

The background of the entire page is a close-up photograph of a newborn baby being kissed on the forehead by a mother. The baby is wearing a white long-sleeved shirt with small grey stars. The mother's face is partially visible on the right side of the frame, showing her eyes, nose, and lips as she gently kisses the baby.

NEW BORN MUM

Your first days together

**Congratulations on becoming a mum.
You've created your very own miracle,
and now it's time to cherish and enjoy
your first few days together.**

**While there's no doubt that this is
an exciting time, we know that this
new sense of responsibility can feel
overwhelming. We've created this
guide with the help of 1,000 mums
so that you can start your journey
feeling prepared.**



The truth is, nothing can prepare you fully for your new life with your baby, but in this book we'll do our absolute best to help you navigate these first unforgettable days.

Drawing on scientific and expert-led research, it gives you amazing insights into your body and your baby's development, and to help you understand life from their point of view.

Written from experience

But you won't only be hearing from us. We've asked over a thousand new mums to share their experiences and opinions on 'everything from bonding and breastfeeding, to nappies, sleep and getting out and about. Discover their top tips and the things they wish they'd known in the early days with their baby.

This is a unique and precious time. We're here to help you enjoy it.

*Best wishes,
Aptaclub*

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GETTING TO KNOW YOUR BABY

*Bonding, first feeds and your
baby's appearance*

Magical. Unforgettable. All worth it.

These are just some of the words that mums have used to describe the moment when they first met their baby. In these first few days, your emotions may feel more intense as hormones such as oxytocin are released in your body. Just remember that all these feelings are a natural response to giving birth.



"We bond a little more every day." **Emma, Bristol**

Find out more at [Aptaclub.co.uk](https://www.aptaclub.co.uk)



The magic of skin-to-skin

One of the first things your midwife will aim to do after you give birth is place your baby on your chest¹. Not only does this initial embrace feel amazing for you, it has an incredible effect on your baby too. Holding your baby close after birth can help regulate their body temperature, glucose levels and respiratory rate².

Natural wonders

Skin-to-skin contact at birth helps to kick-start your baby's immune system by enabling the colonisation of their skin with beneficial bacteria³.

The first feed

That first cuddle will also help to encourage your baby's first feed. Instincts do most of the work. Your baby may need some gentle encouragement to open their mouth – you can do this by stroking their top lip⁴.

In the first few days following birth, your breasts will produce colostrum, a nutritionally rich, highly concentrated milk. Colostrum is so concentrated that your baby only needs around a teaspoon per feed⁵. Frequent feeding in the early days will not only give your baby the goodness of your colostrum, but it will also encourage your body to produce more milk. The more your baby suckles, the more your body will make. At birth, their stomach is usually no bigger than a marble, so feeding every hour is normal.

It's essential that you're happy with breastfeeding and latching on before you leave the hospital. If you do have any questions or concerns, be sure to ask your doctor or midwife before you go home.

Your baby's appearance

Although your baby's features will be dictated by your genes, there are a few other factors that will affect your newborn's appearance. Remember that your baby has been confined to the limited space of the womb for several months.

Skin

The appearance of your baby's skin will depend on the method of delivery and whether they were early or overdue. Premature babies tend to have slightly more translucent skin, and are usually covered in vernix, a waxy, white substance that helps protect their skin in the womb. Babies born later may have less vernix and more dry skin.

Baby acne, also known as 'milk spots', is harmless and can appear on your baby's skin at any time. It usually disappears within a few weeks.

Head

To aid the journey through the birth canal, your baby's skull bones are not fused in the womb, so their head can look elongated after birth. There are two soft spots (fontanelles) on your baby's head: a diamond-shaped one at the front, and a smaller one on the back. These soft spots are covered by a thick, protective membrane, and will usually fuse between 1 year and 18 months⁶.

If your baby was born using forceps, they may have slight bruises or red marks on the sides of their face, but they should fade fairly quickly.

First checks

Within the first 72 hours, a paediatrician, midwife or neonatal nurse practitioner will carry out some standard newborn health checks. These will assess your baby's eyes, ears, heart, hips and testes (for boys).

Their weight will be closely monitored from the time they're born and throughout the first seven days. Between 5 and 8 days old, a 'heel prick' blood sample will be taken to test for metabolic disorders like phenylketonuria (PKU), MCADD, cystic fibrosis, sickle cell and congenital hypothyroidism.



Our mums say...

"Ask your midwife to check for tongue tie – it can make breastfeeding difficult if not identified."

Hazel, Altrincham



Holding your baby

Before you know it, holding your baby will become second nature. There are lots of ways to hold them, it's all about finding the one that's comfortable for the both of you.

The most important thing to remember is that your baby's head should be supported at all times.

Here are a few common ways to hold your newborn⁹:



The cradle hold

Back of neck, head and spine are all supported by the arm and wide-open hand. The other hand supports the bottom.



The snuggle hold

Chest-to-chest with one hand supporting the back of the head and one hand under their bottom. Turn their head to one side so as not to obstruct their breathing.

Getting to know your baby



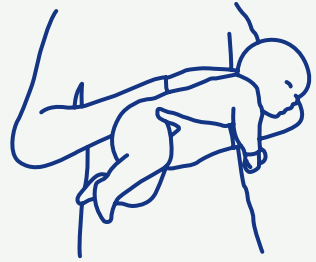
Face-to-face hold

Hold your baby in front of you with their legs on your stomach. One hand under the head and one supporting the bottom. Great for interaction.



Rugby hold

With your baby curled around your waist, and their legs stretching out behind you, draw them close, using one arm to support the back and neck and the opposite hand to support the head.



Belly hold

Chest and belly draped over your arm, head resting in the elbow crease and hand supporting the groin.

Read more about bonding, first feeds and your baby's appearance at: [aptaclub.co.uk/getting-to-know](https://www.aptaclub.co.uk/getting-to-know)

FEEDING YOUR BABY

Options, techniques and tips

A big concern for new mums is whether their baby is feeding well and gaining weight. It's normal for a baby's weight to drop in the first week, but be reassured that your health visitor or midwife will monitor their weight to make sure everything is ok.

When you're trying to make the best decisions for you and your baby, remember that breastfeeding can take some time to establish and that this is totally normal for a lot of mums. We've pulled together some useful information and handy tips on breastfeeding, to help you feel comfortable and prepared.



"Be prepared to feel as though you are feeding all of the time – this is normal." **Aptaclub Careline, Midwife**

Find out more at [Aptaclub.co.uk](https://www.aptaclub.co.uk)



The benefits of breastfeeding

Your breast milk is unique to you, and your baby. It's specifically tailored to meet their nutritional needs. Here are just some of the benefits of breast milk and breastfeeding:

Breast milk

- Contains all the nutrients your baby needs for the first six months of life.
- Provides antibodies to boost their immune system.
- Reduces the chances of your baby developing infections like stomach bugs.
- Is exactly the right temperature for your baby.
- Helps you bond.

Breastfeeding

- Reduces a mother's risk of ovarian and breast cancer.
- Requires no extra equipment or cost.
- Can burn up to 500 calories per day, causes your womb to contract, helping your tummy to shrink following the birth of your baby.

Different types of breast milk

Colostrum: This is the first milk your body produces. It's highly concentrated, nutritious and yellow in colour. There may not be much of it, but it's powerful stuff. Full of antibodies and immunoglobulins, colostrum helps boost the immune system and protect your newborn against bacteria and viruses.

Natural wonders

There's more to colostrum than antibodies – it also acts as a laxative to clear your baby's bowels of meconium¹⁰.

Milk: At around days two to four, your breasts may become engorged as your milk supply begins to change. Your milk may look thin compared to colostrum, but it will get thicker throughout the feed.

Feeding your baby

Foremilk and hindmilk: These are the two types of milk you will produce during a feed. Foremilk is a thinner, thirst-quenching milk produced at the start of a feed. Hindmilk, which comes afterwards, is thicker, with a higher fat content. To make sure your baby gets enough of the higher-calorie hindmilk, let them finish one breast before moving on to the other.

Let your baby lead

Your baby won't follow a regular feeding pattern for the first few weeks, so let them feed when they feel hungry. As you get to know your baby, you'll learn to spot the signs of hunger – they might suck their fists or root around with their mouth open. Some babies don't show clear signs, so you may need to note how long it's been since their last feed.

How often to feed

The number of feeds can vary depending on your baby, but it can be as regular as every hour in these first few days and weeks. Remember, you cannot overfeed a breastfed baby.



Our mums say...

“Join a local breastfeeding group for both practical advice and moral support.”

Jenna, Bristol

Help and support

If you feel like you need a little help, or you have a concern you'd like to talk through, our experienced professionals are ready to offer advice and guidance

Aptaclub Careline: 0800 996 1000

WhatsApp: aptaclub.co.uk/whatsapp

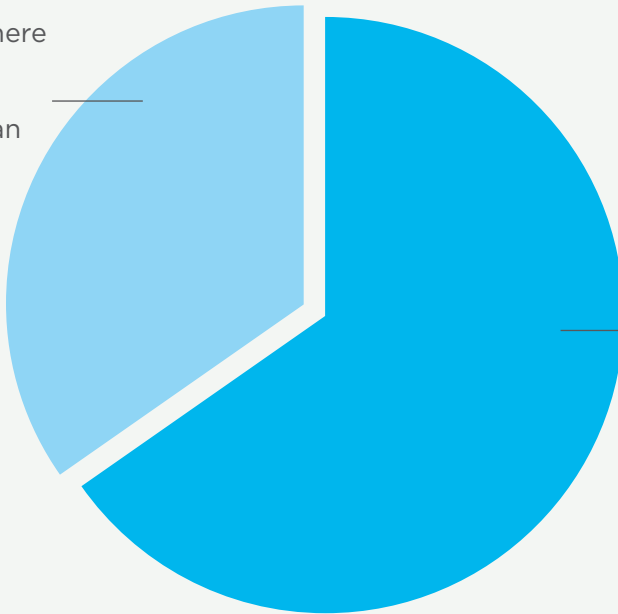
Start a Live Chat: aptaclub.co.uk

Getting started with breastfeeding

It can take time and to establish breastfeeding. We asked 1,000 mums to tell us how long it took them to get started. Of those who breastfed:

39%

took anywhere from a few attempts to more than two weeks of trying.



61%

successfully breastfed from the start.

Your breastfeeding diet

If you're breastfeeding, the food you eat is fuelling both of you. Making milk can burn around 500 calories per day, and a regular, healthy diet should provide you with the energy you need.

Here are some tips to stay healthy and energised while breastfeeding:

- Stay well hydrated – breast milk contains lots of water.
- Eat five portions of vegetables and fruit a day for vitamins, minerals and fibre.
- Include starchy foods such as potato, wholemeal grains and rice.
- Eat plenty of protein in the form of lean meat, fish or vegetarian alternatives.
- Boost your calcium intake with yogurt and milk.

If you find that breastfeeding is making you ravenous, try snacking on fruit, rice cakes with peanut butter or avocado; dried fruit; hummus and vegetable sticks, fortified cereals, and fresh soups.

What to avoid

Just as in pregnancy, avoid smoking and alcohol, and check with your doctor or pharmacist before using over-the-counter medication whilst breastfeeding.

The night shift

At this stage, your baby has no sense of night or day, and with their small stomach, they'll want to be fed little and often throughout the night. This can be exhausting for new mums, so ask your partner to help settle your baby between feeds to allow you to rest. Once your baby is fed or changed, put them back to sleep as soon as possible.

Natural wonders

Night feeds, however tiring, are particularly important because it's then that you produce more of the hormone prolactin, which builds up your milk supply¹¹.

Common concerns

It's very common for mums to have difficulties breastfeeding at first, but with the help of your midwife or healthcare professional, most problems can be addressed. Here are some of the most common breastfeeding concerns, and their solutions.

What's the concern?

Baby is feeding little and often

Cracked, sore or bleeding nipples

Engorgement

Mastitis

What you can do to help

Cluster feeding is normal at first but feeds should space themselves out.

Ask your healthcare professional or GP to make sure your baby is latching on correctly. You can also try hand-expressing a few drops of breast milk after feeding and putting this on nipples. Avoid soap and let air get to your breasts.

Put your baby to breast to relieve the pressure, and check your baby is attached and feeding effectively. If you are too engorged for them to latch, try expressing milk or taking a hot shower to encourage milk let-down. For more advice and support, contact your healthcare professional.

If you experience hot, tender breasts and cold or flu-like symptoms, you may have mastitis. It can make you feel very weak and even lead to serious infection, it is often treated with antibiotics. Contact your doctor as soon as possible.

Breastfeeding positions

When it comes to feeding positions, the key is to find one that's comfortable for both of you. A V-shaped pillow under your baby can give you extra support and help to keep your back straight. Pain can sometimes be caused by difficulty latching on, so experiment with different positions. Ask your midwife to supervise your first few feeds so that they

can see your technique and correct your baby's latch if necessary.



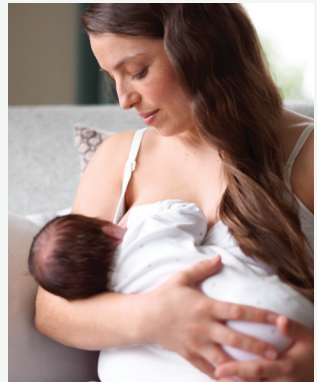
Rugby hold

Hold your baby securely under your arm with their legs stretched out behind you, supporting their head with your hand.



Side-lying hold

Lie parallel with your baby on a flat surface. Use pillows for support so you can position yourself on your side.



Cradle hold

Sit upright with your baby across your lap, using either arm to support them as they feed.

Watch these positions demonstrated at:
[aptaclub.co.uk/positions](https://www.aptaclub.co.uk/positions)



How to get a good latch

If your baby has a deep latch, they'll have a good mouthful of your breast and a secure seal that doesn't cause you discomfort as they suck. Developing a good latch can sometimes take practice, but the secret is positioning and preparation.

- **Position yourself comfortably in a supportive chair.**
A cushion underneath your arm can help to raise your baby level with your breast.
- **Support your baby's head by holding their neck and shoulders** (rather than the back of their head), so their head can still move around freely.
- **Hold their body close**, their tummy tight against you, and line up their nose (not their mouth) with your nipple.
- **Brush your nipple against their nose until they open their mouth.**
When their mouth is at its widest, quickly and firmly bring your baby to your breast (not the other way round).
- **If your baby has a good latch**, their bottom lip will be folded outwards and the only visible area of your areola will be above their top lip.

If you experience discomfort, or you don't think the latch looks right, gently slip your little finger between your nipple and their mouth to break the seal, and try again.

You could be feeding for an extended period of time so it's important to keep hydrated. Lots of mums set up a 'feeding station': a comfortable seat where everything (drink of water, TV remote, muslin and lanolin cream) is within arm's reach.



Winding your baby

Winding will help to expel any trapped air in your baby's stomach, which can cause discomfort.

- Keep your baby's stomach and spine straight.
- Support the head and neck.
- Rub (rather than pat) their back gently in an upward motion.

Watch our winding video at:
aptaclub.co.uk/winding

Expressing, bottle feeding and storing milk

In the beginning, you may wish to express your breast milk, especially if you need to relieve breast engorgement once your milk comes in, or if you can't be there to feed your baby for medical reasons. It's worth storing any expressed milk as it's particularly nutritious in the first few days.

Watch a video demonstration at:
aptaclub.co.uk/expressing

How to express

Ensure your hands and any equipment or bottles are clean and sterilised to protect your baby's developing immune system from infections. Massaging your breasts, or standing under a hot shower before expressing, can encourage the milk to flow.

By hand

1. Make a 'C' shape with your thumb and index finger or middle finger and cup your breast.
2. Press towards your ribcage and then, maintaining the pressure, push and squeeze forwards, easing the milk towards the nipple.
3. Move the 'C' around the nipple and at different angles, to put pressure on all of your milk ducts.
4. Release the pressure and repeat.

To express well, you need to be relaxed and comfortable, so you may find it helpful to think about your baby.

At first, you may only be able to express a few drops, but you should find the quantity increases with practice. Use a sterilised container with a wide opening to collect the milk.

There are also a variety of effective hand, battery and electric breast pumps on the market, which can take the work out of expressing. Electric pumps are available for hire from the National Childbirth Trust and other breastfeeding organisations.

Storing breast milk

Expressed milk must be stored in a sterilised container. It can be kept in the fridge for up to eight days at 4°C or lower, for two weeks in the ice compartment of a fridge, and for up to six months in a freezer if it's 18°C or lower (make sure you label them with the date of expressing and the amount of milk inside)¹³.

Read more about feeding your baby at: [aptaclub.co.uk/feeding](https://www.aptaclub.co.uk/feeding)

TIME FOR A CHANGE?

Happy nappy changing: A how-to guide

Nappy changing can take a little while to master. Practice makes perfect, but preparation is the key. After every change, get set up for the next – it'll make a world of difference. In this section, you'll find a step-by-step guide to changing a disposable nappy and a helpful guide to the appearance and regularity of your baby's stools.



“Make this experience a happy time by singing and talking to your little one.” **Aptaclub** Careline, Baby care advisor



Ready, steady, change.

You don't need a lot of equipment for nappy changing. A changing table isn't vital, but it can reduce the need to bend down and provides storage for all those nappies. If you don't have a table, a simple changing mat is an absolute essential for protecting your floor or carpet. You might also want to invest in a lightweight, compact mat for use on the go¹⁴.

Changing essentials



Hand soap
*(to wash
your hands)*



**A changing
mat**



**A ready
supply
of clean
nappies**



**Cotton wool
balls**



**A pot of cooled
boiled water**



**A clean change
of clothes** *(and
an additional
spare set,
just in case)*

Time for a change?

Is it normal?

Variations in poo colour, consistency and smell are normal, but there are a few things to look out for, including:

- Diarrhoea
- Constipation
- Blood-streaked stools

If you notice a continuation of any of the above, speak to your doctor, health visitor or midwife to check that there are no underlying issues.

How many is too many?

Days 1-2: in the first couple of days, your baby's bowel movements will be very infrequent, though they may pass urine a few times.

Day 2 onwards: as your baby begins feeding more, you can expect to get through between 6 and 12 nappies a day – many of these will just be wet¹⁵.

A baby's feeding routine directly links to the frequency of nappy changes, and a breastfed baby will usually poo more often than a bottle-fed baby. If your baby becomes upset by changing, a comforting feed afterwards can help settle them.

Most modern disposable nappies have a built-in moisture indicator so you know when it's time for a change, though a well-fed, crying baby is also a good clue.



Our mums say...

*"I had a C-section so couldn't bend or lift anything heavy.
We set up a changing table and bath on top of the
dining table."*

Kath, Bradford

Time for a change?



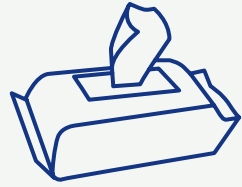
1.

Wash your hands with warm, soapy water.



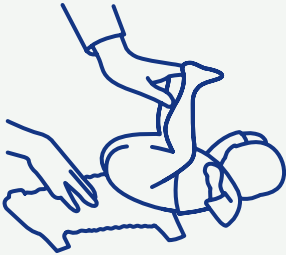
2.

Place your baby on a soft, safe, waterproof surface and remove their clothing.



3.

Open the dirty nappy. Holding their legs, clean the area with wet cotton wool or wipes. Dry thoroughly.



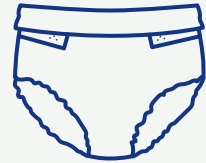
4.

Slide the dirty nappy away from your baby, and quickly replace it with a clean nappy.



5.

Pull up the front of the clean nappy and fasten the sticky tabs.



6.

To avoid the umbilical cord, fasten tabs lower and fold nappy, front down.



7.

Roll up the dirty nappy and use sticky tabs to refasten into a neat bundle.



8.

Dress your baby.



9.

Place the nappy in a disposable bag in the bin and wash your hands.

Time for a change?

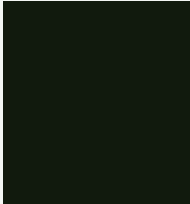
Your baby's changing stools

When your baby is born, their bowels and intestines will be full of meconium – a combination of mucus, bile, cells, amniotic fluid and lanugo. Unfortunately, there's only one way out for this sticky, green-black substance. Don't be alarmed by its consistency; passing meconium shows that your baby's bowels are healthy and working normally¹⁶.

Natural wonders

Despite meconium's unpleasant appearance, it served an amazing role in keeping your baby's intestines 'inflated' in preparation for their birth.

A breastfed baby's stool colours¹⁶



Days 1-2 Black

Meconium – your baby's stools are green/brown/black in colour, and sticky



Days 5-7 Soft yellow

Meconium is cleared out and stools become yellowish



Days 3-5 Brown green

Stools turn greener as your baby takes more milk



Days 7+ Mustard yellow




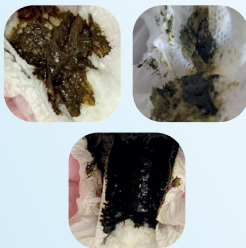

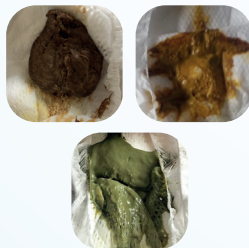
The stool colour of a healthy breastfed baby

Read more tips and advice on changing a nappy at: aptaclub.co.uk/changing





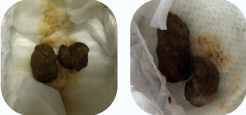
Baby poo colour, smell, textures, and frequency: What's normal?

Every baby is different, and their poo will be unique too. Baby poo varies depending on many factors like their age and what they eat or drink³¹.

One of the first things that changes with your baby's poo is the colour...

	 NEWBORN	 BREASTFED	 BOTTLE FED
COLOUR	<ul style="list-style-type: none"> Your baby's first poo will be black in colour, and thick and sticky in texture. On day two, you'll notice your baby's poo turn a greenish black, before turning a greenish brown colour on day three. Your newborn baby's poo will then settle into the more usual colours of brown, orange or yellow in the days and weeks ahead. 	<ul style="list-style-type: none"> Brown, orange, yellow are all normal colours when it comes to breastfed baby poo. Your breastfed baby might even have the odd green poo! However, if this is happening regularly, speak to your HCP for advice. 	<ul style="list-style-type: none"> Formula-fed baby poo is usually brown, orange or yellow in colour. Your little one's poo may be green if they're fed specialised formula milks for tummy troubles such as colic, or a cow's milk protein allergy. If your little one's poo is consistently green and they're not being fed a specialised formula, have a chat with your HCP.
FREQUENCY & CONSISTENCY	<ul style="list-style-type: none"> On average, your baby will poo four times a day! 	<ul style="list-style-type: none"> If you're exclusively breastfeeding, you may find that your baby is pooing a lot in the early days - often doing so during or immediately after a feed. As they grow and develop, it's not unusual for breastfed babies to go for a week or sometimes longer without having a poo. In the first three months, breastfed baby poo is often looser and more liquid in consistency compared to formula fed baby poo. 	<ul style="list-style-type: none"> Formula-fed babies can tend to poo less than breastfed babies. In the first few days, expect your baby to poo several times a day, settling down to an average of once a day after a few months. Formula-fed babies produce more formed poos than breastfed babies. If you change formula milks you may notice that the consistency and frequency of your baby's poo changes too, as they adapt to their new milk.
SMELL	<ul style="list-style-type: none"> Newborn baby poo is usually odourless. 	<ul style="list-style-type: none"> Breastfed baby poo doesn't usually smell very much. It might even be poo-tastically sweet smelling! 	<ul style="list-style-type: none"> Formula-fed baby poo tends to be stronger smelling compared to breastfed baby poo.
EXAMPLES			

Time for a change?

	 WEANED BABIES	 RED FLAGS	 MEDICATION
COLOUR	<ul style="list-style-type: none"> Once your baby embarks on their weaning adventure, their poo will often turn a dark brown colour as they digest new foods and flavours. 	<ul style="list-style-type: none"> Speak to your HCP if your baby's poo is red, grey, white or black (unless you've got a newborn with meconium), as these are not normal colours for baby poo. 	<ul style="list-style-type: none"> If your baby is taking iron supplements this can change the colour of their poo to a green or black colour.
FREQUENCY & CONSISTENCY	<ul style="list-style-type: none"> After the age of one, your baby is likely to settle into a poo pattern of once or twice a day, although this will vary between individual babies. You may notice some undigested food in your baby's poo - don't worry, this is completely normal! 	<ul style="list-style-type: none"> If your baby's poo is consistently hard and pebble like, this could be a sign of constipation, so it's best to speak with your HCP for advice. You should also seek advice if your baby's poos are runny or explosive, and more frequent than usual for them. 	<ul style="list-style-type: none"> If your baby is constipated a doctor may have prescribed laxatives, which will in most cases soften your baby's poo. Occasionally baby's on alginate medication used to thicken stomach contents, can produce harder or less frequent stools.
SMELL	<ul style="list-style-type: none"> Your weaning baby is likely to create quite a stink! Once solid foods are introduced into their diet, the smell of your little one's poo will be stronger, depending on the foods they eat. 	<ul style="list-style-type: none"> If your baby is consistently producing foul smelling poos, talk to your HCP. 	
EXAMPLES			

Breastfeeding is best for babies and provides many benefits. It is important that, in preparation for and during breastfeeding, you eat a varied, balanced diet. Combined breast and bottle feeding in the first weeks of life may reduce the supply of your own breast milk, and reversing the decision not to breastfeed is difficult. The social and financial implications of using an infant formula should be considered. Improper use of an infant formula or inappropriate foods or feeding methods may present a health hazard. If you use an infant formula, you should follow manufacturer's instructions for use carefully – failure to follow the instructions may make your baby ill. Always consult your doctor, midwife or health visitor for advice about feeding your baby.

WASHING AND BATHING

The what, when, how and why of washing

Your baby's skin is delicate, and its softness is something to cherish and protect. At this early stage, over-washing can remove essential, naturally occurring oils, so knowing how to gently 'top and tail' wash and bathe them is important. In this section, we'll show you how, along with some other top tips to protect their skin.



"It will help your baby to relax if you keep talking while you wash them." **Aptaclub Careline, Baby care advisor**

Find out more at [Aptaclub.co.uk](https://www.aptaclub.co.uk)



Washing and bathing

Washing your baby

Your baby doesn't have much chance to get too dirty yet, and you'll be amazed by how effective wet cotton wool balls or baby wipes are when used regularly to clean up the odd mishap. Earlier, we mentioned vernix, the waxy, white layer that helps keep your baby's skin moisturised. By using only clean water (without soapy additives) you can help to protect this epidermal barrier.

How often?

There's no need to bathe your baby every day, and you may want to alternate topping and tailing with bathing every couple of days.

Ways to wash

Ensure your room is warm enough for any wash – a temperature of around 24°C will mean your baby is still comfortable when undressed. In the first few days, you can either bathe or 'top and tail' them.

Topping and tailing

To prepare:

1. Clear your baby's changing mat.
2. Fill a container with cooled boiled water – make sure this is sufficiently cool before bringing it into contact with your baby.
3. Keep your cotton wool balls handy.
4. Have a towel, clean nappy and a change of clothes ready for afterwards.

To wash¹⁷:

1. Lay your baby on the changing mat.
2. Undress them but leave their nappy on.
3. Wrap them in the hooded towel.
4. Dip a cotton wool ball into the water and gently wipe your baby's closed eyes from the nose outwards.

Washing and bathing

5. Use a clean ball on the other eye so as not to spread any infection.
6. Clean around the ears, avoiding the ear canal, with a clean cotton ball.
7. Now wash their face and neck with a cotton wool ball or a soft washcloth. Start from the middle and work outwards.
8. Change the nappy, using the steps on page 25. Make sure you clean inside the folds of skin (wipe girls from front to back) and dry thoroughly before putting on a clean nappy.
9. Work your way down the legs to the feet.
10. Check their fingernails and toenails to see if they need clipping. If they do, use baby nail clippers and a smooth emery board to soften any jagged edges.
11. When finished, dress your baby in their clean clothes and give them a cuddle to calm them, and make up for any drop in temperature.



Our mums say...

"A bathing seat supports your baby so you have your hands free to wash them."

Becky, Slough



Bathing your baby

Like topping and tailing, preparation can help make bath time more calming. Often a bath will be part of a bedtime routine for your little one, so make it as hassle-free as possible. Remember, babies and young children should never be left unattended in a bath, not even for a minute¹⁸.

Here are a few tips for successful bath time:

- The room should be warm, at least 24°C.
- Bath chairs and rubber mats are handy for preventing slipping and sliding, they should never be used without supervision.
- Water should be warm, not hot. Use your elbow to test the temperature or invest in a bath thermometer.
- Run water to a depth of 8-10cm before placing your baby in the bath.
- Never top up the bath when your baby is in it.
- Simply follow the topping and tailing method covered on the previous page whilst supporting them in the water.
- Their bath should take no longer than 10 minutes.
- Carefully lift your baby out of the bath, and wrap them in a towel to keep warm.
- Remember, babies are slippery when wet!

Bear in mind that a well-fed and well-rested baby will tend to enjoy bath time more than a tired or hungry one.

Partner support when bathing

Bath time provides the perfect opportunity your partner to get involved and bond with your new arrival. It also gives you a chance to relax – bending over the bath and supporting your baby so soon after birth can be uncomfortable.

Baby massage

Massaging your baby can be an enjoyable way to build a strong bond. Not only is it a great tactile and sensory experience, it helps them to build a sense of security and improves their circulation. A gentle rub and squeeze of your baby's muscles with well-baby-oiled hands while maintaining eye contact is all it takes. If your baby doesn't enjoy the massage, it's best to stop.

Cord care

Try to keep your baby's umbilical cord stump dry, where possible. Once it has dried up it will drop off – usually in the second or third week. Until then, fold the top of their nappy down to prevent rubbing as the cord heals.

Fingernails and toenails

Your baby doesn't have the self-awareness to understand their hands are their own, and won't always know how to keep them under control – so they can be prone to scratching themselves. Keeping their nails short and smooth will prevent this.

Natural wonders

Remember the love hormone, 'oxytocin', that we mentioned in chapter 1? Your touch during massage can trigger that same hormone in your baby, helping to settle them.



Our mums say...

"Newborn nails are really soft, so if you don't want to use clippers, you can gently nibble them."

Vicky, Chester

Read more about washing your baby at: [aptaclub.co.uk/washing](https://www.aptaclub.co.uk/washing)

INFANT CRYING

Why your baby cries and how to cope

Crying is the first sound you'll hear from your baby and their first form of communication. As humans, we're hardwired to respond – it's nature's way of making sure a baby's needs are met. This section will help you identify the different types of cries and give you tips on the best ways to soothe them.



"My biggest challenge was working out why he was crying all the time." **Margaret, Edinburgh**



The sound of crying

A baby's cry has a unique effect on our hearing that we find hard to ignore, even if the baby is not ours. Our ears are particularly receptive to the frequency at which babies cry (3,000 hertz). It's nature's way of making us tend to our crying baby as soon as possible, but it can mean that looking after a crying baby is very stressful.

Reasons for crying

Here are the seven main reasons why a baby may cry, and how you can soothe them²².

"I'm hungry"

This is the one you'll hear often, especially in the first few days. The simple solution is to feed them. They may not settle immediately, but it shouldn't take too long.

"I'm windy"

If your baby cries after a feed, it could be due to trapped wind. Winding after each feed should help – you'll find winding tips on page 19. If they continue to cry and there's no other obvious cause, it may be colic. For more information talk to your health visitor.

"I'm overtired"

Crying at the end of the day often suggests that your baby is tired from a day of new experiences. Try to ensure they're getting enough sleep throughout the day. Again, if this continues, talk to your health visitor, just in case it's colic.

"I'm too hot/cold"

Check the temperature of their chest (their hands and feet will always feel colder). If their chest feels too hot or cold, this could be the answer. Learn how to identify a fever on page 61.



Our mums say...

"In the afternoons my partner would bundle him up in the buggy and walk around the park. It was the only thing that stopped him crying."

Alex, Somerset

“I have a dirty nappy”

Most modern disposable nappies have an indicator to tell you when they need changing, but you can check with a quick ‘sniff-test’ or by taking a peek under the frill.

“I’m unwell”

If your baby is unwell, their cry may sound slightly different. Look out for other signs like a drier nappy than usual, a high temperature, paler skin, or rapid/throaty breathing.

“I want a cuddle”

Sometimes your baby just wants to be close to you and be held. Take time to enjoy these precious moments together.

The ‘witching hour’

Lots of mums talk about ‘the witching hour’ – a time, usually late afternoon, when nothing seems to soothe your baby’s cries. They can be fussy when feeding and generally difficult to console. Some say it’s due to sensory overload at the end of a stimulating day, while others believe it’s a baby’s way of releasing extra energy before bedtime. It can be hard work, but do what you can to soothe them. It won’t go on forever.

“Help! My baby won’t stop crying...”

Looking after a constantly crying baby can be physically and emotionally exhausting. If your baby is unsettled, try these soothing techniques with your partner²²:

- Carry your baby as much as possible. Babies love close contact (including skin-to-skin).
- Use sound. Some babies like singing, music, flat sounds like the vacuum cleaner or even ‘white noise’.
- Use touch. Some babies love a warm bath or a gentle massage.
- Some babies are soothed by gentle movement, rocking, bouncing or even car journeys.
- Have a change of scenery. A walk in the fresh air will often calm your baby and make you feel better.

Don’t forget to look after yourself as well as your baby. Lean on family and friends, and talk to your health visitor or GP if you’re concerned about your baby’s crying or the effect it’s having on you.

Read more about why infants cry and how to cope at:
aptaclub.co.uk/crying

BABY SLEEP EXPLAINED

Your baby's sleeping habits and patterns

We all know how vital sleep is to good health. It's even more important for your newborn, as they do most of their growing when they're asleep. Unfortunately, sleep deprivation is something a lot of new parents have to deal with. Although your baby may be sleeping for up to 18 hours a day, they may be doing it in two- to four-hour bursts, so their sleeping patterns are unlikely to fit with yours. In these early days, try to rest when you can. Read on for information and tips to help you understand your little one's sleeping habits in their first few days and weeks.



"During the early days after birth, your little one does not yet know the difference between day and night." **Aptaclub Careline, Nutritionist**

Find out more at [Aptaclub.co.uk](https://www.aptaclub.co.uk)



Baby sleep explained

What's normal?

In these first few days, your baby is likely to sleep, wake and feed whenever their instincts tell them to, so now is not the time to try to introduce a routine.

Look for tired signs

If your baby becomes overtired, it will be even more difficult for them to sleep. With time, you'll know instinctively when they are tired, but in the meantime, here are some signs that they are ready for a nap²³:

- Crying
- Becoming restless
- Rubbing their eyes
- Pulling their ears
- Faint dark circles under the eyes

Eventually, your baby will stay awake for longer periods and nap for longer too. At around two months, they'll begin to transition into a more regular sleep pattern and may sleep more at night than they do in the day²⁴.

Understanding sleeping and waking patterns

Your baby goes through different states of consciousness throughout the day²⁵:

Active sleep – also known as rapid eye movement. When in this state your baby will breathe regularly and may twitch or startle at some noises.

Deep sleep – also known as quiet sleep or non-REM sleep – your baby lies quietly without moving.

Drowsiness – your baby's eyes start to close and they begin to fall asleep.

Quiet alert – your baby's eyes are wide open, their face is bright but body is quiet.

Active alert – your baby's body and face are both moving.

Being aware of these patterns will help you respond to your baby in the right way. If they're showing signs of active alert, it may be hard to settle them. If drowsy, they're more likely to drift off to sleep.

Factors influencing baby sleep

A soothing environment

The right environment will help your baby sleep. They should feel safe and comfortable. Studies show that your interaction with your baby, where they sleep and their feeds all affect their sleep pattern²⁶.

Familiarity

Consistency can help your baby sleep, so aim to put them in the same place for both daytime and night-time sleeps, where practical²⁶. Keeping them in the same room as you while they sleep is advised for the first six months.

Temperature

While your baby is still learning to regulate their body temperature, it's important that they don't get too hot or too cold. A rule of thumb is to dress your baby with one more layer than you would normally wear yourself for bed, then wrap them securely in a blanket or place them in a baby sleeping bag with the correct tog rating for the room temperature.

Feeding

In the first few days and weeks, babies often wake up because they are hungry. Their tummies are only tiny, so they need topping up little and often. That's why you're advised to practise 'responsive feeding', day and night. Babies also love being breastfed to sleep, and it's a great opportunity for you to build your bond. For them, it can be as much about comfort as nutrition.



Our Careliners say...

*"Remember, sleep when your baby sleeps.
You're superwoman, but you don't need to be her every day."*

Aptaclub Careline, Baby care advisor

What is swaddling?

Swaddling is the term for wrapping your baby securely in a thin blanket. Some babies find this feeling of cocooning comforting because it replicates the security of the womb, whereas others will dislike it. If you want to try it, be sure not to over-restrict your baby's hip and leg movements, as this can cause hip problems. Also, keep an eye on them to make sure they aren't getting too hot.

Cluster feeding

'Cluster feeding' describes a particular pattern of feeding in which a baby feeds frequently – almost constantly – in the afternoon or evening. Although exhausting, it's quite common and not a sign that your baby isn't getting enough. They might be filling up before a longer night-time sleep, trying to boost your milk supply due to a growth spurt, or simply need of extra comfort. The best thing to do is keep feeding responsively. Consult your healthcare professional if you need reassurance.

Sleep safety

There's a lot of debate on the subject of where your baby should sleep. In this section we've pulled together some key information about how to help your baby sleep safely and soundly.

Where should my baby sleep?

The Department of Health advises that, for the first six months, the safest place for your baby at night is in a Moses basket or cot in your bedroom²⁸. This is because it's thought to reduce the risk of sudden infant death syndrome (SIDS, also referred to as 'cot death'). Having your baby in your room does have its advantages in that you can more easily look after them in the early hours.

Co-sleeping or cot?

The safest place for your baby to sleep for the first six months is in a cot in the same room as you, co-sleeping is not recommended²⁸.



Safe and sound

SIDS is extremely rare, but these steps can help to reduce the risk²⁸:

- For the first six months, the safest place for your baby to sleep is in a cot or Moses basket in the same room as you.
- Always put your baby down to sleep on their back with their feet at the bottom of their cot or Moses basket.
- Keep blankets and sheets away from their face. Tuck covers securely under their armpits.
- Babies don't need a pillow.
- Babies are not very good at regulating their body temperature, so make sure they don't get too hot or cold.
- Co-sleeping (sharing a bed) with your baby is not recommended, especially if you've had alcohol, taken drugs or if you smoke.
- Take care not to fall asleep with your baby on the sofa or in an armchair.

Where should my partner sleep?

While some parents want to share the broken nights, for others there are definite advantages to separate bedrooms in the early weeks and months, especially as you establish your own new routine and if your partner has to return to work.



Our mums say...

"Each time I put her down she'd wake or be unhappy, so I had to sit with or hold her a little longer. I didn't mind too much."

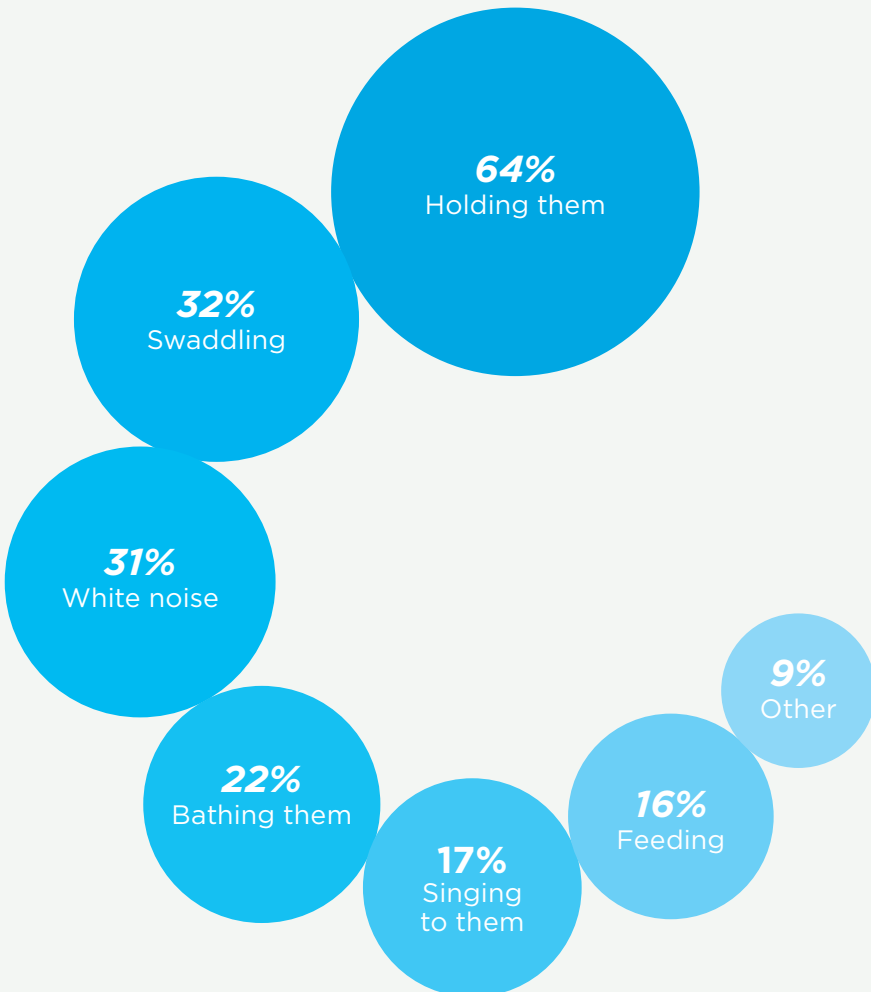
Diana, Shropshire

Baby sleep explained

Sleeping like a baby

We asked 1,000 mums what it was that helped their babies get to sleep. Here's what they said.

Read more about your baby's sleeping habits at:
aptacub.co.uk/sleep





GETTING OUT AND ABOUT

Venturing out together

Whether it's that first trip home from the hospital or getting outside for a walk in the first week, it's not unusual to feel anxious about leaving the house. In this chapter, we'll take you through the logistics of getting out and about with your baby, including a suggested plan of action for getting back on your feet and moving around.



"Be sure that your little one is wrapped up and warm and comfortable. Add a light blanket just in case you need to feed them outside."

Aptaclub Careline, Baby care advisor



Their first journey

Your baby's first journey may be the one home from hospital. If you're travelling home by car you'll need a car seat – and you'll need to know how to secure, remove and fasten your baby into it. Take a look at your individual seat instructions and practise fitting and removing it a few times in advance of your due date.

Important tips for every car seat

- Support your baby's head as you lower them into their seat.
- Bring the straps over the shoulders and make sure the buckles are level (*Fig. 1*).
- Fasten the buckles securely at the crotch (*Fig. 2*).
- Tighten the straps until your newborn is secure. You should be able to get your fingers comfortably between the straps and their torso (*Fig. 3*).
- If it's chilly, tuck a blanket around them (after they are strapped in, and over the top of their seatbelt).
- When placing your baby in a car, secure the seat with the seatbelt according to the manufacturer's guidelines or with a compatible fixing base.
- A newborn should be secured facing the rear of the car.

Fig. 1

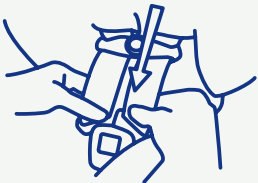
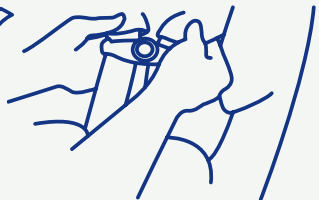


Fig. 2



Fig. 3



Your first walk together

Heading out with your baby for the first time can be as nerve-racking as it is exciting, so it may help to have someone with you to help you think about the logistics.

There are a couple of easy ways to transport your baby. Firstly you could take a pram or pushchair suitable for newborns – the vibrations from the pram may even help to soothe your baby to sleep. The other option is a sling, which holds your baby close to your body, facing you, and which many newborns find comforting.

Whichever you choose, remember to dress your baby appropriately for the weather. If you're bundling them up, you'll need to remove a layer or two when you take them indoors.

Keep your essentials close to hand in your changing bag to make things easier when you're out of the house.

Getting out and about





Choosing and packing a changing bag

When it comes to choosing a changing bag, go for something that's large enough to contain all the essentials but is not too cumbersome – ideally, one that can be hung over or stored under your pushchair.

What to pack for baby...

- ***A travel-friendly changing mat*** – this might come with your bag. If not, go for something wipe-clean, foldable and lightweight.
- ***Nappies*** – always pack a few more than you think you'll need .
- ***Fragrance-free babywipes*** – for minimal fuss and irritation when changing.
- ***Disposable bags*** – to hygienically dispose of used nappies and wipes.
- ***Barrier cream*** – to help soothe nappy rash if it occurs.
- ***A change of clothing*** – just in case!

and for you...

- ***Hand sanitiser*** – to help you feel clean before and after changes.
- ***Water*** – to keep you hydrated, and perhaps a healthy snack.
- ***Muslin cloths*** – good for winding, and if you want cover when feeding.
- ***Nursing pads and sanitary pads*** – for leaking breasts and post-birth bleeding.

Breastfeeding in public

Here in the UK, you have the right to feed whenever and wherever you feel comfortable. The Equality Act of 2010 made it illegal for anyone to ask a breastfeeding woman to leave any premises²⁹. During the first few weeks, responsive feeding will mean you'll have to feed in all sorts of places, including public ones. If you feel uncomfortable to start with, remember that the more you breastfeed in public, the more confident you'll become.

Breastfeeding-friendly clothing can make impromptu feeds easier, and muslins can help if you do wish to be discreet.

Getting back on your feet

Depending on your birth, it can take time to get back on your feet. Here are some simple tips to help you get moving when you feel ready.

The hours after birth

- Rest, and drink little and often. Gently stretch your legs and sit up in bed if you can.
- When you feel ready, try to get out of bed with help from your partner or midwife.
- Go to the toilet to make sure your bladder and bowels are working.
- Activate your pelvic floor muscles from an upright position, sat at the end of your bed. If your birth resulted in stitches, you might need to wait before engaging your pelvic floor muscles.
- Stretch out your arms and roll your shoulders to relieve aching arm muscles from long feeds.

Build up gradually

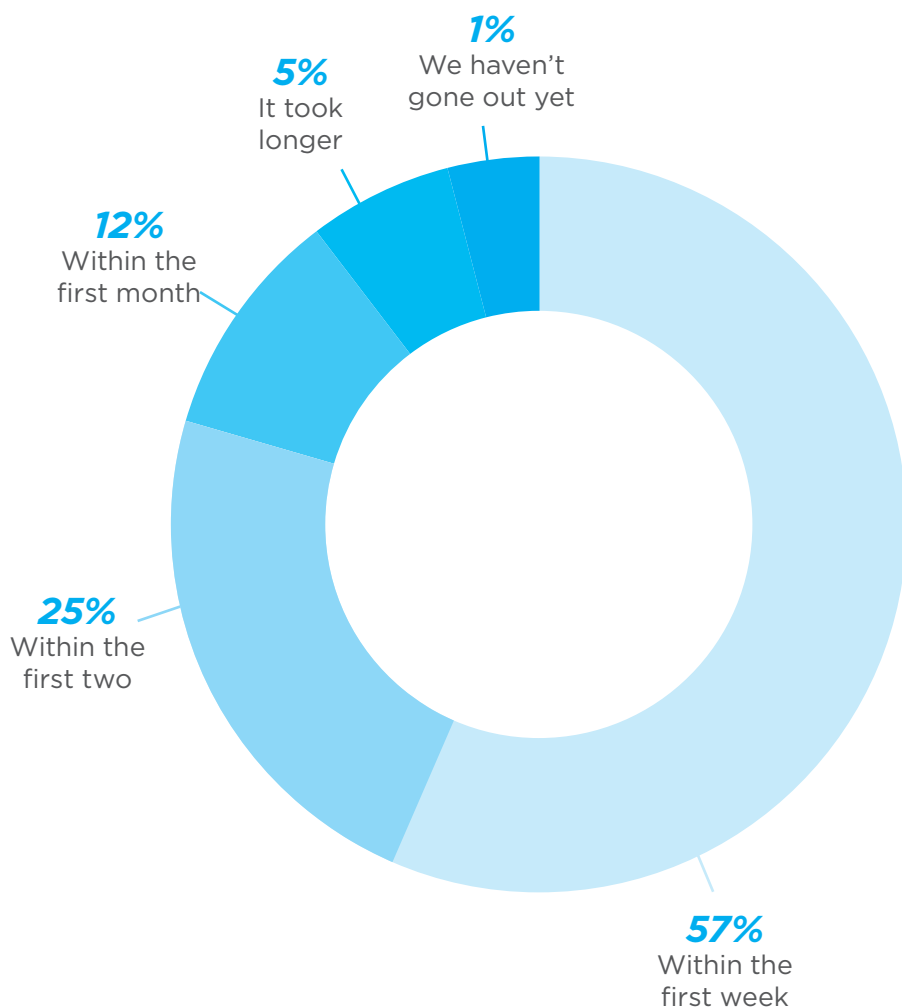
After a few days, increase the frequency and intensity of pelvic floor exercises. Take walks around the room, or go outside for some fresh air if you feel able. You don't have to go far. Just do what you can.

Make sure you're getting enough protein from foods such as lean meat, fish, dairy or nuts to help recovery. Try to drink two litres of water every day and remember to empty your bladder every two to three hours. You might not feel as aware of your need to wee as usual.

When you're ready

We asked 1,000 mums how long it was before they ventured out for the first time after birth. Here's what they told us.

Read more about venturing out together:
aptaclub.co.uk/getting-out



TAKING CARE OF YOURSELF

Staying healthy and happy

Last but by no means least, you need to remember to take some time for yourself. There's a great saying: 'You cannot pour from an empty cup.' Although you'll want to put everything into your new arrival, you need care and attention too. The mental challenges of motherhood can be even more demanding than the physical ones.



"My greatest challenge as a mum was learning to ask for help." **Cherlyn, Dungannon**

Find out more at [Aptaclub.co.uk](https://www.aptaclub.co.uk)



The baby blues

After childbirth, changes in hormone levels can leave you feeling upset, teary and emotional in your first week of motherhood. Although completely natural, these ‘baby blues’ should only last for a few days. Get support from your family and friends, and be kind to yourself.

Postnatal depression

If you find that you’re tearful for longer than two weeks, you may be experiencing postnatal depression. It affects 1 in 10 women, many of whom suffer in silence, hoping it will simply pass. There are all kinds of triggers: a difficult birth, sleep deprivation, and even the huge life changes that motherhood brings. Talking therapies are often the first method of treatment, so it’s not necessarily the case that you’ll be given medication. Talk to your midwife. The sooner you seek help, the sooner you’ll start to feel better.

Your body post-labour

Labour is one of the most intense physical activities you will experience in your life, so it takes your body time to recover. Aches and pains are to be expected, and bruising will subside in the coming days. Rest and sleep will help you recover more quickly.



Our mums say...

“I asked for help because I realised I deserved to enjoy being a mum, and my daughter deserved it too.”

Terri, Wigan

Resources

Help and support with postnatal depression:

The Association for Post-Natal Illness:

0207 386 0868 apni.org

Aptaclub Careline: 0800 996 1000

WhatsApp: aptaclub.co.uk/whatsapp

Start a Live Chat: aptaclub.co.uk

Bruising

If you had an epidural, you may notice bruising at the site of the injection and where you had any cannulas inserted.

Cramping

You might suffer from cramps in your uterus as your muscles spasm and return to their pre-pregnancy position.

Tenderness

It can take a few days for the colostrum to make way for breast milk. You might also feel tenderness in your breasts from one day to the next as your body sets up its milk supply.

Bleeding

All women experience some bleeding after labour, regardless of the delivery method. Sanitary towels will absorb blood and discharge. Bleeding can last 2-6 weeks and should gradually lighten, but if the flow gets heavier, tell your midwife, health visitor or GP.

Itchiness

If you have been given anaesthetic during or after labour, it is common for your skin to feel itchy for a few days. Itchiness is a side effect of some types of pain relief (such as morphine) used in an epidural.

Perineal discomfort

Haemorrhoids or soreness in your perineal area can make sitting uncomfortable. If so, talk to your midwife or health advisor – they might recommend ointment or ice packs to reduce swelling.

C-section

If you gave birth via caesarean section, you're likely to feel pain and discomfort where the incision was made.

Self-administered injections

For the first seven days after birth, whether you're in hospital or discharged to your home, you might be prescribed an anti-coagulant injection to reduce the risk of blood clots.

If you're at home, you'll be given ready-measured doses within an injection which you administer into your stomach or thigh. You'll be given instructions and a bin for any used, sharp objects. The needle is only small, and the injection pen will click when applied to tell you the dose has been given successfully.

Managing visitors

When your little one arrives, it can seem like the whole world wants to meet them. Just remember, it's important for you to bond as a family and settle into your new life before anything else. Do what feels best for you, even if that means politely putting visitors off for a week or two.

Introducing your baby

When you feel up to it, get everyone together to meet your baby. You might choose a local coffee shop so that you don't have to tidy the house beforehand or wash up afterwards.

Accept offers of help

If friends and family want to help, suggest they do something useful like:

- Vacuuming
- The washing-up
- Cooking a meal
- Shopping for groceries
- Holding the baby while you shower

Plan to do nothing

These first weeks are precious. Don't do more than you need to, rest when you can and eat healthily. Time with your partner might be little more than watching a box set, but that's OK as new parents. Housework can wait. Let others supply you with meals and care packages and make the most of the first moments you share as a family together.

Support and health checks

You can expect a number of home visits from your midwife and/or health visitor in the first week. Your baby will be weighed, their heel prick test will be carried out and a number of other visual health checks will be conducted. There'll also be an assessment of the environment in which you look after your baby.

***Read more about staying
healthy and happy at:
aptaclub.co.uk/taking-care***



Our mums say...

"My sister stayed over once a week to feed her through the night so I could get some sleep."

Victoria, Shrewsbury



IDENTIFYING A FEVER

how to take a newborn baby's temperature' or 'when to take a newborn baby's temperature

In older children and adults, most fevers are simply our natural defence against infection, but in a newborn they can be a sign of a more serious illness. The quickest way to decide if your baby has a fever is to place your hand on their chest or back.

For a more accurate reading, use one of the following³⁰:

Ear thermometer – an electric, handheld device which gives a quick reading without causing discomfort. Make sure the sensor is sterile before each use.

Digital thermometer – this smaller electric device can be tucked under a baby's armpit to measure their core body temperature.

No-touch thermometer – although expensive, this infrared device can take a temperature reading up to 5cm away from your baby's forehead, so there is no need to wake them.

Strip thermometers aren't recommended as they only record the temperature of your baby's skin rather than their core temperature.

How hot is too hot?

A newborn's normal body temperature is between 36–37°C (typically, 36.4°C). A temperature of 38°C or above is classed as a fever³⁰.

Signs of a fever

- Temperature of 38°C or above.
- Skin feels hot to the touch or appears flushed.
- Alternatively, their skin might feel cold and they may shiver to generate warmth.
- Increased crying or agitation.
- More sleepy than usual.

Infant paracetamol should not be used until a baby is at least 8 weeks old.

Continue to offer plenty of feeds to help them stay hydrated.

Consult your GP if:

- Your child has other signs of illness, such as a rash, as well as a high temperature.
- Your baby is under 3 months old and their temperature is 38°C or above.
- Your baby is 3–6 months and their temperature is 39°C or above.



Contacts and resources

Dial 111

If it's not an emergency but you would like the advice of a medical professional.

Dial 999 or 112 in an emergency

Baby first aid

St John Ambulance is the nation's leading first aid charity. They offer online and offline resources, workshops and baby first aid courses.

Visit www.sja.org.uk

ONE LAST THING...

We hope this book has helped you feel a little more prepared for your first few weeks of motherhood. But there's only so far this practical guide can take you. The most important thing is that you cherish these first moments of your new life together. It will be difficult at times, but trust your instincts, and know that you have the support of friends, experts and, of course, us. If you have questions about the advice in this guide, or anything else, our Careline, midwives and baby advisors are available to provide you with practical advice and support.

Just as we've been with you through pregnancy, Aptaclub will continue to offer support as your baby grows. Our online articles and weekly emails full of practical advice and information will help you keep up with their remarkable development, and understand the unique nutritional needs that follow.

*Call us free on **0800 996 1000***

*Message us on WhatsApp at [**aptaclub.co.uk/whatsapp**](https://www.aptaclub.co.uk/whatsapp)*

*Start a Live Chat at [**aptaclub.co.uk**](https://www.aptaclub.co.uk)*

Find us on



Find out more at [Aptaclub.co.uk**](https://www.aptaclub.co.uk)**



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***“It’s incredible: tiring,
rewarding, emotional, amazing
– all rolled into one.”***

Gemma, Birmingham

