor and the nursing practitioner when you start feeling emotional or tearful. Try and express how you feel in words, which will assist those around you to understand and provide the support that you need. This is normal and part of the journey of being a new mom, so do not feel embarrassed if you cry for the smallest things. Day three may be a particularly weepy day.



### **WHEN WILL I START MENSTRUATING AGAIN?**

This is different for everyone and depends on breastfeeding and the type of contraception that you use. You may expect to start menstruating again after two to three months - in all likelihood, somewhat heavier than before.

### **WHEN CAN WE RESUME OUR INTIMATE RELATIONSHIP AND WHAT ABOUT CONTRACEPTION?**

You may resume sexual intercourse again as soon as the uterus and perineum (episiotomy) have recovered, usually about four to six weeks after the delivery. Discuss contraception with your doctor before you are discharged or during your follow-up visit at six weeks. Keep in mind that you can become pregnant while breastfeeding and before menstruation has resumed.

### **HOW SOON AFTER MY CAESAREAN SECTION MAY I DRIVE?**

We recommend that you wait for 10 days before driving again. Do not attempt to drive if you feel uncomfortable.

### **HOW SOON CAN I START EXERCISING?**

You may start two weeks after a vaginal delivery and one month after a caesarean section. Increase your daily activities as your body allows. Be patient if you have had a caesarean section.

### **WHEN MUST WE SEE THE DOCTOR AGAIN?**

You and your baby must see the doctor and paediatrician after six weeks. This is important to ensure and check on your baby's normal development. Should you experience any problems at home, please do not hesitate to phone your doctor or the Obstetric Unit.

For extra postnatal information, please register for the Mediclinic Baby programme on [www.mediclinic.co.za/mediclinicbaby](http://www.mediclinic.co.za/mediclinicbaby) or SMS 'Register4Baby' to 37838.

Alternatively, scan this QR code to register.





